Department of the Treasury

Internal Revenue Service

DLN: 93493066013812

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A Fo	rthe 2	2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011			
	eck if ap dress cha	oplicable ange C Name of organization METROPOLITAN MUSEUM OF ART		D Employer 13-1624	identification number
	me chan	Doing Business As	_	E Telephone	number
	al retur		D / t -	-	
_	mınated	1000 ETETH AVENUE	Room/suite	(212) 87	
☐ Am	ended r			G Gross recei	pts \$ 1,269,335,331
Гар	olication	pending NEW YORK, NY 100280198			
		F Name and address of principal officer THOMAS P CAMPBELL	H(a) Isthisagro	oup return for affi	liates? Yes No
		1000 FIFTH AVENUE NEW YORK, NY 100280198	H(b) Are all aff If "No,"		Yes No t (see instructions)
I Ta	x-exem	pt status	H(c) Group 6	exemption r	iumber ►
j W	ebsit e	:▶ WWW METMUSEUM ORG			
K For	n of org	anization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year of forma	ation 1870	M State of legal domicile NY
Pa	rt I	Summary			
nce	Т	Briefly describe the organization's mission or most significant activities THE MISSION OF THE METROPOLITAN MUSEUM OF ART IS TO COLLECT, P APPRECIATION FOR AND ADVANCE KNOWLEDGE OF WORKS OF ART SEE S			
Activities & Governance	3 N	Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)		% of its net 3 4	46 43
5	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	2,340
ଧୁ		otal number of volunteers (estimate if necessary)		6	1,251
		otal unrelated business revenue from Part VIII, column (C), line 12		7a	1,871,155
	b N	Net unrelated business taxable income from Form 990-T, line 34	D.:: V	7b	0 C
		Contributions and grants (Part VIII line 1b)	Prior Y		Current Year
9	8	Contributions and grants (Part VIII, line 1h)		3,972,180 2,477,967	192,790,476 11,769,800
Revenu	10	Investment income (Part VIII, inite 2g)		8,625,097	218,721,775
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,793,807	46,765,989
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278	8,869,051	470,048,040
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)	;	1,462,445	1,459,262
	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)	158	8,962,526	173,305,508
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		277,770	344,497
ਡੋ	ь	Total fundraising expenses (Part IX, column (D), line 25) •9,407,834			_
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		6,857,973	170,247,672
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,560,714	345,356,939
- or	19	Revenue less expenses Subtract line 18 from line 12	- 38 Beginning o	8,691,663 f Current	124,691,101
Net Assets or Fund Balances			Yea		End of Year
5.55 B.35.6	20	Total assets (Part X, line 16)	2,97	2,734,449	3,324,866,332
F P	21	Total liabilities (Part X, line 26)		2,625,884	418,074,857
	22	Net assets or fund balances Subtract line 21 from line 20	2,540	0,108,565	2,906,791,475
Pa	rt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Sign Here OLENA PASLAWSKY SENIOR VICE PRESIDENT Type or print name and title								
-	Print/Type preparer's name	Preparer's signature						
Paid	Firm's name PricewaterhouseCoopers LLP							
Preparer	•							
Use Only	Firm's address 1301 K STREET NW SUITE 800W							
Use Uniy	WASHINGTON, DC 2000533	33						

May the IRS discuss this return with the preparer shown above? (see instructio

Form	990	(2010)

Par		ement of Program Ser k ıf Schedule O contaıns a re	-			
1	Briefly desc	ribe the organization's missi	on			
		THE METROPOLITAN MUS FOR AND ADVANCE KNOW				
2		nızatıon undertake any sıgnıf m 990 or 990-EZ?	icant program servi		which were not listed on	┌ Yes ┌ No
	If "Yes," des	cribe these new services on	Schedule O			
3	_	nızatıon cease conducting, o	r make sıgnıfıcant cl	hanges in how it cor	nducts, any program	┌ Yes ┌ No
	If "Yes," des	cribe these changes on Sche	dule O			
4	Section 501	e exempt purpose achieveme (c)(3) and 501(c)(4) organiz to others, the total expenses	ations and section 4	1947(a)(1) trusts a	re required to report the ar	•
4a	(Code) (Expenses \$	36,559,601 inc	cluding grants of \$) (Revenue \$)
	ACQUISITION	S OF ART - SEE SCHEDULE O FOR I	MORE INFORMATION			
4b	(Code) (Expenses \$	73,436,219 ind	cluding grants of \$	1,459,262) (Revenue \$	2,810,823)
		DEPARTMENTS, INCLUDING OPERA TRAVEL STIPENDS IN THE AMOUNT				ICATIONS (INCLUDES FELLOWSHIF
	(Code) (Expenses \$	64,915,966 inc	cluding grants of \$) (Revenue \$)
	GUARDIANSH	IP AND MAINTENANCE OF THE MUS	EUM AND ITS ART COLLE	ECTION - SEE SCHEDULI	O FOR MORE INFORMATION	
4d	Other prog	ram services (Describe in Se	chedule O) See also	Additional Data fo	r Description	
	(Expenses	\$ 125,314,658	ncluding grants of \$) (Revenue \$	49,406,122)
4e	Total progr	am service expenses +\$	300,226,444			

Part TV	Checklist of	Required	Schedules
	CHCCKHISCOL	IXC quii Cu	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding	Other IRS Filings	and Tax Con	npliance

Form	990 (2010)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	• •	.F	l
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
14	1a 614	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
L	return	<u> </u>		
ь		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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		No
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
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	6a		No
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
r	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
-	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm co	(2010)

CONTROLLER'S OFFICE 1000 FIFTH AVENUE NEW YORK, NY 100280198

(212) 879-5500

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.

Se	ction A. Governing Body and Management			
			Yes	No
		1		
	i I			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		Νο
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			110
	governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			NI -
.	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		No
b	Describe in Schedule of the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	133	105	
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?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure		*	
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, G, LA, ME, MD, MA, MI, MN, MS, MO, NC, ND, OH, OK, OR, PA, RI, SC, T	NH, N	J, NM	NY,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

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

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

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	e and Title A verage hours			C) (che apply	cka			(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	Estima emount o	ated of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Formor	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compen: from organizat relat organiza	the ion and ed
See Additional Data Table											
1b Sub-Total						<u> </u>	•				
c Total from continuation sheets						-		10.000.117			F7F 400
							F	10,088,117	0	1,	575,490
2 Total number of individuals (inclu \$100,000 in reportable compens						above) who	received more tha	n		
										Yes	No

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
RC DOLNER LLC 2 PENN PLAZA EAST 11TH FLOOR NEWARK, NJ 07105	CONSTRUCTION MANAGER	4,400,687
KEVIN ROCHE JOHN DINKELOO AND ASSOC 20 DAVIS STREET PO BOX 6127 HAMDEN, CT 06517	ARCHITECTS	2,307,897
MASTERPIECE INTERNATIONAL 39 BROADWAY NEW YORK, NY 10006	CUSTOMHOUSE BROKERS	1,630,383
COGNITIVE APPLICATIONS INC 641 LEXINGTON AVE 15TH FL NEW YORK, NY 10022	CONSULTANT/WEBSITE	1,619,974
RAUL AVILA INC 20 WEST 22ND STREET SUITE 1012 NEW YORK, NY 10010	DESIGN/COSTUME INST	1,333,679
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►50) who received more than	

Part V		2010) Statement of Reven					Pag	ge 9
		Statement of Revent	uc		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	. 1b	25,476,456				
Hg.	c	Fundraising events	1c	14,989,225				
<u> </u>	d	Related organizations	. 1d					
ons sin	e	Government grants (contributions)	1e	28,508,249				
후	f	All other contributions, gifts, grants similar amounts not included above	s, and 1f	123,816,546			İ	
를 했는		Noncash contributions included in li						
S #	h	Total. Add lines 1a-1f			192,790,476			
- u				Business Code				
inue	2a	EDUCATION PROGRAMS, CONCERT	rs & lectures	532000	11,731,112	11 502 220	148,784	
Fe -		PHOTO RENTALS & FILM FEES	15 & ECTONES	532000	38,688			
92	c				·	·		
Ser	d							
Program Service Revenue	е							
100	f	All other program service re	venue					
<u>Ā</u>	g	Total. Add lines 2a-2f			11,769,800			
	3	Investment income (includir	ng dividends, interest					
		and other similar amounts) Income from investment of tax-ex			38,727,684			38,727,684
	-	Royalties	· · · · · · · · · · · · · · · · · · ·	-	8,820			8,820
	,	Noyanties	(ı) Real	(II) Personal	•			,
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	931,800,812					
		assets other than inventory						
	b	Less cost or other basis and	751,806,721					
	c	sales expenses Gain or (loss)	179,994,091					
	d	Net gain or (loss)			179,994,091			170 004 004
-	8a	Gross income from fundraisi	ng events					179,994,091
Jue		(not including						
₹ 2		of contributions reported on	line 1c)					
ığ		See Part IV, line 18	а					
Other Revenue	b	Less direct expenses .		559,567 3,219,800				
5		Net income or (loss) from fu		3,213,000	-2,660,233			-2,660,233
Ī	9a	Gross income from gaming a	ctivities See Part IV, line 19 . a					
				ь	0			
-		Net income or (loss) from ga		1				
		Gross sales of inventory, les returns and allowances	o o					
			а	90,349,962				
		Less cost of goods sold .	_	44,260,770	46,089,192		1,625,439	4,737,606
-		Net income or (loss) from sa	nes of inventory	Ducing C. I	10,005,132	39,726,147		.,.57,000
-	11-	Miscellaneous Revenue PARKING GARAGE		Business Code 812930	2,525,545			2,525,545
		PARKING GARAGE CORPORATE EVENTS	<u></u>	561499	2,140,986		1,419,988	
		UNRELATED BUSINESS		900099	-1,338,321	,	-1,338,321	
		INCOME - PARTNERSHIPS			•			
		I All other revenue						
	е	Total. Add lines 11a-11d			3,328,210			
	12	Total revenue. See Instructi	ons	ŀ	470.040.075		1 074 455	
					470,048,040	52,052,896	1,871,155 rm 990 (20	223,333,513

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,359,794	1,359,794		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	99,468	99,468		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,133,964	5,429,660	1,353,556	350,748
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	111,469,638	99,228,375	7,976,902	4,264,361
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,883,742	15,824,519	1,604,583	454,640
9	Other employee benefits	27,458,878	24,268,417	2,485,906	704,555
10	Payroll taxes	9,359,286	7,919,035	1,132,755	307,496
а	Fees for services (non-employees) Management	0			
b	Legal	1,657,078	82,657	1,574,421	
С	Accounting	529,723		529,723	
d	Lobbying	248,736	248,736		_
e	Professional fundraising services See Part IV, line 17	344,497			344,497
f	Investment management fees	10,889,669		10,889,669	
g	Other	9,419,169	6,165,027	3,176,416	77,726
12	Advertising and promotion	2,917,339	2,496,793	30,320	390,226
13	Office expenses	30,396,104	27,267,794	1,894,886	1,233,424
14	Information technology	1,508,065	632,279	859,056	16,730
15	Royalties	0			
16	Occupancy	5,407,474	5,385,168	21,905	401
17	Travel	2,814,451	2,677,596	81,391	55,464
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	145,630	82,508	58,352	4,770
20	Interest	4,607,446	4,583,002	24,444	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	44,758,185	43,255,020	1,350,756	152,409
23	Insurance	1,687,952	1,091,812	596,049	91
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PURCHASES OF ART	36,559,601	36,559,601		
b	REPAIRS & MAINTENANCE	7,092,261	6,916,137	134,452	41,672
c	CATERING SERVICES	2,404,492	1,462,992	257,736	683,764
d	RESTAURANTS OPERATING EXPS	1,622,523	1,622,523		
e	RFRNCE & RESEARCH MATERIALS	1,221,549	1,176,513	19,395	25,641
f	All other expenses	4,360,225	4,391,018	-330,012	299,219
25	Total functional expenses. Add lines 1 through 24f	345,356,939	300,226,444	35,722,661	9,407,834
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m 990 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,799,515	1	2,031,723
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		97,440,999	3	107,833,829	
	4	Accounts receivable, net			13,763,397	4	17,720,247
	5	Receivables from current and former officers, directors, truste highest compensated employees Complete Part II of					
		Schedule L	5				
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$, and contributing sponsoring organizations of section $501(c)(9)$ voluntary employeganizations (see instructions)					
- S		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			12,421,557	8	14,475,878
	9	Prepaid expenses and deferred charges			5,702,272	9	7,408,866
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	990,354,811			
	ь	Less accumulated depreciation	10b	563,316,294	429,113,560	10c	427,038,517
	11	Investments—publicly traded securities			1,592,186,557	11	1,804,332,914
	12	Investments—other securities See Part IV, line 11			770,217,641	12	892,416,903
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			49,088,951	15	51,607,455
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			2,972,734,449	16	3,324,866,332
	17	Accounts payable and accrued expenses .			185,227,718	17	177,409,200
	18	Grants payable				18	
	19	Deferred revenue			6,197,529	19	5,616,656
	20	Tax-exempt bond liabilities			181,272,211	20	173,485,962
eS	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21	
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .		46,600,000	23	45,330,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			13,328,426	25	16,233,039
	26	Total liabilities. Add lines 17 through 25			432,625,884	26	418,074,857
Balances		Organizations that follow SFAS 117, check here ▶ ✓ and conthrough 29, and lines 33 and 34.	nplete	lines 27			
Ē	27	Unrestricted net assets			966,210,254	27	836,313,194
Ba	28	Temporarily restricted net assets			767,268,138	28	1,249,610,968
	29	Permanently restricted net assets			806,630,173	29	820,867,313
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵	and cor	nplet e			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
ĕ	33	Total net assets or fund balances			2,540,108,565	33	2,906,791,475
	34	Total liabilities and net assets/fund balances			2,972,734,449	34	3,324,866,332

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		470.0	048,04
2	Total expenses (must equal Part IX, column (A), line 25)	2			356,939
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,540,1	108,56
5	Other changes in net assets or fund balances (explain in Schedule O)	5		241,9	991,80
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,906,7	791,47
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
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?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its content of the dula O.	ın	_		
	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Employer identification number

1045 11 1545 004

OMB No 1545-0047

2040

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Name of the organization METROPOLITAN MUSEUM OF ART

								13-16240	086			
art I	Reaso	n for Pu	blic Charity Stat	t us (All or	ganızatıor	ns must con	plete this	part.) See II	nstructio	ns		
organiz	zation is n	ot a privat	e foundation becaus	eıtıs (For	lines 1 thro	ough 11, chec	k only one	box)				
\vdash	A church	n, conventi	on of churches, or as	sociation o	of churches	described in	section 170	(b)(1)(A)(i).				
Г	A school	described	in section 170(b)(1)(A)(ii). (A	ttach Sche	dule E)						
Γ	A hospit	al or a coo	perative hospital ser	vice organi	ızatıon desc	rıbed ın secti	on 170(b)(:	L)(A)(iii).				
Γ			n organization operat ty, and state	ed ın conjui	nction with	a hospital de:	scribed in s e	ection 170(b)((1)(A)(iii).Enter t	:he	
Γ			erated for the benefit A)(iv). (Complete Pa		e or univers	sity owned or	operated by	a governmen	tal unit de	escribed	ın	
\vdash			local government or	•	ntal unit des	crihed in sec	tion 170(h)	(1)(A)(v).				
<u>'</u>	An orgar describe	nization tha d in	at normally receives A)(vi) (Complete Pa	a substantı					rom the g	jeneral p	ublic	
Γ	A commi	unity trust	described in section	170(b)(1)((A)(vi) (Co	omplete Part :	Π)					
Γ	An organ	nization tha	at normally receives	(1) more tl	han 331/3%	of its suppo	rt from cont	rıbutıons, men	nbership f	fees, and	gros	ss
	receipts	from activ	ities related to its ex	empt funct	ıons—subje	ct to certain	exceptions,	and (2) no mo	re than 3	3 1/3% o	f	
	ıts suppo	ort from gr	oss investment incor	ne and unre	elated busir	ness taxable ı	ncome (les:	s section 511	tax) from	busines	ses	
	acquired	by the org	janızatıon after June	30,1975	See section	509(a)(2). (Complete P	art III)				
\vdash	An organ	nization org	ganized and operated	exclusivel	y to test for	r public safety	/ See sectio	n 509(a)(4).				
Γ	By check other than section! If the orgonicheck the Since Au	Type I king this be n foundati 509(a)(2) ganization is box	bes the type of support by Type II ox, I certify that the con managers and other received a written december 2006, has the organization.	corganization	Type In is not cone or more pu	II - Functional trolled direct ublicly support	ally integrat ly or indirec ted organiz i Type I, Ty	ed tly by one or r ations describ pe II or Type	nore disq ed in sec	tion 509	erso (a)(1	ons 1) or
	_	•	rectly or indirectly co	ontrols, eith	ner alone or	together with	persons de	escribed in (ii)		Г	res	No
	and (III) l	below, the	governing body of the	e the suppo	rted organı	zation?			[3	11g(i)		
	(ii) a fam	nily membe	er of a person describ	oed in (i) ab	ove?				1	.1g(ii)		
	(iii) a 35	5% control	led entity of a persor	n described	ın (ı) or (ıı)	above?			1	.1g(iii)		
	Provide t	the followir	ng information about	the support	ted organiza	ation(s)						
(i) Name suppor organiza	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organiza col (i) lis your gove docume	ne tion in sted in erning	(v Did you n organiza col (i) c supp	otify the Is to ation in organization col (i) or		ne tion in ganized	4	م ۱ mo	ii) unt o port
			instructions))	Yes	No	Yes	No	Yes	No			
			,									
									1			
	<u> </u>											
	 				+		+		+			

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

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

	ander rate III. II t	ne organizaciói	rians to quanty	under the tests	nated below, pi	case co	inpicte i	rait III.	
	ection A. Public Support	_		T	1				
Сак	endar year (or fiscal year beginning in) 🟲	g (a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total	
1	Gifts, grants, contributions, and						-+		
-	membership fees received (Do	200 220 2	45	450.005.000	452.072.400	40.	. 700 476	000 764 040	
	not include any "unusual	200,338,2	45 202,625,07	1 159,035,838	153,972,180	194	2,790,476	908,761,810	
	grants ")								
2	Tax revenues levied for the								
	organization's benefit and either								
	paid to or expended on its								
	behalf						\longrightarrow		
3	The value of services or facilities								
	furnished by a governmental unit	12,535,6	65 12,709,20	8 13,990,612	12,715,597	15	5,369,185	67,320,267	
	to the organization without charge								
4	Total. Add lines 1 through 3	212,873,9	10 215,334,27	9 173,026,450	166,687,777	208	8,159,661	976,082,077	
5	The portion of total contributions			1 110,020,100	200,001,111		+		
3	by each person (other than a								
	governmental unit or publicly								
	supported organization) included							42,240,008	
	on line 1 that exceeds 2% of the								
	amount shown on line 11, column								
	(f)								
6	Public Support. Subtract line 5							933,842,069	
	from line 4								
	ection B. Total Support								
Cal	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total	
_	beginning in) 🟲	212 072 010	215 224 270	172.026.450	166 607 777	200	150.661	976,082,077	
7	A mounts from line 4	212,873,910	215,334,279	173,026,450	166,687,777	208	,159,661	976,082,077	
8	Gross income from interest,								
	dividends, payments received	60,317,811	45,044,372	29,463,640	29,308,975	38,736,504		202,871,302	
	on securities loans, rents, royalties and income from	00,517,011	13,011,372	23, 103,010	23,300,373	50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	202,071,302	
	similar sources								
9									
	business activities, whether or	1 204 211	7,847,634	0	o	r		9,051,845	
	not the business is regularly	1,204,211	7,647,034	ď	٥		0	9,031,043	
	carried on								
10	Other income Do not include								
	gain or loss from the sale of								
	capital assets (Explain in Part								
	IV)						-+		
11	Total support (Add lines 7 through 10)							1,188,005,224	
12	Gross receipts from related activ	ities etc (See in	istructions)		I	12	<u> </u>	529,833,565	
	·		•						
13	First Five Years If the Form 990	is for the organiza	ation's first, secon	d, third, fourth, or	fifth tax year as a	501(c)(.	3) organiz	zation,	
	check this box and stop here							F1	
<u> </u>	ection C. Computation of P	ublic Sunnart	Dercentage						
14	Public Support Percentage for 20			e 11 column (f))		144	<u> </u>	70.606.00	
				e II column (1))		14		78 606 %	
15	Public Support Percentage for 20	09 Schedule A, F	Part II, line 14			15		78 398 %	
16a	33 1/3% support test-2010. If the	he organization d	ıd not check the b	ox on line 13, and	line 14 is 33 1/39	% or more	, check t		
	and stop here. The organization q							► ▽	
Ь	33 1/3% support test—2009. If t	-			5a, and line 15 is	33 1/3%	or more,	· —	
	box and stop here. The organizat	•		-	10.16.16			►	
1/a	10%-facts-and-circumstances tes		=						
	is 10% or more, and if the organi in Part IV how the organization m							ted	
	organization	ieets tile idt 15 d	na circumstances	test The Organiz	.a.ion quannes as	a publici	, support	ted ▶ T	
b	10%-facts-and-circumstances tes	st — 2009. If the o	rganization did not	check a hox on li	ne 13.16a 16h	or 17a ar	nd line	- 1	
-	15 is 10% or more, and if the org		-						
	Explain in Part IV how the organiz							,	
	supported organization				-		•	▶ □	
18	Private Foundation If the organiz	atıon dıd not che	ck a box on line 13	3, 16a, 16b, 17a c	or 17b, check this	box and	see		
	instructions							▶ □	

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

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

Compensated Employees, and Independent Contractors									
(B) Average hours		tıon (che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
1 0	X						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
2 0	Х						0	0	0
2 0	Х						0	0	0
1 0	Х						0	0	0
2 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
2 0	Х		х				0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
5 0	Х		х				0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
2 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
2 0	Х						0	0	0
2 0	Х						0	0	0
	Average hours per week 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	Average hours per week	Average hours per week	Average hours per week Position the that bely like with a ply should institutional insti	A verage hours per week	Average hours per week	Average Position (check all supply) Rep Property	A verage Position Check Shape Shape	Position (check all state plays)

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che	')		1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
ANNETTE DE LA RENTA ELECTIVE TRUSTEE & VICE CHAIR	2 0	Х		х				0	0	0	
FRANK E RICHARDSON ELECTIVE TRUSTEE	2 0	Х						0	0	0	
JAMES J ROSS ELECTIVE TRUSTEE	2 0	Х						0	0	0	
PAUL RUDDOCK ELECTIVE TRUSTEE	1 0	Х						0	0	0	
WILLIAM C RUDIN ELECTIVE TRUSTEE	1 0	Х						0	0	0	
BONNIE J SACERDOTE ELECTIVE TRUSTEE	2 0	Х						0	0	0	
ALEJANDRO SANTO DOMINGO ELECTIVE TRUSTEE	1 0	Х						0	0	0	
ANDREW M SAUL ELECTIVE TRUSTEE	1 0	Х						0	0	0	
HENRY B SCHACHT ELECTIVE TRUSTEE TIL SEPT 2010	2 0	Х		х				0	0	0	
JAMES E SHIPP ELECTIVE TRUSTEE	2 0	Х						0	0	0	
OSCAR L TANG ELECTIVE TRUSTEE	2 0	Х						0	0	0	
ANN G TENENBAUM ELECTIVE TRUSTEE	1 0	Х						0	0	0	
LULU C WANG ELECTIVE TRUSTEE	2 0	Х						0	0	0	
SHELBY WHITE ELECTIVE TRUSTEE	2 0	Х						0	0	0	
MALCOLM H WIENER ELECTIVE TRUSTEE TIL SEPT 2010	1 0	Х						0	0	0	
BARRIE A WIGMORE ELECTIVE TRUSTEE	1 0	Х						0	0	0	
ANNA WINTOUR ELECTIVE TRUSTEE	1 0	Х						0	0	0	
MICHAEL R BLOOMBERG EX-OFFICIO TRUSTEE	1 0	Х						0	0	0	
A DRIAN BENEPE EX-OFFICIO TRUSTEE	1 0	Х						0	0	0	
KATE D LEVIN EX-OFFICIO TRUSTEE	1 0	Х						0	0	0	
JOHN LIU EX-OFFICIO TRUSTEE	1 0	Х						0	0	0	
CHRISTINE QUINN EX-OFFICIO TRUSTEE	1 0	Х						0	0	0	
THOMAS P CAMPBELL DIR & CEO, EX-OFFICIO TRUSTEE	35 0			x				752,037	0	290,416	
EMILY K RAFFERTY PRESIDENT, EX-OFFICIO TRUSTEE	35 0			х				745,581	0	147,221	
OLENA PASLAWSKY SR VP, CFO & TREASURER	35 0			×				410,450	0	40,840	

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

(A) Name and Title	(B) Average hours		((tion (hat a	che (II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
HAROLD HOLZER SR VP FOR EXTERNAL AFFAIRS	35 0			х				398,993	0	50,679
SUZANNE BRENNER CHIEF INVESTMENT OFFICER	35 0			x				754,182	0	212,398
SHARON H COTT SR VP, SEC & GEN COUNSEL	35 0			х				389,113	0	50,294
BRADLEY L KAUFFMAN VP & GEN MGR MERCH & RETAIL	35 0			x				390,405	0	35,544
PHILIP T VENTURINO VP FACILITIES UNTIL 12-31-10	35 0			х				281,372	0	210,686
NINA MCN DIEFENBACH VP DEVELOPMENT & MEMBERSHIP	35 0			х				345,416	0	50,711
CARRIE R BARRATT ASSOC DIR COLLECTIONS/ADMIN	35 0			х				252,448	0	48,963
DEBRA A MCDOWELL VP FOR HUMAN RESOURCES	35 0			х				264,149	0	40,839
ELYSE TOPALIAN VP OF COMMUNICATIONS	35 0			х				241,774	0	44,304
JENNIFER RUSSELL ASSOC DIR EXHIB FROM 4-26-10	35 0			х				209,761	0	28,580
TOM JAVITS VP CONSTRUCTION FROM 5-17-10	35 0			х				184,137	0	30,230
STUART PHYRR CURATOR-IN-CHARGE	35 0					Х		988,523	0	29,219
MICHAEL BELKIN CH TECH OFFICER UNTIL 11-30-10	35 0					Х		699,074	0	35,546
LAUREN A MESERVE DEPUTY CHIEF INVSTMT OFFICER	35 0					х		559,529	0	159,037
HILDE LIMONDJIAN GM CONCERTS/LECT UNTIL 6-30-10	35 0					х		560,452	0	22,531
EVERETT FAHY JP HENNESSY CH UNTIL 8-30-09	0 0					Х		452,334	0	9,454
MAHRUKH K TARAPOR SR ADVISOR (7-1-09 TO 5-31-10)	35 0						х	539,593	0	28,477
DORALYNN PINES ASSOC DIR ADMIN UNTIL 8-31-09	0 0						х	668,794	0	9,521

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

(Code DEPRECIATION) (Expenses \$	39,547,739	including grants of \$) (Revenue \$)
(Code) (Expenses \$	37,343,908	ıncludıng grants of \$) (Revenue \$	39,726,147
MERCHANDISING O		37,313,300	meraumy grants or p) (Nevende \$	33,720,117
(Code SPECIAL EXHIBITIO) (Expenses \$	11,124,444	including grants of \$) (Revenue \$)
(Code COMMUNITY PROGR) (Expenses \$ RAMS AND LIBRARIES	13,664,997	including grants of \$) (Revenue \$)
(Code RENOVATION OF GA)(Expenses \$ ALLERIES	6,733,053	including grants of \$) (Revenue \$)
(Code COMMUNICATIONS) (Expenses \$	5,267,905	including grants of \$) (Revenue \$	38,688
(Code MEMBERSHIP SERVI	, , , ,	3,441,576	including grants of \$) (Revenue \$)
(Code OPERATION OF AUD) (Expenses \$ DITORIUM	2,548,880	including grants of \$) (Revenue \$	8,920,289
(Code OPERATION OF RES) (Expenses \$ TAURANTS	3,466,782	including grants of \$) (Revenue \$)
(Code OPERATION OF PAR) (Expenses \$ KING GARAGE	1,515,354	including grants of \$) (Revenue \$)
(Code CORPORATE EVENT) (Expenses \$	660,020	including grants of \$) (Revenue \$	720,998

DLN: 93493066013812

OMB No 1545-0047

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. ► See separate instructions.

Open to Public Inspection

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

	e of the organization OPOLITAN MUSEUM OF ART			Employer	ıdent	ification number		
				13-16240				
art !	I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section!	<u>527</u>	organization.		
F	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	ivities in Part IV				
F	Political expenditures			▶	:	\$		
\	/olunteer hours							
art:	I-B Complete if the or	ganization is exempt und	er section 501(c)(3).				
Е	Enter the amount of any excise	e tax incurred by the organization	under section 4955	;	F	\$		
Е	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955	>	\$		
I	f the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?			┌ Yes		
a V	Nas a correction made?			┌ Yes				
b I	f "Yes," describe in Part IV							
art:	I-C Complete if the or	ganization is exempt und	er section 501(c) except section	501	(c)(3).		
E	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	ot function activities	-	\$		
	Enter the amount of the filing o exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	-	\$		
Т	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b							
,	otal exempt fametion expensi	tales Maa lilles I alla 2 Elitel III		O-IOL, IIIIE I/D		er .		
E c	Old the filing organization file I Enter the names, addresses al organization made payments	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente	r (EIN) of all section r the amount paid fro	527 political organization the filing organization	n's fu	unds Also enter the		
E c a	Old the filing organization file I Enter the names, addresses an organization made payments I amount of political contribution	Form 1120-POL for this year?	r (EIN) of all section r the amount paid fro nd directly delivered	527 political organization the filing organization to a separate political	on's fu organ ormati om	to which the filing unds Also enter the nization, such as a ion in Part IV (e) A mount of politica contributions received		
E c a	Old the filing organization file I Enter the names, addresses all organization made payments I amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly are Instructed action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered i If additional space	527 political organization the filing organization to a separate political is needed, provide info	on's fu organ ormati om	to which the filing unds Also enter the nization, such as a ion in Part IV		
E c a	Old the filing organization file I Enter the names, addresses all organization made payments I amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly are Instructed action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered i If additional space	527 political organization the filing organization to a separate political is needed, provide info	on's fu organ ormati om	to which the filing unds Also enter the nization, such as a ion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,		
E c a	Old the filing organization file I Enter the names, addresses all organization made payments I amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly are Instructed action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered i If additional space	527 political organization the filing organization to a separate political is needed, provide info	on's fu organ ormati om	to which the filing unds Also enter the nization, such as a ion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,		
E c a	Old the filing organization file I Enter the names, addresses all organization made payments I amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly are Instructed action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered i If additional space	527 political organization the filing organization to a separate political is needed, provide info	on's fu organ ormati om	to which the filing unds Also enter the nization, such as a ion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,		
E c a	Old the filing organization file I Enter the names, addresses all organization made payments I amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly are Instructed action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered i If additional space	527 political organization the filing organization to a separate political is needed, provide info	on's fu organ ormati om	to which the filing unds Also enter the nization, such as a ion in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,		
E c a	Old the filing organization file I Enter the names, addresses all organization made payments I amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly are Instructed action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered i If additional space	527 political organization the filing organization to a separate political is needed, provide info	on's fu organ ormati om	to which the filing unds Also enter the nization, such as a ion in Part IV (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization. If none		

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3)	and filed Form 5768	(election				
4	Check I if the filing organization belongs to	<u> </u>						
В	Check if the filing organization checked bo	ox A and "limited control" provisions apply		_				
	Limits on Lobbying I (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals				
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)	15,61	5				
b	Total lobbying expenditures to influence a legisl	233,12	1					
c	Total lobbying expenditures (add lines 1a and 1	248,73	5					
d	Other exempt purpose expenditures	335,700,37	0					
е	Total exempt purpose expenditures (add lines 1	335,949,10	5					
f	Lobbying nontaxable amount Enter the amount columns	Lobbying nontaxable amount Enter the amount from the following table in both columns						
	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 li	ne 1f)	250,00	o e				
h	Subtract line 1g from line 1a If zero or less, ent	ter - 0 -						
i	Subtract line 1f from line 1c If zero or less, ente	,						

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable 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	155,503	288,833	249,958	248,736	943,030				
_d	Grassroots non-taxable 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	13,877	15,129	15,676	15,615	60,297				

	edule C (Form 990 or 990-EZ) 2010					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has f (election under section 501(h)).	NOT fi	iled Fo	rm		
		(;	a)		(b)	
		Yes	No	A	moun	t
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					
а	V olunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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? If "Yes," describe in Part IV					
j	Total 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		•	1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 01 (c)(5), c	or se	ctio	n
			_		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 carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ctio	a
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	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

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493066013812

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

Inspection Internal Revenue Service Name of the organization **Employer identification number** METROPOLITAN MUSEUM OF ART 13-1624086 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t 🞹 Organizations Maintaining Co	llections of Art,	His	torica	al Trea	sures, or (<u>Othe</u>	er Similar As	sets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follov	wing that	are a signific	ant ı	use of its collec	tıon	
а	▼ Public exhibition		d	ר ו ע	Loan or e	xchange prog	grams	3		
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain	n hov	w they 1	further th	e organizatio	n's e	xempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Г Yes	✓ No
Pa	rt IV Escrow and Custodial Arrang									,
	Part IV, line 9, or reported an an									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for cor	ntrıbutıon	s or other as	sets	not	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the fo	ollow	/ıng tab	ole			1	t	
_	Basinning halance						1-	Ar	nount	
c d	Beginning balance						1c			
	Additions during the year						1d			
e •	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo		21?						│ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV				-1 1137 11 1	000		1.777 1 40		
Pa	rt V Endowment Funds. Complete							rt IV, IINE IU. (d)Three Years	T	
		(a)Current Year	(b	Prior Ye	ear	(c)Two Years B	ack	Back	(e)Four	Years Back
1a	Beginning of year balance	1,994,256,158			302,530	2,509,518				
b	Contributions	14,821,823			741,195	18,572				
c	Investment earnings or losses	437,143,658		266,0	031,489	-539,073	,909			
d	Grants or scholarships									
e	Other expenditures for facilities and programs	16,887,382		25,3	305,244	14,017	,174			
f	Administrative expenses	116,266,643		115,5	513,812	110,698	,077			
g	End of year balance	2,313,067,614		1,994,2	256,158	1,864,302	,530			
ອ າ	Provide the estimated percentage of the yea	r and halance held a	-			· · ·				
_		34 000 %	5							
а	Board designated or quasi-endowment									
b	1 000 0									
С Э-	Term endowment 1 000 %		.		- 1-14	d - d				
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	LION	tnat are	e neid an	a aaministere	ea ior	tne	Yes	No
	(i) unrelated organizations							3a	(i)	No
	(ii) related organizations							3a(ii)	Νο
b	If "Yes" to 3a(II), are the related organizatio	•						3	ь	
4	Describe in Part XIV the intended uses of th									
Pa	rt VI Investments—Land, Buildings	s, and Equipmen	ıt. S	ee Foi	<u>rm 990,</u>	Part X, line	10.	<u> </u>		
	Description of investment				ost or other investment)	(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land					1,01	5,000			1,015,000
b	Buildings					36,34	3,333	18,981,15	1 1	17,362,182
c	Leasehold improvements					878,46	8,342	482,467,02	4 39	96,001,318
d	Equipment					74,528	8,136	61,868,11	9 1	12,660,017
е	Other									

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

427,038,517

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	. ,	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) PRIVATE EQUITY	582,947,055	· ·
(B) REAL ASSETS	309,469,848	· ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	892,416,903	
Part VIII Investments—Program Related. See	Form 990, Part X, line :	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(2) 2001. Turdo	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, In	e 15.	
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Iin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description	e 15. tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) Should equal Form 990, Part X, col.(B) line 19	e 15. tion 5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X,	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

		Change in Net Assets from Fo	rm 9:	90 to 1	-inancial Statemei		470.040.040
1	Total revenue (Form 990, Part					1	470,048,040
2	Total expenses (Form 990, Pa					2	345,356,939
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	124,691,101
4	Net unrealized gains (losses) o	on investments				4	229,620,250
5	Donated services and use of fa	acilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	12,371,559
9	Total adjustments (net) Add II	nes 4 - 8				9	241,991,809
10	Excess or (deficit) for the year	per financial statements Combine li	nes 3 a	nd 9		10	366,682,910
Par	XIII Reconciliation of R	Revenue per Audited Financia	al Sta	temer	its With Revenue p	er Retu	
1		er support per audited financial stater				1	424,508,287
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12	2				
а	Net unrealized gains on invest	tments		2a	229,620,250		
b		acılıtıes	•	2b			
С	Recoveries of prior year grant		•	2c			
d	Other (Describe in Part XIV)			2d	-258,247,657		
е	Add lines 2a through 2d					2e	-28,627,407
3	Subtract line 2e from line 1					3	453,135,694
4		0, Part VIII, line 12, but not on line					
a	·	luded on Form 990, Part VIII, line 7b	•	4a			
b	Other (Describe in Part XIV)		•	4b	16,912,346		
с -	Add lines 4a and 4b			• •		4c	16,912,346
5		d 4c. (This should equal Form 990, P Expenses per Audited Financ				5 Dor Bo	470,048,040
1	Total expenses and losses pe		iai Sta	<u>iteme</u>	iits with Expenses		314,011,777
_	statements					1	011,011,777
2	Amounts included on line 1 bu	ut not on Form 990, Part IX, line 25			_		
а	Donated services and use of f	acılıtıes		2a			
b	Prior year adjustments			2b]	
C	Otherlosses		•	2c]	
d	Other (Describe in Part XIV)			2d	62,937,587]	
e	Add lines 2a through 2d					2e	62,937,587
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	251,074,190
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a]	
Ь	Other (Describe in Part XIV)			4b	94,282,749]	
C	Add lines 4a and 4b					4c	94,282,749
5		nd 4c. (This should equal Form 990, I	art I, l	ıne 18)	5	345,356,939
	t XIV Supplemental In						
Part		scriptions required for Part II, lines 3 , Part XII, lines 2d and 4b, and Part					
	Ident if ier	Return Reference			Explanat	ion	
SCHE	EDULE D, PART III, LINE 1A	SFAS 116 FOOTNOTE	IN C	ONFOF	RMITY WITH ACCOUN	TING POL	ICIES
			GEN		FOLLOWED BY ART M		

Ident if ier	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 BALANCE SHEET, AND GIFTS OF ART OBJECTS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES PURCHASES OF ART OBJECTS BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES PURSUANT TO STATE LAW AND MUSEUM POLICY, PROCEEDS FROM THE SALE OF ART AND RELATED INSURANCE SETTLEMENTS ARE RECORDED AS TEMPORARILY RESTRICTED NET ASSETS FOR THE ACQUISITION OF ART
SCHEDULE D, PART III, LINE 4	DESCRIPTION OF ORGANIZATION'S COLLECTIONS & FURTHERANCE OF EXEMPT PURPOSE	THE MUSEUM'S COLLECTIONS COMPRISE NEARLY TWO MILLION WORKS OF ART FROM THE ANCIENT, MEDIEVAL, AND MODERN TIMES AND FROM ALL AREAS OF THE WORLD THEY OFFER A SURVEY OF CONSIDERABLE BREADTH OF ART FROM THE ANCIENT CIVILIZATIONS OF ASIA, AFRICA, SOUTH AMERICA, THE PACIFIC ISLANDS, EGYPT, THE NEAR EAST, GREECE AND ROME TO THE PRESENT TIME THE MUSEUM'S COLLECTIONS INCLUDE EUROPEAN PAINTINGS, MEDIEVAL ART AND ARCHITECTURE, ARMS AND ARMOR, PRINTS, PHOTOGRAPHS, DRAWINGS, COSTUMES, MUSICAL INSTRUMENTS, SCULPTURE, TEXTILES, AND DECORATIVE ARTS FROM THE RENAISSANCE TO THE PRESENT TIME, AS WELL AS ONE OF THE FOREMOST COLLECTIONS OF AMERICAN ART IN THE WORLD THE MUSEUM ALSO MAINTAINS SOME OF THE MOST COMPREHENSIVE ART AND ARCHITECTURE LIBRARIES IN THE UNITED STATES THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE, RATHER THAN FOR FINANCIAL GAIN
SCHEDULE D, PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	THE MUSEUM'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT EDUCATIONAL PROGRAMS, SCHOLARLY RESEARCH AND PUBLICATIONS, ACQUISITIONS OF WORKS OF ART, CONSERVATION OF WORKS OF ART, SPECIAL EXHIBITIONS OF INTEREST TO THE PUBLIC, MAINTENANCE AND EXPANSION OF GALLERIES, AND GENERAL OPERATING SUPPORT FOR MUSEUM EXPENSES
SCHEDULE D, PART XI, LINE 8	OTHER RECONCILING ITEMS	CHANGE IN THE FAIR VALUE OF INTEREST RATE AGREEMENTS AND EFFECT OF INTEREST RATE SWAPS 5,216,249, RECLASSIFICATIONS, FEES AND OTHER (4,907,450), CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 2,231,317, PENSION RELATED CHANGES OTHER THAN NPPC 13,034,278, ADDITIONAL RETIREMENT CONTRIBUTION (4,541,163), PARTNERSHIP UBI 1,338,321, ROUNDING 7, TOTAL PART XI, LINE 8 12,371,559
SCHEDULE D, PART XII, LINE 1	TOTAL REVENUE GAINS AND OTHER SUPPORT PER AUDITED FINANCIAL STATEMENTS	AUDITED FINANCIAL STATEMENTS INCLUDE \$310,660,239 FROM OPERATING ACTIVITIES AND \$113,848,048 FROM NON-OPERATING ACTIVITIES FOR REVENUE, GAINS AND OTHER SUPPORT
SCHEDULE D, PART XII, LINES 2D AND 4B	RECONCILING ITEMS FOR REVENUE	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 LINE 2D, OTHER COST OF SALES 44,260,770, INVESTMENT RETURN IN EXCESS OF CURRENT SUPPORT OPERATING AND NON-OPERATING (321,185,244), UTILITIES PROVIDED BY THE CITY OF NEW YORK 14,534,433, FUNDRAISING SPECIAL EVENTS 3,219,801, ADVERTISING GIFT-IN-KIND 87,831, FEDERAL INDEMNIFICATION AWARD 834,752, TOTAL PART XII, LINE 2D (258,247,657) AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT LINE 1 LINE 4B, OTHER CORPORATE EVENTS EXPENSE 660,020, INVESTMENT MANAGEMENT FEES 10,889,669, TRANSFER OF UNDESIGNATED NON-OPERATING FUNDS 6,700,976, PARTNERSHIP UBI (1,338,321), ROUNDING 2, TOTAL PART XII, LINE 4B 16,912,346
SCHEDULE D, PART XIII, LINES 20 AND 4B	RECONCILING ITEMS FOR EXPENSES	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 LINE 2D, OTHER COST OF SALES 44,260,770, SPECIAL EVENTS DIRECT EXPENSES OTHER THAN FUNDRAISING 3,219,801, UTILITIES PROVIDED BY THE CITY OF NEW YORK 14,534,433, ADVERTISING GIFT-IN-KIND 87,831, FEDERAL INDEMNIFICATION AWARD 834,752, TOTAL PART XIII, LINE 2D 62,937,587 AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT LINE 1 LINE 4B, OTHER NON-OPERATING DEPRECIATION AND MISCELLANEOUS NON-CAPITALIZED EXPENDITURES 41,839,611, PURCHASES OF ART 36,559,601, INVESTMENT MANAGEMENT FEES 10,889,669, CORPORATE EVENTS EXPENSE 660,020, EFFECT OF INTEREST RATE SWAP 4,333,846, ROUNDING 2, TOTAL PART XIII, LINE 4B 94,282,749

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DLN: 93493066013812

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	ROPOLITAN MUSEUM OF ART				Employer ident	in leacton number					
_ '	KOT OLITAN MOSEOM OT AKT				13-1624086						
Pa	rt I General Information "Yes" to Form 990, Page 1990,			the United States. C	omplete if the organiz	ation answered					
L	For grantmakers. Does the assistance, the grantees' elithe grants or assistance?.	organization r gibility for the	maintain recor grants or assi	istance, and the select	ion criteria used to awa						
2	For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States										
3	Activites per Region (Use Part	V ıf addıtıonal s	space is needed)							
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , rfundraising, 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 region/investments in region					
	Europe (Including Iceland and Greenland)	0	0	Grantmaking	T ROUSSEAU FELLOWSHIP	99,46					
	Central America and the Caribbean	0	0	Investments		550,153,02					
	Europe (Including Iceland and Greenland)	0	0	INVESTMENTS		97,419,54					
2-	Sub-total	0) c			647,672,03					
	Total from continuation charts				1	547,572,030					

647,672,038

Pai	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		+								
							1			
2							country, recognized letter			
3	Enter total nur	nber of other o	organızatıons or en	tities					: (Form 990) 2010	

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.

Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, othe
THEODORE ROUSSEAU FELLOWSHIP	Europe/Iceland/Greenland	d 6	99,468	СНЕСК	0	N/A	N/A
				-			
	-						
	1		·		1		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	ত	Νo
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)	굣	Yes	Г	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ি	Yes	Г	Νo
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	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

<u>information.</u>		
Identifier	ReturnReference	Explanation
SCHEDULE F, PART I, LINE 2		THE MUSEUM AWARDS VARIOUS GRANTS, EDUCATIONAL
		TRAVEL STIPENDS AND FELLOWSHIPS ON AN OBJECTIVE
		AND NONDISCRIMINATORY BASIS A GRANTS COMMITTEE,
		COMPRISED OF MUSEUM CURATORS, CONSERVATORS,
		EDUCATORS, SCIENTISTS AND LIBRARIANS, MAKES
		SELECTIONS BASED UPON COMPETITIVE WRITTEN
		APPLICATIONS THE PURPOSE OF THE GRANTS IS TO
		PROVIDE AN OPPORTUNITY FOR THE GRANTEES TO
		CONDUCT RESEARCH, EXTEND THEIR PROFESSIONAL KNOWLEDGE AND CONTRIBUTE TO THEIR RESPECTIVE
		FIELDS AT LARGE TO THE BEST OF THE MUSEUM'S
		KNOWLEDGE, NONE OF THE RECIPIENTS OF THE GRANTS
		OR FELLOWSHIPS ARE RELATED TO ANY PERSON SUCH AS
		A TRUSTEE, AN OFFICER, OR A KEY EMPLOYEE OF THE
		MUSEUM EVERY GRANTEE IS ASSIGNED A SPECIFIC
		SUPERVISOR AT THE START OF THEIR FELLOWSHIP
		PERIOD THE SUPERVISOR IS EITHER A CURATOR,
		CONSERVATOR, SCIENTIST OR EDUCATOR FROM THE
		DEPARTMENT HOSTING THE INDIVIDUAL SCHOLAR THE
		SCHOLAR AND SUPERVISOR ARE IN CONTACT
		THROUGHOUT THE YEAR AND DISCUSS ALL OF THE
		DETAILS OF THE GRANTEE'S RESEARCH WORK IN
		ADDITION, THE ACADEMIC PROGRAMS OFFICE WHICH IS
		RESPONSIBLE FOR ALL OF THE FELLOWS REQUIRES
		PERIODIC UPDATES ON THE INDIVIDUALS' RESEARCH
_		
-		
	· · · · · · · · · · · · · · · · · · ·	Schedule F (Form 990) 2010

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	or if the orga	Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.					
Name of the organization METROPOLITAN MUSE						tification number	
					13-1624086		
Part I Fundraisir	ng Activities. Complet	e if the c	organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.	
1 Indicate whether th	e organization raised funds	through a	any of the	following activities Ch	neck all that apply		
a 🔽 Mail solicitation	ıs		е	Solicitation of no	n-government grants		
b 🔽 Internet and e-	mail solicitations		f	Solicitation of go	vernment grants		
c 🔽 Phone solicitati	ons		g	Special fundraisi	ng events		
d 🔽 In-person solic	itations						
or key employees li b If "Yes," list the ten	n have a written or oral agre sted in Form 990, Part VII highest paid individuals or at least \$5,000 by the org) or entity entities (ın conne (fundraıs e	ction with professional rs) pursuant to agreem	fundraising services? nents under which the fun		
(i) Name and address individual	of (ii) A ctivity) Dıd ser have	(iv) Gross receipts from activity	(v) A mount paid to (or retained by)	(vi) A mount paid to (or retained by)	
or entity (fundraiser)	1	ody or rol of		fundraiser listed in col (i)	organization	
			utions?		COI (I)		
		Yes	No				
DONOR SERVICES GRO	UP TELE- MARKETING		Νo	560,059	344,497	215,562	
Total			.	560,059	344,497	215,562	
3 List all states in wh	ich the organization is regis	stered or I	ıcensed t	o solicit funds or has b	een notified it is exempt	from registration or	

licensing

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form							
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events			
			COSTUME INST (event type)	ACQ FND DINNER (event type)	5 (total number)	(Add col (a) through col (c))			
i.	1	Gross receipts	10,511,001	1,524,698	3,513,093	15,548,792			
Revenue	2	Less Charitable contributions	10,356,251	1,471,598	3,161,376	14,989,225			
	3	Gross income (line 1 minus line 2)	154,750	53,100	351,717	559,567			
	4	Cash prizes							
9	5	Non-cash prizes							
Expenses	6	Rent/facility costs							
	7	Food and beverages							
Direct	8	Entertainment							
	9	Other direct expenses .	2,184,664	189,369	845,767	3,219,800			
	10	Direct expense summary Add line				3,219,800			
	11	Net income summary Combine III				-2,660,233			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))			
	1	Gross revenue							
စ္တ	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Γ Yes % Γ No	Г Yes % Г No	┌ Yes % ┌ No				
		Direct expense summary Add lines							
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ►</u>				
9	Enter the state(s) in which the organization operates gaming activities								
a b		Is the organization licensed to operate gaming activities in each of these states?							
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · 「Yes 「No			

11	Does the organization operate g	aming activities with nonmembers?	····· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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	gamıng?		No					
13	Indicate the percentage of gami								
а	The organization's facility .		13a						
b	An outside facility		13b						
14	Provide the name and address o records	fthe person who prepares the organ	ızatıon's gamıng/specıal events books and						
	Name 🟲								
	Address 🏲								
15a		ntract with a third party from whom t	the organization receives gaming	, No					
b			zation 🟲 \$ and the	NU					
		ned by the third party 🟲 \$							
С	If "Yes," enter name and addres								
	,								
	Name 🟲								
	Address 🟲								
16									
16	Gaming manager information								
	Name 🟲								
		_							
	Gaming manager compensation	* \$							
	Description of services provided	. № -							
	Description of services provided	· F							
	Director/officer	Employee	Independent contractor						
17	Mandatory distributions	· •							
а	Is the organization required und	er state law to make charitable distr	ibutions from the gaming proceeds to						
	retain the state gaming license?			No					
b	Enter the amount of distributions	s required under state law distribute	d to other exempt organizations or spent						
		t activities during the tax year 🟲 🖇							
Par	Complete this part to instructions.)	provide additional information f	or responses to question on Schedule G (see						
	Identifier	ReturnReference	Explanation						
SCH	IEDULE G, PART I, LINE 2B	DETAILS OF FUNDRAISING AGREEMENT	DONOR SERVICES GROUP CONDUCTS TELEMARKETIN CAMPAIGNS TO CURRENT AND LAPSED MEMBERS OF METROPOLITAN MUSEUM OF ART THROUGHOUT THE						

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Schedule I

(Form 990)

Name of the organization

DLN: 93493066013812

OMB No 1545-0047

Employer identification number

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service

Inspection

METROPOLITAN MUSEUM OF ART						13-1624086	
Part I General Information							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organiz 	ward the grants or as	sıstance?	. .		the grants or assist	ance, and	ר Yes □
Part II Grants and Other A Form 990, Part IV, III	Assistance to Go ne 21 for any recip	vernments and O		United States. Con eck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
					<u> </u>		
2 Enter total number of section 5 3 Enter total number of other organizations		_				· · · ·	
3 Enter total number of other orga- For Privacy Act and Paperwork Reductio				Cat No 50055P			le I (Form 990) 2010

Schedule I	(Form 990) 2010
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
SCHEDULE I, PART I,		THE MUSEUM AWARDS VARIOUS GRANTS, EDUCATIONAL TRAVEL STIPENDS AND FELLOWSHIPS ON AN
LINE 2		OBJECTIVE AND NONDISCRIMINATORY BASIS A GRANTS COMMITTEE, COMPRISED OF MUSEUM CURATORS,
		CONSERVATORS, EDUCATORS, SCIENTISTS AND LIBRARIANS, MAKES SELECTIONS BASED UPON COMPETITIVE
		WRITTEN APPLICATIONS THE PURPOSE OF THE GRANTS IS TO PROVIDE AN OPPORTUNITY FOR THE GRANTEES
		TO CONDUCT RESEARCH, EXTEND THEIR PROFESSIONAL KNOWLEDGE AND CONTRIBUTE TO THEIR RESPECTIVE
		FIELDS AT LARGE RECIPIENTS OF THE EDUCATIONAL TRAVEL STIPENDS ARE EMPLOYEES OF THE MUSEUM TO
		THE BEST OF THE MUSEUM'S KNOWLEDGE, NONE OF THE OTHER RECIPIENTS OF THE GRANTS OR FELLOWSHIPS
		ARE RELATED TO ANY PERSON SUCH AS A TRUSTEE, AN OFFICER, OR A KEY EMPLOYEE OF THE MUSEUM EVERY
		GRANTEE IS ASSIGNED A SPECIFIC SUPERVISOR AT THE START OF THEIR FELLOWSHIP PERIOD THE
		SUPERVISOR IS EITHER A CURATOR, CONSERVATOR, SCIENTIST OR EDUCATOR FROM THE DEPARTMENT
		HOSTING THE INDIVIDUAL SCHOLAR THE SCHOLAR AND SUPERVISOR ARE IN CONTACT THROUGHOUT THE
		YEAR AND DISCUSS ALL OF THE DETAILS OF THE GRANTEE'S RESEARCH WORK IN ADDITION, THE ACADEMIC
		PROGRAMS OFFICE WHICH IS RESPONSIBLE FOR ALL OF THE FELLOWS REQUIRES PERIODIC UPDATES ON THE
		INDIVIDUALS' RESEARCH

Software ID: Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
THE BOTHMER FELLO WSHIP	2	35,830			
SYLVAN C AND PAMELA COLEMAN FELLOWSHIP	10	239,934			
CHESTER DALE FELLO WSHIP	7	79,833			
ANNETTE DE LA RENTA FELLOWSHIP	1	38,333			
THE DOUGLASS FOUNDATION FELLOWSHIP IN AMERICAN ART	2	11,408			
SHERMAN FAIRCHILD FOUNDATION FELLOWSHIP	1	30,500			
ANDREW W MELLON ART HISTORY FELLOWSHIP	14	240,414			
ANDREW W MELLON CONSERVATION FELLOWSHIP	12	178,488			
ANDREW W MELLON POSTDOCTORAL CURATORIAL FELLOWSHIP	2	80,606			
J CLAWSON MILLS FELLOWSHIP	2	45,830			
HEGOP KEVORKIAN FELLOWSHIP	1	31,250			
HANNS AND BRIGITTE HORNEY SWARZENSKI FELLOWSHIP	1	30,000			
THEODORE ROUSSEAU FELLOWSHIP	1	5,424			
JANE AND MORGAN WHITNEY FELLOWSHIP	6	151,336			
SLIFKA FOUNDATION FELLOWSHIP	2	36,098			
SAMUEL H KRESS FDN INTERPRETIVE FELLOWSHIP	1	19,467			
ANNETTE KADE FELLOWSHIP	1	31,214			
RESEARCH SCHOLARSHIP IN PHOTOGRAPH CONSERVATION	2	42,999			
POLAIRE WEISSMAN	1	30,830			

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DLN: 93493066013812

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MET	ROPOLITAN MUSEUM OF ART			-			
				13-1624086			
Pa	rt I Questions Regarding Compensation						
						Yes	Νο
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to		,				
	First-class or charter travel	Ī					
	Travel for companions	Ţ.	Payments for business use of person				
	Tax idemnification and gross-up payments	Ė	Health or social club dues or initiat				
	Discretionary spending account	Ē	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe				1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di		- · · · · · · · · · · · · · · · · · · ·		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations		y Written employment contract				
4	During the year, did any person listed in Form 990, Par or a related organization	rt VII	I, Section A , line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control pay	ymer	nt from the organization or a related o	organization?	4a	Yes	
b	Participate in, or receive payment from, a supplementa	l non	nqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item i	n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	_		ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a,	, did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
Ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			n-fixed	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III		•		8		No
۵	If "Vac" to line 8 did the organization also follow the re		able presumption presedure describe	ad in Pagulations			

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A		TAX INDEMNIFICATION - THE SENIOR ADVISOR, MAHRUKH K TARAPOR, RECEIVED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS RELATED TO CERTAIN EXPENSES REIMBURSED BY THE MUSEUM THIS GROSS-UP WAS REVIEWED BY AN OUTSIDE COMPENSATION CONSULTANT AND MADE PURSUANT TO WRITTEN APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES PERSONAL HOUSING - FOR CALENDAR YEAR 2010, THE MUSEUM PROVIDED A HOUSING ALLOWANCE TO THE PRESIDENT, EMILY K RAFFERTY THIS ALLOWANCE WAS TREATED AS TAXABLE COMPENSATION FOR CALENDAR YEAR 2010, THE MUSEUM PROVIDED THE DIRECTOR, THOMAS P CAMPBELL, WITH A RESIDENCE THAT HE WAS REQUIRED TO LIVE IN AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE MUSEUM
SCHEDULE J, PART I, LINE 4A		THE FOLLOWING PERSONS RECEIVED SEPARATION PAY BASED ON THEIR YEARS OF SERVICE WITH THE MUSEUM IN CALENDAR 2010 DORALYNN PINES - \$586,377, MAHRUKH K TARAPOR - \$280,699, MICHAEL BELKIN - \$334,330, HILDE LIMONDJIAN - \$372,400, EVERETT FAHY - \$379,260 THE FOLLOWING PERSON RECEIVED SEPARATON PAY BASED ON HIS YEARS OF SERVICE WITH THE MUSEUM IN CALENDAR 2011 (DISCLOSED AS DEFERRED COMPENSATION) PHILIP T VENTURINO - \$176,141
SCHEDULE J, PART I, LINE 4B		THE FOLLOWING PERSONS PARTICIPATED IN OR RECEIVED PAYMENTS FROM A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THOMAS P CAMPBELL - \$11,200, HAROLD HOLZER - \$41,400, SUZANNE BRENNER - \$18,400, SHARON H COTT - \$34,500, PHILIP T VENTURINO - \$34,500, NINA MCN DIEFENBACH - \$46,000, DEBRA A MCDOWELL - \$18,400, ELYSE TOPALIAN - \$35,100, CARRIE R BARRATT - \$21,210, THE FOLLOWING PERSONS VESTED AND RECEIVED PAYMENT FROM A NON-QUALIFIED RETIREMENT PLAN STUART PYHRR - \$811,769
SCHEDULE J, PART I, LINE 7		PURSUANT TO THE MUSEUM'S INCENTIVE COMPENSATION PLAN FOR INVESTMENT STAFF, THE CHIEF INVESTMENT OFFICER, SUZANNE BRENNER, RECEIVED A BONUS PAYMENT OF \$276,729 WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN B THE DEPUTY CHIEF INVESTMENT OFFICER, LAUREN A MESERVE, ALSO RECEIVED A BONUS PAYMENT OF \$202,935 WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN B
FORM 990, PART VII		THOMAS P CAMPBELL AND EMILY K RAFFERTY ARE EX-OFFICIO TRUSTEES

Schedule J (Form 990) 2010

Software ID: Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

Form 990, Schedule J,	Part I	.I - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees	<u></u>	
(A) Name			of W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
THOMAS P CAMPBELL	(ı) (ıı)		0 0	98,635	34,564 0	255,852	1,042,453	0 0
EMILY K RAFFERTY	(ı) (ıı)		0 0	121,586	131,879 0	15,342	892,802	2 0
OLENA PASLAWSKY	(ı) (ıı)		0 0	2,322	34,827 0	6,013	3 451,290 0 0	0 0
HAROLD HOLZER	(ı) (ıı)		0	44,964	34,827 0	15,852	449,672	2 0
SUZANNE BRENNER	(ı) (ıı)		276,729	19,642	196,546 0	15,852	966,580	115,010
SHARON H COTT	(ı) (ıı)		, o	35,742	34,827 0	15,467	439,407	0 0
BRADLEY L KAUFFMAN	(ı) (ıı)		0 0	2,442	34,827 0	717	425,949	0 0
PHILIP T VENTURINO	(ı) (ıı)		o 0	39,141	210,506 0	180	492,058	0 0
NINA MCN DIEFENBACH	(ı) (ıı)	0	0 0	47,297 0 0	34,827 0	15,884	396,127	0 0
CARRIE R BARRATT	(ı) (ıı)		0 0	7	33,119 0	15,844	301,411	. 0
DEBRA A MCDOWELL	(1) (11)	0	0 0			6,012	1	0 0
ELYSE TOPALIAN	(1) (11)		0	36,113	28,857 0	15,447 0	286,078	0 0
JENNIFER RUSSELL	(1) (11)		5,000	2,838	28,469 0	111	· · · · · · · · · · · · · · · · · · ·	. 0
TOM JAVITS	(1) (11)	0	, o	740	24,743 0	5,487 0	214,367	0 0
MAHRUKH K TARAPOR	(1) (11)	0	o	387,784	22,913 0	5,564 0	568,070 0 0	280,699
DORALYNN PINES	(1) (11)	0	0	·	9,069	452		5 586,377 0
STUART PHYRR	(1) (11)		0 0	814,150		5,976 0	1,017,742	0 0
MICHAEL BELKIN	(1) (11)		0 0	399,234	34,564 0	982	1	0 0
LAUREN A MESERVE	(ı) (ıı)	0	202,935	486	153,157 0	5,880 0	718,566	84,341
HILDE LIMONDJIAN	(1) (11)	0	, o	465,338	19,081 0	3,450	582,983	0 0
EVERETT FAHY	(ı) (ıı)	0	0	1	8,304	1,150	I .	•

DLN: 93493066013812

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization METROPOLITAN MUSEUM OF ART

13-1624086

Employer identification number

	_															_
Pa	art I Bond Issues									Т				_		_
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	(g) De	feased	Beh	On alf of suer		Pool ncing	
										Yes	No	Yes	No	Yes	No	
A	TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	91-1882413	649717NP6	12-01-2006	65,000	1 (1)(1)(1)		IAL FUNDI TAL PRO	NGOF		Х		X		x	
В	TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	91-1882413	649717NQ4	12-01-2006	65,000	1 000 1		PARTIAL FUNDING OF CAPITAL PRO			х		х		х	
Da	rt III Proceeds															_
Fa	1100000					١			В	С			D			
1	A mount of bonds retired	A mount of bonds retired														_
2	A mount of bonds legally defe															
3	Total proceeds of issue				(65,000	,000		65,000,000							
4	Gross proceeds in reserve fu	nds														
5	Capitalized interest from proc	eeds														
6	Proceeds in refunding escrow	1														
7	Issuance costs from proceed	S			795,690 795,690											
8	Credit enhancement from pro	ceeds														
9	Working capital expenditures	from proceeds														
10	Capital expenditures from pro	oceeds			(64,204	,310		64,204,310							
11	Other spent proceeds															
12	Other unspent proceeds															
13	Year of substantial completio	n			20	08		20	08							
					Yes	No	•	Yes	No	Yes		No	Ye	s	No	_
14	Were the bonds issued as par	rt of a current refund	ling issue?			Х			Х							
15	Were the bonds issued as par	rt of an advance refu	ındıng ıssue?			Х			Х							
16	Has the final allocation of proceeds been made?			Х			X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х			Х								
Pa	rt IIII Private Business l	Jse														_
					A A	\ 		B	3		<u> </u>		 	D		_

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Yes

No

Χ

Х

Yes

No

Yes

Yes

No

	Δ							
	A		ĺ	В		С	ı	D
	Yes	No	Yes	No	Yes	No	Yes	No
result in private business	Х		Х					
vate business use of bond-		×		x				
other outside counsel to review ments relating to the financed	Х		Х					
te business use by entities local government		0 %		0 %				
te business use as a result of ganization, another section		0 %		0 %				
		0 %		0 %				
•	Х		Х					
	I procedures to ensure the les?	· X	procedures to ensure the					

Pai	rt IV Arbitrage								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		х				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?		Х		x				
ь	Name of provider		1						<u> </u>
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
Ь	Name of provider					·			
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х				
6	Did the bond issue qualify for an exception to rebate?	х		х					

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
SCHEDULE K, PART III, LINES 4-6		THE MUSEUM PERFORMS A DETAILED PRIVATE BUSINESS AND UNRELATED USE CALCULATION THE MUSEUM CALCULATED ITS PRIVATE BUSINESS AND UNRELATED USE FOR FISCAL YEAR ENDED JUNE 30, 2011 TO BE NEARLY 0% IN TAX-EXEMPT BOND FINANCED SPACE THIS ANALYSIS EXCLUDES COSTS OF ISSUANCE

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DLN: 93493066013812

OMB No 1545-0047 2010

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

	of the organization POLITAN MUSEUM OF ART										ntion numb	er
Part I	Excess Benefit Trai	ısacti	ions (s	section 501	(c)(3) a	and section 501	(c)(4)		3-16240 zatıons (
	Complete if the organizat											
1	(a) Name of disq	(a) Name of disqualified per				(b) Descriptio			action		(c) C	orrected?
<u>-</u>						(2, 2 00 0					Yes	No
2 Eı	nter the amount of tax impos	ed on t	he orga	nızatıon man	agers or	disqualified pers	ons duri	na the v	ear unde	r		
	ection 4958								🕨	· \$		
3 E	nter the amount of tax, ıf any	, on lin	e 2, abo	ve, reimburs	ed by th	e organization .			🕨	• \$		
Part	II Loans to and/or I	Erom	Intore	stad Dare	SONE							
rait	Complete if the organiz). Part IV. line 26	. or Forr	n 990-l	Z. Part V	'. lıne 38	a	
	p		oan to				,		(f)	7		
(a) Na	me of interested person and		om the	(c)0 rig	ıınal		(e) I		Approv		(g)Written	
(,	purpose	organı	zatıon?	principal		(d)Balance due	defau	it?	by boar		agreeme	entz
		To	From				Yes	No	Yes	No	Yes	No
			1									
-					b				1			
Total					▶ \$	Dorsons						
Part I	Complete if the orga						. line 2	27.				
						en interested per						
	(a) Name of interested pers	on				ganızatıon		(c)An	nount or g	rant or t	ype of assı	stance

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organization	ni answered res on	TOTHI 330, Part IV, III	16 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) CHILTON INVESTMENT COMPANY INC	SEE PART V	, , ,	MANAGEMENT & PERFORMANCE FEES		Νο

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
SCHEDULE L, PART IV		TRUSTEE RICHARD L CHILTON, JR IS CHAIRMAN, CEO AND CHIEF INVESTMENT OFFICER OF CHILTON INVESTMENT COMPANY, INC

Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493066013812

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

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

Open to Public Inspection

Name of the organization METROPOLITAN MUSEUM OF ART **Employer identification number**

13-1624086 Part I Types of Property (a) (b) (d) (c) Check if Number of Contributions or items Noncash contribution amounts Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line amounts 1g Art—Works of art . . Х 152 Art—Historical treasures 6 0 Art-Fractional interests Х 0 Books and publications Χ Clothing and household aoods 6 Cars and other vehicles . 7 Boats and planes . . . Intellectual property . . Securities—Publicly traded 8,386,341 MKT VALUE- GIFT DATE Χ 146 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . Securities—Miscellaneous Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . Real estate—Residential . Real estate—Commercial Real estate—Other . . 18 Collectibles . . . 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts . . Scientific specimens . . 23 Archeological artifacts . 24 25 Other ► (___ Other ►(_ 26 27 Other ►(_ 28 Other►(_ Number of Forms 8283 received by the organization during the tax year for contributions 29 57 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . No 30a **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . 32a Yes **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Part II

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

Ident if ier	Return Reference	Explanat ion
PART I, COLUMN (B)		THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS" REPRESENTS THE TOTAL NUMBER OF CONTRIBUTORS AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED
PART I, LINE 32B		THE MUSEUM MAY, FROM TIME TO TIME, SELL ART WORKS ACQUIRED AS NON-CASH CONTRIBUTIONS THROUGH THIRD PARTIES SUCH AS PUBLIC AUCTION HOUSES, PRIVATE DEALERS, OR INDIVIDUALS IN EACH CASE, THE MUSEUM ENTERS INTO A CONTRACT OR AGREEMENT WITH THE THIRD PARTY CONDUCTING OR PARTICIPATING IN THE SALE AND ADHERES TO ITS OWN PUBLISHED POLICY REGARDING SUCH SALES AS WELL AS APPLICABLE IRS LAWS AND STANDARDS OF ACCOUNTING
PART I, LINE 33		IN ACCORDANCE WITH FASB'S SFAS 116, THE MUSEUM DOES NOT TREAT DONATIONS OF PROPERTY OF THE TYPES DESCRIBED IN PART I OF SCHEDULE M AS REVENUE OR CAPITALIZE ITS COLLECTIONS BECAUSE THEY ARE USED TO SUPPORT ITS NON-PROFIT EDUCATIONAL MISSION, AND, SHOULD THE PROPERTY BE SOLD, PROCEEDS FROM THE SALE WOULD BE USED SOLELY TO ACQUIRE OTHER ITEMS FOR THE COLLECTION THESE ACCOUNTING STANDARDS ARE ALSO ENDORSED BY THE AMERICAN ASSOCIATION OF MUSEUMS AND THE ASSOCIATION OF ART MUSEUM DIRECTORS, OF WHICH ORGANIZATION THE MUSEUM IS A MEMBER

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493066013812

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

Identifier	Return Reference	Explanation
PART III	MISSION AND PROGRAM SERVICE ACCOMPLISHMENTS	THE MISSION OF THE METROPOLITAN MUSEUM OF ART IS TO COLLECT, PRESERVE, STUDY, EXHIBIT, AND STIMULATE APPRECIATION FOR AND ADVANCE KNOWLEDGE OF WORKS OF ART THAT COLLECTIVELY REPRESENT THE BROADEST SPECTRUM OF HUMAN A CHIEVEMENT AT THE HIGHEST LEVEL OF QUALITY, ALL IN THE SERVICE OF THE PUBLIC AND IN A CCORDANCE WITH THE HIGHEST PROFESSIONAL STANDARDS THE METROPOLITAN MUSEUM OF ART WAS FOUNDED ON APRIL 13, 1870 BY A GROUP OF CIVIC LEADERS, ART COLLECTORS, AND PHILANTHROPISTS THE PREMISE ON WHICH THE MUSEUM WAS FOUNDED IS "FOR THE PURPOSE OF ESTABLISHING AND MAINTAINING IN NEW YORK CITY A MUSEUM AND LIBRARY OF ART, OF ENCOURAGING AND DEVELOPING THE STUDY OF THE FINE ARTS, AND THE APPLICATION OF ARTS TO MANUFACTURE AND PRACTICAL LIFE, OF ADVANCING THE GENERAL KNOWLEDGE OF KINDRED SUBJECTS, AND, TO THAT END, OF FURNISHING POPULAR INSTRUCTION "THE MUSEUM HAS SINCE BECOME THE PREEMINENT CULTURAL INSTITUTION IN THE WESTERN HEMISPHERE, SERVING A PUBLIC THAT EXTENDS FAR BEY OND NEW YORK CITY TO ALL THE UNITED STATES AND, INDEED, THE WORLD IT RANKS AS NEW YORK'S PREMIER TOURIST ATTRACTION, WITH SIXTY-SIX PERCENT OF ITS NEARLY 5 68 MILLION ANNUAL VISITORS (INCLUDING THE CLOISTERS MUSEUM AND GARDENS) FROM OUTSIDE THE TRI-STATE AREA ATTENDANCE IN FISCAL YEAR 2011 WAS THE HIGHEST RECORDED IN FORTY YEARS THE MUSEUM SERVES ALL AGE GROUPS, FROM PRESCHOOL CHILDREN TO SENIOR CITIZENS, AND MAINTAINS A BROAD RANGE OF EDUCATIONAL AND OUTREACH PROGRAMS

ldentifier	Return Reference	Explanation
PART III (CONTINUED)		THE MUSEUM'S COLLECTIONS COMPRISE WORKS OF ART FROM ANCIENT, MEDIEVAL, AND MODERN TIMES AND FROM ALL AREAS OF THE WORLD THEY OFFER A SURVEY OF ART FROM ANCIENT CIVILIZATIONS OF ASIA, AFRICA, SOUTH AMERICA, THE PACIFIC ISLANDS, EGYPT, THE NEAR EAST, AND GREECE AND ROME, TO THE PRESENT TIME THE MUSEUM ALSO POSSESSES COLLECTIONS OF EUROPEAN PAINTINGS, MEDIEVAL ART AND ARCHITECTURE, ARMS AND ARMOR, PRINTS, PHOTOGRAPHS, DRAWINGS, COSTUMES, MUSICAL INSTRUMENTS, ISLAMIC ART, EUROPEAN SCULPTURE AND DECORATIVE ARTS, AND AMERICAN ART THE MUSEUM MAINTAINS ONE OF THE MOST COMPREHENSIVE ART AND ARCHITECTURE LIBRARIES IN THE UNITED STATES THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE, RATHER THAN FOR FINANCIAL GAIN THE MUSEUM CONTINUES TO ENHANCE THE COLLECTIONS THROUGH KEY ACQUISITIONS IN A NUMBER OF AREAS IN FISCAL YEAR 2011, THE MUSEUM ACQUIRED MANY OBJECTS OF DISTINCTION, INCLUDING A MASTERPIECE OF DRAWING BY PERINO DEL VAGA (PIETRO BUONACCORSI 1501-1547), A PAINTING BY THE SAME ARTIST, PERINO'S THE HOLY FAMILY WITH THE INFANT SAINT JOHN THE BAPTIST, THODORE GRICAULT'S LIONS IN A MOUNTAINS LANDSCAPE (AN EXTRAORDINARY EXAMPLE OF THE ARTIST'S SPONTANEOUS HANDLING OF PAINT), THE FALCON'S BATH (AN IMPORTANT TAPESTRY FROM THE SOUTHERN NETHERLANDS DATING TO ABOUT 1400-1415), THE ONLY EXTANT FULLY ILLUMINATED BOOK OF HOURS MADE FOR KING FRANCIS I (1494-1547, RULED FROM 1515), HOURS OF FRANCIS I, A SPLENDID EBONY COLLECTOR'S CABINET WITH COLORFUL ARCHITECHTURAL INTERIOR (DUTCH, CA 1640-50), ATTRIBUTED TO HERMAN DOOMER, AND AN IMAGINATIVE STEEL AND GILT-BRONZE INDIAN (DECCAN) DAGGER WITH A RUBY-SET ZOOMORPHIC HILT OF NATURALISTIC AND FANTASTIC CREATURES FROM THE SECOND HALF OF THE SIXTEENTH CENTURY FROM THE COLLECTION OF THE GREAT ISLAMIC ART SCHOLAR STUART CARY WELCH

	eturn erence	Explanation
PART III (CONTINUED)		THE CURATORIAL PROGRAMS ARE SUPPORTED BY NUMEROUS SERVICES AND RESOURCES THE DEPARTMENTS OF PAINTINGS, PAPER, OBJECTS AND TEXTILE CONSERVATION PREPARE AND REVIEW EVERY ARTWORK SELECTED FOR A NEW INSTALLATION, SPECIAL EXHIBITION OR LOAN THIS CONSERVATION EFFORT RANKS WITH THE BEST OF THE WORLD'S MAJOR MUSEUMS THE THOMAS J WATSON LIBRARY AND THE IMAGE LIBRARY HOUSE VALUABLE RESEARCH MATERIAL AVAILABLE FOR CURATORIAL, EDUCATION, AND PUBLICATION PROJECTS THE MUSEUM CONTINUES TO BE A LEADING MUSEUM PUBLISHER IN THE WORLD IN FISCAL YEAR 2011, THE EDITORIAL DEPARTMENT PRODUCED FIFTEEN PUBLICATIONS, INCLUDING SIX EXHIBITION CATALOGUES, FIVE COLLECTION AND OTHER SCHOLARLY CATALOGUES, AND FOUR BULLETINS THE MUSEUM'S SPECIAL EXHIBITIONS PROGRAM IS EXCEPTIONALLY DIVERSE, PRESENTING ABOUT 35 SHOWS PER YEAR FOCUSING ON A WIDE RANGE OF THEMES, PERIODS, AND INDIVIDUAL ARTISTS THE FOLLOWING EXHIBITIONS WERE AMONG THE HIGHLIGHTS THIS YEAR "HAREMHAB THE GENERAL WHO BECAME KING", "KATRIN SIGURDARDOTTIR AT THE MET", "OUR FUTURE IS IN THE AIR PHOTOGRAPHS FROM THE 1910s", "STIEGLITZ, STEICHEN, STRAND", "THE ROMAN MOSAIC FROM LOD, ISRAEL", "THE ARTISTIC FURNITURE OF CHARLES ROHLFS", "MAN, MYTH AND SENSUAL PLEASURES JAN GOSSART'S RENAISSANCE", "MIR THE DUTCH INTERIORS", "JOHN BALDESSARI, PURE BEAUTY", "THE WORLD OF KHUBILAI KAHN CHINESE ART IN THE YUAN DYNASTY", "CZANNE'S CARD PLAYERS", "THE EMPEROR'S PRIVATE PARADISE TREASURES FROM THE FORBIDDEN CITY", "GUITAR HEROES LEGENDARY CRAFTSMEN FROM ITALY TO NEW YORK", "THE ANDEAN TUNIC, 400 BCE - 1800 CE", "ROOMS WITH A VIEW THE OPEN WINDOW IN THE 19TH CENTURY", AND "ALEXANDER MCQUEEN SAVAGE BEAUTY"

ldentifier	Return Reference	Explanation
PART III (CONTINUED)		THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS CONTINUE TO BE ENHANCED BY A VARIETY OF EDUCATIONAL PROGRAMS LAST YEAR THE MUSEUM ORGANIZED SOME 23,111 EDUCATIONAL EVENTS REACHING 632,141 PEOPLE AT THE MAIN BUILDING AND THE CLOISTERS, THE MUSEUM WELCOMED 5,720 SCHOOL CLASSES, REPRESENTING 214,662 STUDENTS TEACHER TRAINING, THROUGH ONSITE AND ONLINE WORKSHOPS, AS WELL AS PRINTED AND WEB-BASED TEACHER RESOURCES, WHICH ARE FREE UPON REQUEST FOR ALL NYC PUBLIC SCHOOLS AND AVAILABLE IN PDF FORM FOR SCHOOLS WORLDWIDE, ENABLE K-12 EDUCATORS TO MORE FULLY UTILIZE THE MUSEUM'S COLLECTIONS IN THEIR CURRICULA DURING THE YEAR, 29,426 INDIVIDUALS PARTICIPATED IN FAMILY PROGRAMMING AND MANY MORE WERE ABLE TO ENRICH THEIR VISITS THROUGH PRINTED FAMILY GUIDES FAMILIES WITH CHILDREN MAY A LSO DOWNLOAD AND PRINT THESE GUIDES AT HOME IN PREPARATION FOR THEIR MET VISIT THE MUSEUM OFFERS SPECIALLY DESIGNED PROGRAMS FOR A DEDICATED TEEN AUDIENCE 2,228 VISITORS (AGED 13 THROUGH 18) TOOK PART IN THESE PROGRAMS FOR GENERAL VISITORS, THE MUSEUM OFFERS A COMPREHENSIVE SERIES OF LECTURES, GALLERY TALKS, AND GUIDED TOURS IN NUMEROUS LANGUAGES THROUGHOUT THE DAY, MOST OF WHICH ARE FREE WITH MUSEUM ADMISSION LAST YEAR, 105,175 PEOPLE PARTICIPATED IN GALLERY TALKS AND GUIDED TOURS, AND 60,593 ATTENDED LECTURES THE MUSEUM IS COMMITTED TO REACHING OUT TO POPULATIONS THROUGHOUT THE NEW YORK CITY COMMUNITY WHO MAY NOT BE FAMILIAR WITH THE MUSEUM THE MUSEUM ALSO OFFERS A FULL RANGE OF PROGRAMS FOR VISITORS WITH VISION, HEARING, LEARNING, AND MOBILITY IMPAIRMENTS, AS WELL AS FOR THOSE WITH DEMENTIA AND THEIR CAREGIVERS IN FISCAL 2011, 6,447 SUCH VISITORS - INCLUDING 1,739 SPECIAL EDUCATION STUDENTS - PARTICIPATED IN 360 PROGRAMS

ldentifier	Return Reference	Explanation
PART III (CONTINUED)		THE MUSEUM STRIVES TO BE RESPONSIVE TO ITS AUDIENCES AND CONDUCTS QUARTERLY SURVEYS OF VISITORS, POLLING INDIVIDUALS AS THEY ENTER THE BUILDING TO DETERMINE GEOGRAPHIC ORIGIN, AGE, LEVEL OF EDUCATION, ETHNICITY, INCOME AND PROFESSION NUMEROUS OTHER SURVEYS AND STUDIES EVALUATE SPECIFIC PROGRAMS IN THE LAST FISCAL YEAR, APPROXIMATELY 40% OF VISITORS TO THE MUSEUM WERE FROM OTHER COUNTRIES THUS, AS THE NUMBER OF NON-ENGLISH SPEAKING VISITORS INCREASES, PROVIDING SERVICES TO MEET THEIR NEEDS BECOMES EVER MORE IMPORTANT THE MUSEUM OFFERS A FOREIGN VISITORS INFORMATION DESK, A MUSEUM MAP AND INFORMATION BROCHURE IN ELEVEN LANGUAGES, AND MULTI-LINGUAL WALKING TOURS, GALLERY TALKS, AND VISITOR INFORMATION ON THE MUSEUM'S WEBSITE THE MUSEUM CONTINUES TO REACH AN INCREASINGLY WIDE AUDIENCE THROUGH ITS EXPANDED USE OF DIGITAL MEDIA A NEW DIGITAL MEDIA DEPARTMENT WAS FORMED IN FISCAL YEAR 2011 TO BOLSTER THIS EFFORT THIS DEPARTMENT LEADS THE CREATION, PRODUCTION, PRESENTATION, AND DISSEMINATION OF MULTI-MEDIA CONTENT TO SUPPORT THE VIEWING AND UNDERSTANDING OF THE MET'S COLLECTIONS AND EXHIBITIONS, BOTH WITHIN THE GALLERIES AND ONLINE

ldentifier	Return Reference	Explanation
PART III (CONTINUED)		IN JANUARY 2011, THE MUSEUM COMPLETED THE ONLINE PUBLICATION OF ALL CATALOGUED WORKS THE DATABASE WAS A KEY COMPONENT IN THE RELAUNCH OF THE MUSEUM'S WEBSITE, WHICH TOOK PLACE IN SEPTEMBER 2011, AND HAS BECOME THE FOUNDATION FOR OTHER APPLICATIONS IT HAS ALREADY HELPED TO GROW THE HIGHLY REGARDED HEILBRUNN TIMELINE OF ART HISTORY LAUNCHED IN 2000, THE TIMELINE CONTINUES TO EXPAND IN SCOPE AND DEPTH AND TO REFLECT THE MOST UP-TO-DATE SCHOLARSHIP WHILE EXPLORING THE HISTORY OF ART FROM AROUND THE WORLD AS ILLUSTRATED BY THE MUSEUM'S COLLECTIONS AN INVALUABLE REFERENCE AND RESEARCH TOOL FOR STUDENTS, EDUCATORS, SCHOLARS, AND ANYONE INTERESTED IN ART HISTORY, IT DRAWS ROUGHLY ONE QUARTER OF THE WEBSITE'S VISITS THIS YEAR THE MUSEUM'S WEBSITE ATTRACTED 47 MILLION VISITS - AN INCREASE OF 19% OVER THE PRIOR FISCAL YEAR THE INSTITUTION FURTHER ENHANCED ITS COMMITMENT TO GREATER ACCESSIBILITY ONLINE THROUGH CONNECTIONS, A PORTFOLIO OF 100 SHORT NARRATIVES BY STAFF FROM THROUGHOUT THE MUSEUM, EACH OF WHOM SELECTED WORKS OF ART FROM THE COLLECTION THAT RESONATE WITH THEIR PERSONAL INTERESTS AND PERSPECTIVES

	Return deference	Explanation
PART III (CONTINUED)		THE MUSEUM ALSO WORKED TOWARDS INCREASING ACCESS TO OBJECTS WITHIN SPECIFIC EXHIBITIONS THIS YEAR TO COMPLEMENT THE "GUITAR HEROES LEGENDARY CRAFSTMEN FROM ITALY TO NEW YORK" EXHIBITION, THE MUSEUM'S FIRST IPHONE APP WAS CONCEIVED FOR THE MANY VISITORS WHO DOWNLOADED THE APPLICATION TO THEIR MOBILE DEVICES, IT BROUGHT TO LIFE THE GUITAR MAKERS' CREATIVE PROCESS THROUGH THE VOICES AND PERFORMANCES OF SUCH ARTISTS AS GEORGE BENSON, MARY KAYE, STEVE MILLER, AND DJANGO REINHARDT A SECOND MULTIMEDIA TOUR APP FOR THE IPAD WAS ALSO LAUNCHED FOR THE "POETRY IN CLAY KOREAN BUNCHEONG CERAMICS FROM LEEUM, SAMSUNG MUSEUM OF ART " THIS APP INCLUDED SUCH HIGHLIGHTS AS 360-DEGREE OBJECT VIEWS AND PANORAMAS OF THE GALLERIES FINALLY, THE WEBSITE ALSO SUPPORTED THE MUSEUM'S EXHIBITION PROGRAM WITH TWENTY-TWO ONLINE EXHIBITION FEATURES LAUNCHED IN FISCAL 2011, INCLUDING EXPANDED FEATURES FOR "THE WORLD OF KHUBILAI KHAN CHINESE ART IN THE YUAN DYNASTY," "GUITAR HEROES LEGENDARY CRAFTSMENT FROM ITALY TO NEW YORK," AND "ALEXANDER MCQUEEN SAVAGE BEAUTY," WHICH ALONE SERVED 1 5 MILLION ONLINE VISITS DURING THE RUN OF THE EXHIBITION

ldentifier F	Return Reference	Explanation
PART III (CONTINUED)		THE MUSEUM AND ITS PERMANENT COLLECTIONS ARE CONTINUOUSLY ENHANCED THROUGH NEW INSTALLATIONS AND CAPITAL PROJECTS THE EXTENSIVE RENOVATION OF THE FIFTEEN GALLERIES DEVOTED TO THE DEPARTMENT OF ISLAMIC ART, INCLUDING THE CONSERVATION AND REINSTALLATION OF THE DAMASCUS ROOM AND THE SPANISH CEILING, AS WELL AS INSTALLATION OF THE STONE FLOOR, ARE NEAR COMPLETION AND SCHEDULED TO OPEN TO THE PUBLIC IN NOVEMBER 2011 ALSO NEARING COMPLETION IS THE COMPREHENSIVE RENOVATION OF THE AMERICAN WING OVER 10 YEARS IN THE MAKING, THIS PROJECT WILL CULMINATE WITH THE REOPENING OF THE GALLERIES FOR PAINTINGS AND SCULPTURE IN JANUARY 2012 THE RENOVATION OF THOMAS J WATSON LIBRARY'S BOOK CONSERVATION LABORATORY, WHICH INCLUDED THE CONSTRUCTION OF A NEW MEZZANINE SPACE AND THE REDESIGN OF THE MAIN FLOOR, WAS COMPLETED IN FISCAL 2011 BEGINNING IN 2012, THE MUSEUM ANNOUNCED A MAJOR RENOVATION OF THE COSTUME INSTITUTE'S EXISTING FOOTPRINT, WHICH WILL INCLUDE A REDESIGN OF ITS EXHIBITION GALLERIES, STUDY COLLECTION, AND CONSERVATION CENTER THE FIFTH AVENUE PLAZA WILL ALSO UNDERGO A FULL RENOVATION, INCLUDING A REDESIGN OF THE FOUNTAINS AND SURROUNDING SPACES

ldentifier	Return Reference	Explanation
PART VI, LINE 6	GOVERNING BODY AND MANAGEMENT	THE MUSEUM DOES NOT HAVE "MEMBERS" AS SUCH TERM IS DEFINED IN THE INSTRUCTIONS TO FORM 990 HOWEVER, THE MUSEUM USES THE TERM "MEMBERS" IN CONNECTION WITH DUES, FEES, GOODS, BENEFITS, PRIVILEGES AND SERVICES AS ESTABLISHED BY THE MUSEUM FROM TIME TO TIME

ldentifier	Return Reference	Explanation
PART VI, LINE 11B	PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990	THE MUSEUM'S FORM 990, INCLUDING REQUIRED SCHEDULES AND SUPPORTING DOCUMENTATION, IS INITIALLY COMPILED BY THE MUSEUM'S CONTROLLER'S OFFICE PRIMARILY RELYING ON THE MUSEUM'S GENERAL LEDGER, AUDITED FINANCIAL STATEMENTS AND OTHER FINANCIAL SYSTEMS THE MUSEUM'S CONTROLLER, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND EXTERNAL TAX ADVISORS PARTICIPATE IN A SERIES OF DETAILED REVIEWS OF THE FORM 990 THE FORM 990 IS ALSO REVIEWED BY THE MUSEUM'S SENIOR MANAGEMENT, INCLUDING THE MUSEUM'S DIRECTOR AND PRESIDENT, THE AUDIT COMMITTEE OF THE MUSEUM'S BOARD OF TRUSTEES, AND EXTERNAL LEGAL COUNSEL A COMPLETE COPY WITH THE EXCEPTION OF SCHEDULE B 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

ldentifier	Return Reference	Explanation
PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	ON AN ANNUAL BASIS, THE MUSEUM SEEKS TO ENSURE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY SENDING RELEVANT WRITTEN POLICIES TO SENIOR STAFF, TRUSTEES AND ADVISORY MEMBERS OF COMMITTEES OF THE BOARD OF TRUSTEES EACH POLICY IS SENT WITH A STATEMENT, WHICH MUST BE COMPLETED, SIGNED AND RETURNED TO THE MUSEUM'S SENIOR VICE PRESIDENT, SECRETARY AND GENERAL COUNSEL THE STATEMENT REQUIRES EACH INDIVIDUAL TO CONFIRM THAT HE OR SHE HAS (I) RECEIVED A COPY OF THE POLICY, (II) READ AND UNDERSTOOD THE POLICY AND (III) AGREES TO COMPLY WITH THE POLICY THE INDIVIDUAL IS ALSO ASKED TO DISCLOSE ANY SITUATION OR AREAS OF POTENTIAL CONFLICTS OF INTEREST THAT HE OR SHE OR A MEMBER OF HIS OR HER FAMILY MAY HAVE THE GENERAL COUNSEL'S OFFICE ENSURES ALL STATEMENTS ARE COMPLETED AND RETURNED WHEN POTENTIAL CONFLICTS ARISE, THEY ARE INITIALLY EVALUATED BY THE GENERAL COUNSEL WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF NECESSARY CONFLICTS ARE RESOLVED IN CONSULTATION WITH THE MUSEUM'S DIRECTOR AND PRESIDENT (FOR STAFF) AND THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE LEGAL COMMITTEE OF THE MUSEUM'S BOARD (FOR TRUSTEES, INCLUDING THE DIRECTOR AND THE PRESIDENT) IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTIONS

ldentifier	Return Reference	Explanation
PART VI, LINES 15A AND 15B	COMPENSATION REVIEW	ANNUALLY, THE MUSEUM OBTAINS A REVIEW AND APPROVAL BY AN INDEPENDENT COMPENSATION CONSULTANT AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR THE TOTAL REMUNERATION OF ALL THE MUSEUM'S OFFICERS

ldentifier	Return Reference	Explanation
PART VI, LINE 19	PUBLIC AVAILABILITY OF OTHER DOCUMENTS	THE MUSEUM'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE MUSEUM'S ANNUAL REPORT, WHICH IS MADE AVAILABLE TO THE PUBLIC ON THE MUSEUM'S WEBSITE THE MUSEUM MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
PART VIII, LINE 8	FUNDRAISING EVENTS	NOTE THAT THE \$2,660,233 LOSS ON LINE 8(C) DOES NOT INCLUDE THE \$14,989,225 OF CONTRIBUTIONS WHICH RESULTED IN A NET GAIN FROM THESE EVENTS OF APPROXIMATELY \$12 3 MILLION

ldentifier	Return Reference	Explanation
PART VIII, LINE 10	GROSS SALES LESS RETURNS AND ALLOWANCES	NOTE THAT THE GROSS PROFIT REPORTED ON LINE 10(C) DOES NOT INCLUDE EXPENSES REPORTED ON PART IX, LINE 25

ldentifier	Return Reference	Explanation
PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	UNREALIZED GAINS ON INVESTMENTS \$229,620,250, CHANGE IN THE FAIR VALUE OF INTEREST RATE AGREEMENTS AND EFFECT OF INTEREST RATE SWAPS 5,216,249, RECLASSIFICATIONS, FEES AND OTHER (4,907,450), CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 2,231,317, PENSION RELATED CHANGES OTHER THAN NPPC 13,034,278, ADDITIONAL RETIREMENT CONTRIBUTION (4,541,163), PARTNERSHIP UBI 1,338,321, ROUNDING 7, TOTAL PART XI, LINE 5 241,991,809

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DLN: 93493066013812

OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2010

Department of the Internal Revenue S							Ope In	n to Pub spectio	olic n
Name of the METROPOLITAN	e organization N MUSEUM OF ART					Employer ider	ntification number		
Part I	Identification	of Disregarded Entities (Comple	ete if the organization	on answered "Yes	" on Form 990. Pa	13-1624086 art IV. line 33.)			
		(a) d EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country	(d) te Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II		of Related Tax-Exempt Organia d tax-exempt organizations during th		ıf the organizatıo	n answered "Yes"	on Form 990, Pari	t IV, line 34 becau	se it had	one
	Name, address, and I	(a) 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	Section 5 cont	g) 512(b)(13) rolled nization
								Yes	No

Part III Identi becaus	fication of Relate e it had one or mo	ed Orga re relat	anizations Taxa ed organizations	ble as a Partners treated as a partne	ship (ership	Complete if during the ta	the dax ye	organization a ear.)	answe	red "\	es" on F	orm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN o related organization	(b) of 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)	Share	(f) of total income	Share	(g) e of end-of-year assets	(h Disprop allocat	rtionate	Code ' amount in Schedi	i) V—UBI box 20 of ule K-1 1065)	Gene mana part	ral or iging	(k) Percentage ownership
									Yes	No			Yes	No	
				ble as a Corpora zations treated as a							nswered	"Yes" on	Form	990,	Part IV,
Name, address, a	(a) nd EIN of related organiza	tion	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	ıng	(e) Type of entity (C corp, S corp, or trust)		(f are of to) tal income	(g Share end-of- asse	e of -year		(h) Percentage ownership
(1) 14 CHARITABLE TRUS	STS		TRUST					TRUST							

Sched	e R (Form 990) 2010		Pa	age 3
Part	Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A,	or 36.)		
-	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Dur	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		
Ь	ıft, grant, or capıtal contribution to other organization(s)	1b		
c (ıft, grant, or capıtal contribution from other organization(s)	1 c		
d	oans or loan guarantees to or for other organization(s)	1d		
е	oans or loan guarantees by other organization(s)	1e		
f S	ale of assets to other organization(s)	1f		
g	urchase of assets from other organization(s)	1 g		
h	xchange of assets	1h		
i L	ase of facilities, equipment, or other assets to other organization(s)	1 i		
j l	ease of facilities, equipment, or other assets from other organization(s)	1j		
k	erformance of services or membership or fundraising solicitations for other organization(s)	1k		
I P	erformance of services or membership or fundraising solicitations by other organization(s)	11		
m s	haring of facilities, equipment, mailing lists, or other assets	1m		
n :	haring of paid employees	1n		
o	eımbursement paid to other organization for expenses	10		<u> </u>
P	eımbursement paid by other organization for expenses	1 p		
q	ther transfer of cash or property to other organization(s)	1q		
-	ther transfer of cash or property from other organization(s)	1 r		
	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 t	hresholds		
	(a) Name of other organization (b) Transaction type(a-r) Amount involved	(d) lethod of determin involved	_	ount

(1) (2) (3) (4)	Name of other organization	type(a-r)	Amount involved	Method of determining amount involved
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) N of entity Primary activity Legal domicile (state or foreig country)		501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	iag ing tner?
			Yes	No		Yes	No		Yes	No
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Part VII Supplemental Information

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

	Ident if ier	Return Reference	Explanation
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Schedule R (Form 990) 2010