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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2008
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization METROPOLITAN MUSEUM OF ART		D Employer identification number 13-1624086
		Doing Business As		E Telephone number (212) 879-5500
		Number and street (or P O box if mail is not delivered to street address) 1000 FIFTH AVENUE	Room/suite	G Gross receipts \$ 978,195,995
		City or town, state or country, and ZIP + 4 NEW YORK, NY 100280198		
F Name and address of Principal Officer THOMAS CAMPBELL 1000 FIFTH AVENUE NEW YORK, NY 10028		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)		
J Web site: WWW.METMUSEUM.ORG		H(c) Group Exemption Number		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other			L Year of Formation 1870	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE METROPOLITAN MUSEUM OF ART IS TO COLLECT, PRESERVE, STUDY, EXHIBIT, AND STIMULATE APPRECIATION FOR AND ADVANCE KNOWLEDGE OF WORKS OF ART SEE SCHEDULE O FOR MORE INFORMATION			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 47	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 44	
	5	Total number of employees (Part V, line 2a)	5 3,124	
	6	Total number of volunteers (estimate if necessary)	6 1,200	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a -1,200,977	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 202,625,071	Current Year 159,035,838
	9	Program service revenue (Part VIII, line 2g)	17,070,348	16,021,203
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	270,174,332	112,514,960
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,126,268	31,482,653
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	536,996,019	319,054,654
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,893,017
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	154,906,939	170,999,567
16a		Professional fundraising fees (Part IX, column (A), line 11e)	353,789	358,741
b		(Total fundraising expenses, Part IX, column (D), line 25 9,489,974)		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	196,051,769	178,753,773
18		Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	353,205,514	351,579,244
19		Revenue less expenses Subtract line 18 from line 12	183,790,505	-32,524,590
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	3,546,718,831	2,875,202,175
	21	Total liabilities (Part X, line 26)	368,347,328	450,930,642
	22	Net assets or fund balances Subtract line 21 from line 20	3,178,371,503	2,424,271,533

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2010-02-11</div> <div>Date</div> </div>	
	<div> <div></div> <div>SHARON H COTT SENIOR VICE PRESIDENT</div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>		Date	<div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div>	Preparer's PTIN (See Gen Inst)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div>		<div> <div>PricewaterhouseCoopers LLP</div> <div>1301 K STREET NW STE 800W</div> <div>WASHINGTON, DC 200053333</div> </div>		<div> <div>EIN</div> <div></div> </div>
					<div> <div>Phone no</div> <div>(202) 414-1000</div> </div>

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 38,923,577 including grants of \$) (Revenue \$ 599,930)
ACQUISITIONS OF ART - SEE SCHEDULE O FOR MORE INFORMATION

4b

(Code) (Expenses \$ 76,482,935 including grants of \$ 1,467,160) (Revenue \$ 4,360,772)
CURATORIAL DEPARTMENTS, INCLUDING OPERATION OF THE CLOISTERS, CONSERVATION, CATALOGUING AND SCHOLARLY PUBLICATIONS (INCLUDES FELLOWSHIP AWARDS AND TRAVEL STIPENDS IN THE AMOUNT OF \$1,467,160) - SEE SCHEDULE O FOR MORE INFORMATION

4c

(Code) (Expenses \$ 56,674,469 including grants of \$) (Revenue \$ 0)
GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION - SEE SCHEDULE O FOR MORE INFORMATION

(Code) (Expenses \$ 36,688,712 including grants of \$) (Revenue \$)
DEPRECIATION

(Code) (Expenses \$ 34,116,594 including grants of \$) (Revenue \$)
MERCHANDISING OPERATIONS (OTHER THAN COGS)

(Code) (Expenses \$ 14,446,549 including grants of \$) (Revenue \$)
SPECIAL EXHIBITIONS

(Code) (Expenses \$ 14,229,818 including grants of \$) (Revenue \$)
EDUCATION, COMMUNITY PROGRAMS AND LIBRARIES

(Code) (Expenses \$ 7,987,277 including grants of \$) (Revenue \$)
RENOVATION OF THE MUSEUM'S GALLERIES

(Code) (Expenses \$ 5,057,857 including grants of \$) (Revenue \$ 587,952)
COMMUNICATIONS

(Code) (Expenses \$ 3,843,212 including grants of \$) (Revenue \$)
MEMBERSHIP SERVICES INCLUDING THE BULLETIN

(Code) (Expenses \$ 3,260,672 including grants of \$) (Revenue \$ 8,589,839)
OPERATION OF GRACE RAINEY ROGERS AUDITORIUM

(Code) (Expenses \$ 3,062,588 including grants of \$) (Revenue \$)
OPERATION OF THE MUSEUM'S RESTAURANTS

(Code) (Expenses \$ 1,406,123 including grants of \$) (Revenue \$ 2,482,640)
OPERATION OF THE MUSEUM'S PARKING GARAGE

(Code) (Expenses \$ 520,337 including grants of \$) (Revenue \$)
CORPORATE EVENTS

4d

Other program services (Describe in Schedule O)
(Expenses \$ 124,619,739 including grants of \$) (Revenue \$ 11,660,431)


























4e

Total program service expenses \$ 296,700,720 Must equal Part IX, Line 25, column (B).

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Part IV

Checklist of Required Schedules

		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? 	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? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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? If "Yes," complete Schedule D, Part II 	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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
13	Is the organization a school as 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 U S?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I 	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 United States? If "Yes," complete Schedule F, Part II 	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 United States? If "Yes," complete Schedule F, Part III 	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	Yes	
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 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 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? 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 questions 24b–24d and complete Schedule K. If "No," go to question 25 	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27		No

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		No
36	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		No
37	Did the organization conduct more than 5 percent 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		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a651		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a3,124		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	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	Yes	
b	If "Yes," enter the name of the foreign country <u>CJ , VI , BD , UK , LU , CA</u> See the instructions for exceptions and 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	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	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

47

b

Enter the number of voting members that are independent

1b

44

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

No

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 organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

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 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

a

the governing body?

8a

Yes

b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

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?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or 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

11

No

Section B. Policies

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

a

The organization's CEO, Executive Director, or top management official?

15a

Yes

b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

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

No

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

Section 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 , GA , IL , KS , KY , LA , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI

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 ☒ upon request

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.
CONTROLLER'S OFFICE
1000 FIFTH AVENUE
NEW YORK, NY 100280198
(212) 879-5500

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

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Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								9,102,522	0	1,514,765

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **210**

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

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
KEVIN ROCHE JOHN DINKELOO AND ASSOC 20 DAVIS STREET PO BOX 6127 HAMDEN, CT 06517	ARCHITECTS	4,954,977
RC DOLNER LLC 2 PENN PLAZA EAST 11TH FLOOR NEWARK, NJ 07105	CONSTRUCTION MANAGER	4,891,872
MASTERPIECE INTERNATIONAL 39 BROADWAY NEW YORK, NY 10006	CUSTOMHOUSE BROKERS	4,086,483
DC INTERCONNECT 8 BROAD COVE ROAD CAPE ELIZABETH, ME 04107	TELECOMMUNICATIONS	1,170,516
PRICEWATERHOUSECOOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 191708001	AUDIT/ACCOUNT SVC	962,539

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	22,650,379				
			1b				
	c	Fundraising events	10,169,771				
			1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	20,768,043			
	f	All other contributions, gifts, grants, and similar amounts not included above		105,447,645			
			1f				
g	Noncash contributions included in lines 1a-1f \$	6,401,432					
h	Total (Add lines 1a-1f)		159,035,838				
Program Service Revenue	2a	EDUCATION PROGRAMS, CONCERTS & LECTURES	Business Code 532,000	12,950,611	12,935,611	15,000	
	b	PHOTO RENTALS & FILM FEES	532,000	587,952	540,102	47,850	
	c	PARKING GARAGE	812,930	2,482,640		2,482,640	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
		\$	16,021,203				
	Other Revenue	3	Investment income (including dividends, interest other similar amounts)		29,456,474		29,456,474
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		7,166		7,166	
		(i) Real	(ii) Personal				
6a		Gross Rents					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities 693,504,825	(ii) Other			
b		Less cost or other basis and sales expenses	610,446,339				
c		Gain or (loss)	83,058,486				
d		Net gain or (loss)		83,058,486		-4,122,568	87,181,054
8a		Gross income from fundraising events (not including \$ 464,652 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a	10,169,771			
b		Less direct expenses	b	2,511,367			
c		Net income or (loss) from fundraising events		-2,046,715	-2,046,715		
9a		Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities		0			
10a		Gross sales of inventory, less returns and allowances	a	78,558,967			
b		Less cost of goods sold	b	46,183,635			
c		Net income or (loss) from sales of inventory		32,375,332	25,711,656	2,311,801	4,351,875
		Miscellaneous Revenue	Business Code				
11a		CORPORATE EVENTS	561,499	546,940		546,940	
b		PROCEEDS FROM SALE OF ART	900,099	599,930	599,930		
c							
d		All other revenue					
e		Total. Add lines 11a-11d					
		\$	1,146,870				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		319,054,654	37,740,584	-1,200,977	123,479,209	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,387,038	1,387,038		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	80,125	80,125		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	8,722,257	6,565,826	1,736,396	420,035
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	114,570,063	101,665,744		4,580,163
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,318,834	11,624,540	2,171,148	523,146
9	Other employee benefits	23,430,317	20,342,097	2,491,982	596,238
10	Payroll taxes	9,958,096	8,188,744	1,426,069	343,283
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	847,182	47,758	799,424	
c	Accounting	500,002		500,002	
d	Lobbying	288,833	288,833		
e	Professional fundraising See Part IV, line 17	358,741			358,741
f	Investment management fees	20,228,025		20,228,025	
g	Other	5,756,251	3,197,552	2,558,699	
12	Advertising and promotion	2,437,721	2,410,391	27,330	
13	Office expenses	30,523,905	27,785,324	1,267,893	1,470,688
14	Information technology	1,019,059	338,645	669,659	10,755
15	Royalties	0			
16	Occupancy	5,122,010	4,984,807	136,755	448
17	Travel	2,733,025	2,550,100	117,559	65,366
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	184,567	114,171	66,723	3,673
20	Interest	5,193,472	4,697,706	495,766	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	43,236,515	40,810,240	2,244,212	182,063
23	Insurance	4,404,342	3,430,137	974,205	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PURCHASES OF ART	38,923,577	38,923,577		
b	REPAIRS & MAINTENANCE	6,776,511	6,635,560	107,614	33,337
c	CATERING SERVICES	1,983,816	1,246,056	176,423	561,337
d	BANK AND CREDIT CARD SERVICES	1,832,035	1,432,421	265,525	134,089
e	RESTAURANTS OPERATING EXPS	1,110,891	1,110,891		
f	All other expenses	5,652,034	6,842,437	-1,397,015	206,612
25	Total functional expenses. Add lines 1 through 24f	351,579,244	296,700,720	45,388,550	9,489,974
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash—non-interest-bearing	1,342,432	1	1,919,296		
	2 Savings and temporary cash investments		2			
	3 Pledges and grants receivable, net	152,963,236	3	119,900,800		
	4 Accounts receivable, net	8,995,760	4	9,560,568		
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use	12,681,036	8	12,165,618		
	9 Prepaid expenses and deferred charges	10,184,008	9	8,679,994		
	10a Land, buildings, and equipment—cost basis	<table><tr><td>10a</td><td>886,909,518</td></tr></table>	10a	886,909,518		
	10a	886,909,518				
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<table><tr><td>10b</td><td>475,512,006</td></tr></table>	10b	475,512,006	394,528,598	10c 411,397,512
	10b	475,512,006				
	11 Investments—publicly traded securities	745,478,147	11	668,002,951		
	12 Investments—other securities <i>See Part IV, line 11 Complete Part VII of Schedule D</i>	2,170,324,931	12	1,596,891,991		
	13 Investments—program-related <i>See Part IV, line 11 Complete Part VIII of Schedule D</i>		13			
14 Intangible assets		14				
15 Other assets <i>See Part IV, line 11 Complete Part IX of Schedule D</i>	50,220,683	15	46,683,445			
16 Total assets. <i>Add lines 1 through 15 (must equal line 34)</i>	3,546,718,831	16	2,875,202,175			
Liabilities	17 Accounts payable and accrued expenses	144,040,317	17	190,949,567		
	18 Grants payable		18			
	19 Deferred revenue	3,964,730	19	3,989,378		
	20 Tax-exempt bond liabilities	169,495,833	20	177,270,733		
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21			
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22			
	23 Secured mortgages and notes payable to unrelated third parties	38,192,000	23	65,050,000		
	24 Unsecured notes and loans payable		24			
	25 Other liabilities <i>Complete Part X of Schedule D</i>	12,654,448	25	13,670,964		
	26 Total liabilities. <i>Add lines 17 through 25</i>	368,347,328	26	450,930,642		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	1,520,862,196	27	902,614,793		
	28 Temporarily restricted net assets	878,041,216	28	722,371,737		
	29 Permanently restricted net assets	779,468,091	29	799,285,003		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	3,178,371,503	33	2,424,271,533		
	34 Total liabilities and net assets/fund balances	3,546,718,831	34	2,875,202,175		

Part XI **Financial Statements and Reporting**

			Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization METROPOLITAN MUSEUM OF ART	Employer identification number 13-1624086
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	155,767,083	171,991,616	200,338,245	202,625,071	159,035,838	889,757,853
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	10,361,249	11,886,124	12,535,665	12,709,208	13,990,612	61,482,858
4 Total. Add line 1-3	166,128,332	183,877,740	212,873,910	215,334,279	173,026,450	951,240,711
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						11,136,854
6 Public Support subtract line 5 from line 4						940,103,857

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	166,128,332	55,598,053	212,873,910	215,334,279	173,026,450	951,240,711
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,588,177	55,598,053	60,317,811	45,044,372	29,463,640	239,012,053
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,621,222	19,981,476	1,204,211	7,847,634		30,654,543
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)						1,220,907,307
12 Gross receipts from related activities, etc (See instructions)					12	590,764,764
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	77 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	71.077 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage		
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a33 1/3% Tests - 2008. 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		
b33 1/3% Tests - 2007. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

Part I-A

To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B

To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C

To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	15,129	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	273,704	
c	Total lobbying expenditures (add lines 1a and 1b)	288,833	
d	Other exempt purpose expenditures	296,411,887	
e	Total exempt purpose expenditures (add lines 1c and 1d)	296,700,720	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(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	182,738	219,685	155,503	288,833	846,759
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures	10,991	11,469	13,877	15,129	51,466

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other 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			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		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	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Supplemental Information

[illegible]

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	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 other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space</div>											
2	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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶											
4	Number of states where property subject to conservation easement is located ▶											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	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.

1a	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	
b	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	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

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

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	2,509,518,961				
b Contributions	18,572,729				
c Investment earnings or losses	-539,073,909				
d Grants or scholarships					
e Other expenditures for facilities and programs	14,017,174				
f Administrative expenses	110,698,077				
g End of year balance	1,864,302,530				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 46 %

b

Permanent endowment ▶ 43 %

c

Term endowment ▶ 11 %

3a

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

(i)

unrelated organizations

3a(i)

☐

No

(ii)

related organizations

3a(ii)

☐

No

b

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

3b

☐

☐

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,015,000		1,015,000
b Buildings		35,991,087	15,424,330	20,566,757
c Leasehold improvements		780,452,900	404,935,070	375,517,830
d Equipment		69,450,531	55,152,606	14,297,925
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				411,397,512

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENT FUNDS- EQUITY	332,050,195	F
Other INVESTMENT FUNDS-FIXED INCOME	47,927,699	F
Other ABSOLUTE RETURN	575,473,710	F
Other PRIVATE EQUITY	449,191,355	F
Other REAL ESTATE	192,248,630	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	1,596,891,589	

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITY & SPLIT-INT OBLIGS	13,670,964
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	13,670,964

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	319,054,654	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	351,579,244	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-32,524,590	
4	Net unrealized gains (losses) on investments	4	-652,492,412	
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8	-69,082,988	
9	Total adjustments (net) Add lines 4 - 8	9	-721,575,400	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-754,099,990	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements 	1	373,629,974	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments 	2a	-652,492,412	
b	Donated services and use of facilities 	2b		
c	Recoveries of prior year grants 	2c		
d	Other (Describe in Part XIV) 	2d	736,542,091	
e	Add lines 2a through 2d	2e	84,049,679	
3	Subtract line 2e from line 1	3	289,580,295	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b 	4a		
b	Other (Describe in Part XIV) 	4b	29,474,359	
c	Add lines 4a and 4b	4c	29,474,359	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) 	5	319,054,654	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements 	1	309,511,142	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 	2a		
b	Prior year adjustments 	2b		
c	Losses reported on Form 990, Part IX, line 25 	2c		
d	Other (Describe in Part XIV) 	2d	62,836,441	
e	Add lines 2a through 2d	2e	62,836,441	
3	Subtract line 2e from line 1	3	246,674,701	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b 	4a		
b	Other (Describe in Part XIV) 	4b	104,904,543	
c	Add lines 4a and 4b	4c	104,904,543	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) 	5	351,579,244	
Part XIV Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b				

Identifier	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 MORE THAN TWO MILLION WORKS OF ART FROM ANCIENT, MEDIEVAL, AND MODERN TIMES AND FROM ALL AREAS OF THE WORLD. THEY OFFER A SURVEY OF CONSIDERABLE BREADTH OF ART FROM 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, SCULPTURE, AND DECORATIVE ARTS FROM THE RENAISSANCE TO THE PRESENT, AS WELL AS ONE OF THE FOREMOST COLLECTIONS OF AMERICAN ART IN THE WORLD. 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.
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	RESTRUCTURING EXPENSES (20,223,816), CHANGE IN FAIR VALUE OF INTEREST RATE EXCHANGE AGREEMENTS AND EFFECT OF INTEREST RATE SWAPS (10,109,900), RECLASSIFICATIONS, FEES AND OTHER (8,126,067), LOSS FROM DISPOSALS AND EXPENDITURES RELATED TO DISCONTINUED MERCHANDISING OPERATIONS (8,008,958), PENSION RELATED CHANGES OTHER THAN NPPC (13,065,172), ADDITIONAL RETIREMENT CONTRIBUTION (6,531,923), CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS (3,017,152).
SCHEDULE D, PART XII, LINE 1		AUDITED FINANCIAL STATEMENTS INCLUDE \$290,847,601 FROM OPERATING ACTIVITIES AND \$82,782,373 FROM NON-OPERATING ACTIVITIES FOR REVENUE, GAINS AND OTHER SUPPORT.
SCHEDULE D, PART XII, LINE 2D AND 4B	RECONCILING ITEMS FOR REVENUE	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12: LINE 2D, OTHER COST OF SALES 46,183,635, INVESTMENT RETURN LESS THAN CURRENT SUPPORT FOR OPERATING AND NON-OPERATING 670,904,354, UTILITIES PROVIDED BY THE CITY OF NEW YORK 13,990,612, OTHER INTEREST AND MISCELLANEOUS INCOME 5,312,663, ADVERTISING GIFT-IN-KIND 150,827. AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT LINE 1: LINE 4B, OTHER PROCEEDS FROM SALES OF ART 599,930, CORPORATE EVENTS EXPENSE 520,337, INVESTMENT MANAGEMENT FEES 20,228,025, RECLASSIFICATION, FEES AND OTHER 8,126,067.
SCHEDULE D, PART XIII, LINE 2D AND 4B	RECONCILING ITEMS FOR EXPENSES	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25: LINE 2D, OTHER COST OF SALES 46,183,635, SPECIAL EVENTS DIRECT EXPENSES OTHER THAN FUNDRAISING 2,511,367, UTILITIES PROVIDED BY THE CITY OF NEW YORK 13,990,612, ADVERTISING GIFT-IN-KIND 150,827. AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT LINE 1: LINE 4B, OTHER NON-OPERATING DEPRECIATION AND MISCELLANEOUS NON-CAPITALIZED EXPENDITURES 41,420,812, PURCHASES OF ART 38,923,577, INVESTMENT MANAGEMENT FEES 20,228,025, CORPORATE EVENTS EXPENSE 520,337, EFFECT OF INTEREST RATE SWAP 3,811,792.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

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


2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe (Including Iceland and Greenland)	0	0	Grantmaking	T ROUSSEAU FELLOWSHIP	80,125
Europe (Including Iceland and Greenland)	1	1	Program Services	CURATORIAL	547,814
Central America and the Caribbean			INVESTMENTS		
Europe (Including Iceland and Greenland)			INVESTMENTS		
North America			INVESTMENTS		
Totals ►	1	1			627,939

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  _____

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

Schedule F (Form 990) 2008

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DONOR SERVICES GROUP	TELE- MARKETING		No	592,412	358,741	233,671
Total ▶						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
- AL,AK,AZ,AR,CA,CO,CT,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		COSTUME INST.	BENEFIT DINNER	5	(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	5,463,450	1,947,818	3,223,155	10,634,423
2	Less Charitable contributions	5,333,450	1,905,818	2,930,503	10,169,771
3	Gross revenue (line 1 minus line 2)	130,000	42,000	292,652	464,652
Direct Expenses	4	Cash Prizes			
	5	Non-cash Prizes			
	6	Rent/Facility costs			
	7	Other direct expenses	1,363,124	209,638	938,605
	8	Direct expense summary Add lines 4 through 7 in column (d)			2,511,367
	9	Net income summary Combine lines 3 and 8 in column (d).			-2,046,715

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><div>Yes</div><div>No</div></div><div><div>%</div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div>%</div></div></div>	<div><div><div>Yes</div><div>No</div></div><div><div>%</div></div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Additional Data

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

Form 990 Schedule G - Licensed States

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
METROPOLITAN MUSEUM OF ART

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

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Inspection

Employer identification number
13-1624086

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☒

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

Part III

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

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		DESCRIBE IN PART IV THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF FUNDS INSIDE THE UNITED STATES 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 IMPROVE OR ENHANCE AN ART HISTORICAL, CURATORIAL, EDUCATIONAL, CONSERVATION, SCIENTIFIC, OR OTHER SIMILAR SKILL OR TALENT OF THE GRANTEES 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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number
13-1624086

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>		No
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	Yes	
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div> <div>a Receive a severance payment or change of control payment?</div> <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div> <div>a The organization?</div> <div>b Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	Yes	No
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div> <div>a The organization?</div> <div>b Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div>7</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>		No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>	Yes	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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.

Schedule J (Form 990) 2008

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

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2008

Open to Public
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Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number
13-1624086

Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	91-1882413	649717NP6	12-01-2006	65,000,000	PARTIAL FUNDING OF CAPITAL PROJECT		X		X
B	TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	91-1882413	649717NQ4	12-01-2006	65,000,000	PARTIAL FUNDING OF CAPITAL PROJECT		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed wth respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38b or 40b.

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2008

Open to Public

Inspection

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under

section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RICHARD I CHILTON JR	TRUSTEE	1,084,620	CHILTON INV CO MANAGEMENT FEE	Yes	

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

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2008

Open to Public Inspection

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number
13-1624086

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	164		
2 Art—Historical treasures				
3 Art—Fractional interests	X	8		
4 Books and publications	X			
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	99	4,568,661	TRADE VAL ON STTLMT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe INDEMNITY)	X	1	1,832,771	BOOK VALUE
26 Other (describe)				
27 Other (describe)				
28 Other (describe)				

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

2976

	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?	30a	No
b If "Yes", describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any 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		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

[illegible]

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number
13-1624086

Identifier	Return Reference	Explanation
PART III	MISSION AND PROGRAM SERVICE ACCOMPLISHMENTS - PARAGRAPH 1	THE MISSION OF THE METROPOLITAN MUSEUM OF ART IS TO COLLECT, PRESERVE, STUDY, EXHIBIT, AND STIMULATE APPRECIATION FOR AND ADVANCE KNOWLEDGE OF WORKS OF ART THAT COLLECTIVELY REPRESENT THE BROADEST SPECTRUM OF HUMAN ACHIEVEMENT AT THE HIGHEST LEVEL OF QUALITY, ALL IN THE SERVICE OF THE PUBLIC AND IN ACCORDANCE WITH THE HIGHEST PROFESSIONAL STANDARDS

Identifier	Return Reference	Explanation
PART III (CONTINUED)	PARAGRAPH 2	THE METROPOLITAN MUSEUM OF ART WAS FOUNDED ON APRIL 13, 1870 BY A GROUP OF CIVIC LEADERS, ART COLLECTORS, AND PHILANTHROPISTS THE PREMISE ON WHICH THE MUSEUM WAS FOUNDED IS "FOR THE PURPOSE OF ESTABLISHING AND MAINTAINING IN NEW YORK CITY A MUSEUM AND LIBRARY OF ART, OF ENCOURAGING AND DEVELOPING THE STUDY OF THE FINE ARTS, AND THE APPLICATION OF ARTS TO MANUFACTURE AND PRACTICAL LIFE, OF ADVANCING THE GENERAL KNOWLEDGE OF KINDRED SUBJECTS, AND, TO THAT END, OF FURNISHING POPULAR INSTRUCTION " THE MUSEUM HAS SINCE BECOME THE PREEMINENT CULTURAL INSTITUTION IN THE WESTERN HEMISPHERE, SERVING A PUBLIC THAT EXTENDS FAR BEYOND NEW YORK CITY TO ALL THE UNITED STATES AND, INDEED, THE WORLD IT RANKS AS NEW YORK'S PREMIER TOURIST ATTRACTION, WITH FIFTY-SEVEN PERCENT OF ITS NEARLY 4 7 MILLION ANNUAL VISITORS FROM OUTSIDE THE TRI-STATE AREA THE MUSEUM SERVES ALL AGE GROUPS, FROM PRE-SCHOOL CHILDREN TO SENIOR CITIZENS, AND MAINTAINS A BROAD RANGE OF EDUCATIONAL AND OUTREACH PROGRAMS

Identifier	Return Reference	Explanation
PART III (CONTINUED)	PARAGRAPH 3	THE MUSEUM'S COLLECTIONS COMPRISE MORE THAN TWO MILLION WORKS OF ART FROM ANCIENT, MEDIEVAL, AND MODERN TIMES AND FROM ALL AREAS OF THE WORLD THEY OFFER A SURVEY OF CONSIDERABLE BREADTH OF ART FROM 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, SCULPTURE, AND DECORATIVE ARTS FROM THE RENAISSANCE TO THE PRESENT, AS WELL AS ONE OF THE FOREMOST COLLECTIONS OF AMERICAN ART IN THE WORLD 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

Identifier	Return Reference	Explanation
PART III (CONTINUED)	PARAGRAPH 4	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 EDITORIAL DEPARTMENT OVERSEES THE PUBLICATION OF SCHOLARLY BOOKS, EXHIBITION CATALOGUES AND THE BULLETIN AND JOURNAL

Identifier	Return Reference	Explanation
PART III (CONTINUED)	PARAGRAPH 5	THE MUSEUM'S SPECIAL EXHIBITIONS PROGRAM IS EXCEPTIONALLY DIVERSE, PRESENTING ABOUT 30 SHOWS PER YEAR THESE EXHIBITIONS ARE DESIGNED TO SHED LIGHT ON A PARTICULAR ARTIST OR THEMATIC TOPIC, AND THIS YEAR "ART OF THE ROYAL COURT TREASURES IN PIETRE DURE FROM THE PALACES OF EUROPE," "GIORGIO MORANDI, 1890-1964," "THE ESSENTIAL ART OF AFRICAN TEXTILES DESIGN WITHOUT END," "ART AND LOVE IN RENAISSANCE ITALY," "BEYOND BABYLON ART, TRADE, AND DIPLOMACY IN THE SECOND MILLENIUM B C.," "RAPHAEL TO RENOIR DRAWINGS FROM THE COLLECTION OF JEAN BONNA," "ARTS OF THE MING DYNASTY CHINA'S AGE OF BRILLIANCE," "THE PICTURES GENERATION, 1974-1984," "ROXY PAINE ON THE ROOF MAELSTROM," "THE MODEL AS MUSE EMBODYING FASHION," "FRANCIS BACON A CENTENARY RETROSPECTIVE," "J M W TURNER," AND "PEN AND PARCHMENT DRAWING IN THE MIDDLE AGES" WERE AMONG THE HIGHLIGHTS

Identifier	Return Reference	Explanation
PART III (CONTINUED)	PARAGRAPH 6	IN ORDER TO SERVE OUR MANY AUDIENCES MORE EFFECTIVELY, THE MUSEUM CONDUCTS MONTHLY 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 ANALYZE SPECIFIC PROGRAMS EDUCATIONAL PROGRAMMING IS THEN PLANNED TO MEET THE NEEDS AND INTERESTS OF THE VARYING CONSTITUENCIES LAST YEAR THE MUSEUM ORGANIZED SOME 21,246 EVENTS REACHING 829,892 PEOPLE AT THE MAIN BUILDING AND THE CLOISTERS, THE MUSEUM WELCOMED 5,797 CLASSES, REPRESENTING 197,089 STUDENTS TEACHER TRAINING, THROUGH ONSITE AND ONLINE WORKSHOPS AS WELL AS TEACHING RESOURCES, ENABLES EDUCATORS TO POWERFULLY EXTEND THE MUSEUM'S REACH 31,637 INDIVIDUALS PARTICIPATED IN FAMILY PROGRAMMING DURING THE YEAR, AND MANY MORE WERE ABLE TO ENRICH THEIR VISITS THROUGH NEW PRINTED FAMILY GUIDES AND A SPECIAL FAMILY MAP PRODUCED THIS YEAR 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, 106,800 PEOPLE PARTICIPATED IN TOURS, AND 71,747 ATTENDED LECTURES THE MUSEUM IS COMMITTED TO REACHING OUT TO MEMBERS OF THE SURROUNDING COMMUNITY WHO MAY NOT YET BE FAMILIAR WITH THE INSTITUTION OUTREACH TO NEW AUDIENCES IS FULLY INTEGRATED INTO THE PLANNING, AND TARGETED PROGRAMS BRING COMMUNITY GROUPS TO THE MUSEUM FOR PROGRAMS IN CLASSROOMS AND GALLERIES THE MUSEUM ALSO OFFERS A FULL RANGE OF PROGRAMS FOR PEOPLE WITH VISION, HEARING, LEARNING AND MOBILITY IMPAIRMENTS THESE PROGRAMS INCLUDE A "TOUCH COLLECTION" FOR THE SIGHT-IMPAIRED, INFRARED SOUND ENHANCEMENT SYSTEMS AND SIGN LANGUAGE INTERPRETATION FOR THE HEARING IMPAIRED, AND FAMILY PROGRAMS FOR DEVELOPMENTALLY DISABLED VISITORS AND THEIR FAMILIES

Identifier	Return Reference	Explanation
PART III (CONTINUED)	PARAGRAPH 7	DESPITE THE EVER-INCREASING CHALLENGE TO MEET OPERATING NEEDS, THE MUSEUM IS COMMITTED TO FINDING WAYS TO BE MORE RESPONSIVE TO THE INTERESTS OF ITS AUDIENCE IN THE LAST FISCAL YEAR, APPROXIMATELY 31% 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 IN RESPONSE, THE MUSEUM NOW OFFERS A FOREIGN VISITORS INFORMATION DESK, AUDIO-GUIDED TOURS AND A FLOOR PLAN IN TEN LANGUAGES, IN ADDITION TO MULTI-LINGUAL WALKING TOURS AND GALLERY TALKS

Identifier	Return Reference	Explanation
PART III (CONTINUED)	PARAGRAPH 8	ANOTHER WAY THE MUSEUM IS TRYING TO REACH A WIDER AUDIENCE IS THROUGH THE INTERNET THE MUSEUM CONTINUES TO PRODUCE INTERACTIVE WEB FEATURES THAT HELP YOUNG PEOPLE DEVELOP ANALYTICAL, READING, AND EVEN SCIENCE SKILLS THROUGH ENTERTAINING GAMES WE PRODUCED THREE NEW FEATURES GEARED FOR CHILDREN, PARENTS, AND TEACHERS "SHIPWRECK AN ANCIENT SEA TRADE GAME" EXPLORES GEOGRAPHY, CULTURE, NATURAL RESOURCES, AND ARTISTIC PRODUCTION AND IS DESIGNED TO BE A SPRINGBOARD FOR THE STUDY OF ANCIENT CIVILIZATIONS, "LEARN ABOUT COLOR" IS AN EDUCATIONAL GAME FOR PRE-SCHOOL AGE CHILDREN AND OLDER THAT TEACHES THE BASICS OF COLOR, THE COLOR-WHEEL, AND COLOR MIXING, AND "AARON'S AWESOME ADVENTURE" IS AN ANIMATED BOOK BASED ON A STORY ABOUT THE MUSEUM CHOSEN FROM AMONG A GROUP OF COMPOSITIONS SUBMITTED BY COLLEGE STUDENTS THE HEILBRUNN TIMELINE OF ART HISTORY, WHICH AVERAGES 30,000 UNIQUE VISITORS A DAY, CONTINUES TO EXPAND WITH NEW ART HISTORICAL ESSAYS AND ADDITIONAL ILLUSTRATIONS OF THE MUSEUM'S WORKS OF ART THOUSANDS OF PEOPLE NOW EXPERIENCE MUSEUM PROGRAMS ONLINE THROUGH OUR ITUNES U AND YOUTUBE CHANNELS, WHERE VIDEOS, AUDIO FILES, AND OTHER DOCUMENTATION OF EDUCATIONAL PROGRAMMING IS POSTED

Identifier	Return Reference	Explanation
PART III (CONTINUED)	PARAGRAPH 9	THE MUSEUM'S PERMANENT COLLECTIONS ARE CONTINUOUSLY ENHANCED THROUGH NEW INSTALLATIONS AND CAPITAL PROJECTS AFTER TWO YEARS OF MAJOR CONSTRUCTION AND RENOVATION, A BEAUTIFULLY TRANSFORMED CHARLES ENGELHARD COURT REOPENED IN MAY AS PART OF THE SECOND PHASE OF A MAJOR, MULTIPHASE REORDERING AND UPGRADING OF THE AMERICAN WING IN ADDITION, TWELVE OF THE MUSEUM'S EARLY AMERICAN PERIOD ROOMS, AS WELL AS THE ERVING AND JOYCE WOLF GALLERY, RETURNED TO VIEW, AFTER HAVING BEEN REORDERED, RENOVATED, AND REINTERPRETED THE OPENING OF THE GALLERIES MARKS THE COMPLETION OF THE SECOND PART (BEGUN IN MAY 2007) OF A PROJECT TO RECONFIGURE OR UPGRADE NEARLY EVERY SECTION OF THE AMERICAN WING BY 2011 PORTIONS OF THE MEDIEVAL GALLERIES ALSO UNDERWENT EXTENSIVE RENOVATION AND REOPENED IN FALL 2008 THE NEWLY INSTALLED MEDIEVAL EUROPE GALLERY IS DEVOTED TO WORKS OF ART IN ALL MEDIA FROM 1050 TO 1300, AND THE BYZANTINE APSE IS NOW PART OF THE MARY AND MICHAEL JAHARIS GALLERIES FOR BYZANTINE ART THIS PAST SPRING THE MUSEUM ALSO BEGAN WORK ON THE FIRST PHASE OF THE RENOVATION OF THE GALLERIES DEVOTED TO THE COLLECTIONS OF THE DEPARTMENT OF ISLAMIC ART-CONSTRUCTION AND REINSTALLATION OF THE NUR AL DIN ROOM AND THE SPANISH CEILING GALLERY THE NEW SUITE OF GALLERIES IS EXPECTED TO OPEN IN 2011

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)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
THE BOTHMER FELLOWSHIP	2	30,800			
SYLVAN C AND PAMELA COLEMAN FELLOWSHIP	11	344,963			
CHESTER DALE FELLOWSHIP	6	89,739			
ANNETTE DE LA RENTA FELLOWSHIP	3	37,233			
THE DOUGLASS FOUNDATION FELLOWSHIP IN AMERICAN ART	1	5,000			
SHERMAN FAIRCHILD FOUNDATION FELLOWSHIP	2	36,315			
ANDREW W MELLON ART HISTORY FELLOWSHIP	18	246,300			
ANDREW W MELLON CONSERVATION FELLOWSHIP	6	153,536			
ANDREW W MELLON RESEARCH SCHOLARSHIP IN PHOTOGRAPH	1	44,774			
J CLAWSON MILLS FELLOWSHIP	3	71,611			
ANNETTE KADE CHARITABLE TRUST FELLOWSHIP	1	5,554			
HEGOP KEVORKIAN FELLOWSHIP	1	25,000			
SLIFKA FOUNDATION FELLOWSHIP	1	30,702			
HANNS AND BRIGITTE HORNEY SWARZENSKI FELLOWSHIP	1	26,425			
POLAIRE WEISSMAN FUND FELLOWSHIP	2	9,800			
JANE AND MORGAN WHITNEY FELLOWSHIP	17	229,286			

Software ID:

Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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Software ID:
Software Version:
EIN: 13-1624086
Name: METROPOLITAN MUSEUM OF ART

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PHILIPPE DE MONTEBELLO	(i) (ii)	665,055 0	0 0	206,592 0	0 0	44,383 0	916,030 0	0
THOMAS P CAMPBELL	(i) (ii)	192,268 0	0 0	11,135 0	0 0	42,932 0	246,335 0	0
EMILY K RAFFERTY	(i) (ii)	587,812 0	0 0	77,929 0	62,500 0	44,829 0	773,070 0	0
OLENA PASLAWSKY	(i) (ii)	397,158 0	0 0	10,444 0	0 0	35,360 0	442,962 0	0
HAROLD HOLZER	(i) (ii)	355,561 0	0 0	44,497 0	0 0	45,387 0	445,445 0	0
SUZANNE BRENNER	(i) (ii)	411,444 0	354,923 0	20,358 0	349,964 0	45,064 0	1,181,753 0	353,559
J NICHOLAS CAMERON	(i) (ii)	272,522 0	0 0	72,097 0	0 0	43,913 0	388,532 0	0
SHARON H COTT	(i) (ii)	354,558 0	0 0	36,026 0	0 0	45,051 0	435,635 0	0
BRAD KAUFFMAN - STARTED 5-12-08	(i) (ii)	229,456 0	150,000 0	56,174 0	0 0	27,561 0	463,191 0	75,000
PHILIP T VENTURINO	(i) (ii)	246,316 0	0 0	39,239 0	0 0	32,867 0	318,422 0	0
NINA MCN DIEFENBACH	(i) (ii)	294,962 0	0 0	47,330 0	0 0	45,956 0	388,248 0	0
KENT LYDECKER	(i) (ii)	244,600 0	0 0	48,980 0	0 0	45,169 0	338,749 0	0
DORALYNN PINES	(i) (ii)	248,414 0	0 0	72,616 0	0 0	45,505 0	366,535 0	0
MAHRUKH TARAPOR	(i) (ii)	362,261 0	0 0	212,224 0	0 0	40,943 0	615,428 0	0
DEBRA A MCDOWELL	(i) (ii)	246,418 0	0 0	19,636 0	0 0	36,862 0	302,916 0	0
ELYSE TOPALIAN	(i) (ii)	205,384 0	0 0	36,101 0	0 0	42,325 0	283,810 0	0
LAUREN MESERVE	(i) (ii)	305,305 0	241,713 0	505 0	255,613 0	37,588 0	840,724 0	241,263
JOAN MERTENS	(i) (ii)	142,843 0	0 0	435,528 0	0 0	24,045 0	602,416 0	0
ROBIE ROGGE	(i) (ii)	127,424 0	0 0	360,347 0	0 0	34,722 0	522,493 0	358,025
MICHAEL BELKIN	(i) (ii)	328,680 0	0 0	20,434 0	0 0	40,057 0	389,171 0	0
GEORGE GOLDNER	(i) (ii)	255,653 0	0 0	53,600 0	0 0	46,169 0	355,422 0	0

Additional Data

Software ID:

Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.									
(Code)	(Expenses \$	36,688,712	including grants of \$		(Revenue \$)
DEPRECIATION									
(Code)	(Expenses \$	34,116,594	including grants of \$		(Revenue \$)
MERCHANDISING OPERATIONS (OTHER THAN COGS)									
(Code)	(Expenses \$	14,446,549	including grants of \$		(Revenue \$)
SPECIAL EXHIBITIONS									
(Code)	(Expenses \$	14,229,818	including grants of \$		(Revenue \$)
EDUCATION, COMMUNITY PROGRAMS AND LIBRARIES									
(Code)	(Expenses \$	7,987,277	including grants of \$		(Revenue \$)
RENOVATION OF THE MUSEUM'S GALLERIES									
(Code)	(Expenses \$	5,057,857	including grants of \$		(Revenue \$			587,952)
COMMUNICATIONS									
(Code)	(Expenses \$	3,843,212	including grants of \$		(Revenue \$)
MEMBERSHIP SERVICES INCLUDING THE BULLETIN									
(Code)	(Expenses \$	3,260,672	including grants of \$		(Revenue \$			8,589,839)
OPERATION OF GRACE RAINEY ROGERS AUDITORIUM									
(Code)	(Expenses \$	3,062,588	including grants of \$		(Revenue \$)
OPERATION OF THE MUSEUM'S RESTAURANTS									
(Code)	(Expenses \$	1,406,123	including grants of \$		(Revenue \$			2,482,640)
OPERATION OF THE MUSEUM'S PARKING GARAGE									
(Code)	(Expenses \$	520,337	including grants of \$		(Revenue \$)
CORPORATE EVENTS									

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
GAYLE PERKINS ATKINS , ELECTIVE TRUSTEE	1 0	X						0	0	0	
RENEE E BELFER , ELECTIVE TRUSTEE	1 0	X						0	0	0	
LEON D BLACK , ELECTIVE TRUSTEE	1 0	X						0	0	0	
DANIEL BRODSKY , ELECTIVE TRUSTEE	2 0	X						0	0	0	
RUSSELL L CARSON , ELECTIVE TRUSTEE	2 0	X						0	0	0	
WELLINGTON Z CHEN , ELECTIVE TRUSTEE	1 0	X						0	0	0	
RICHARD L CHILTON JR , ELECTIVE TRUSTEE	2 0	X						0	0	0	
PAULA CUSSI , ELECTIVE TRUSTEE	1 0	X						0	0	0	
MICHEL DAVID-WEILL , ELECTIVE TRUSTEE	1 0	X						0	0	0	
MARK FISCH , ELECTIVE TRUSTEE	1 0	X						0	0	0	
S PARKER GILBERT , ELECTIVE TRUSTEE & VICE CHAIR	2 0	X		X				0	0	0	
JEFFREY W GREENBERG , ELECTIVE TRUSTEE	1 0	X						0	0	0	
CONRAD K HARPER , ELECTIVE TRUSTEE	1 0	X						0	0	0	
BONNIE B HIMMELMAN , ELECTIVE TRUSTEE	1 0	X						0	0	0	
JAMES R HOUGHTON , ELECTIVE TRUSTEE & CHAIRMAN	5 0	X		X				0	0	0	
PHILIP H ISLES , ELECTIVE TRUSTEE	1 0	X						0	0	0	
ROBERT D JOFFE , ELECTIVE TRUSTEE	2 0	X						0	0	0	
DAVID H KOCH , ELECTIVE TRUSTEE	2 0	X						0	0	0	
SUSANA TORRUELLA LEVAL , ELECTIVE TRUSTEE	1 0	X						0	0	0	
JOYCE FRANK MENSCHEL , ELECTIVE TRUSTEE	1 0	X						0	0	0	
BIJAN MOSSAVAR-RAHMANI , ELECTIVE TRUSTEE	1 0	X						0	0	0	
JEFFREY M PEEK , ELECTIVE TRUSTEE	1 0	X						0	0	0	
CYNTHIA HAZEN POLSKY , ELECTIVE TRUSTEE	2 0	X						0	0	0	
BRUCE C RATNER , ELECTIVE TRUSTEE	1 0	X						0	0	0	
ANNETTE DE LA RENTA , ELECTIVE TRUSTEE & VICE CHAIR	2 0	X		X				0	0	0	
FRANK E RICHARDSON , ELECTIVE TRUSTEE	2 0	X						0	0	0	
JAMES J ROSS , ELECTIVE TRUSTEE	1 0	X						0	0	0	
WILLIAM C RUDIN , ELECTIVE TRUSTEE	1 0	X						0	0	0	
BONNIE G SACERDOTE , ELECTIVE TRUSTEE	2 0	X						0	0	0	
ANDREW M SAUL , ELECTIVE TRUSTEE	1 0	X						0	0	0	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELYSE TOPALIAN , VP COMMUNICATIONS AS OF 9-9-08	35 0			X				241,485	0	42,325
LAUREN MESERVE , DEPUTY CHIEF INVSTMT OFFICER	35 0					X		547,523	0	293,201
JOAN MERTENS , CURATOR	35 0					X		578,371	0	24,045
ROBIE ROGGE , PUBLISHING MANAGER, MERCH	35 0					X		487,771	0	34,722
MICHAEL BELKIN , CHIEF TECHNOLOGY OFFICER	35 0					X		349,114	0	40,057
GEORGE GOLDNER , CHAIRMAN, DRAWINGS & PRINTS	35 0					X		309,253	0	46,169

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY B SCHACHT , ELECTIVE TRUSTEE & VICE CHAIR	2 0	X		X				0	0	0
JAMES E SHIPP , ELECTIVE TRUSTEE	2 0	X						0	0	0
OSCAR L TANG , ELECTIVE TRUSTEE	2 0	X						0	0	0
ANN G TENENBAUM , ELECTIVE TRUSTEE	1 0	X						0	0	0
LULU C WANG , ELECTIVE TRUSTEE	2 0	X						0	0	0
CHARLOTTE C WEBER , ELECTIVE TRUSTEE	1 0	X						0	0	0
ALLAN WEISSGLASS , ELECTIVE TRUSTEE	1 0	X						0	0	0
SHELBY WHITE , ELECTIVE TRUSTEE	2 0	X						0	0	0
MALCOLM H WIENER , ELECTIVE TRUSTEE	1 0	X						0	0	0
BARRIE A WIGMORE , ELECTIVE TRUSTEE	1 0	X						0	0	0
MICHAEL R BLOOMBERG , EX-OFICIO TRUSTEE	1 0	X						0	0	0
ADRIAN BENEPE , EX-OFICIO TRUSTEE	1 0	X						0	0	0
KATE D LEVIN , EX-OFICIO TRUSTEE	1 0	X						0	0	0
WILLIAM C THOMPSON JR , EX- OFICIO TRUSTEE	1 0	X						0	0	0
CHRISTINE QUINN , EX-OFICIO TRUSTEE	1 0	X						0	0	0
PHILIPPE DE MONTEBELLO , DIRECTOR & CEO UNTIL 12-31-08	35 0			X				871,647	0	44,383
THOMAS P CAMPBELL , DIRECTOR & CEO AS OF 1-1-09	35 0			X				203,403	0	42,932
EMILY K RAFFERTY , PRESIDENT	35 0			X				665,741	0	107,329
OLENA PASLAWSKY , SR VP, CFO & TREASURER	35 0			X				407,602	0	35,360
HAROLD HOLZER , SR VP FOR EXTERNAL AFFAIRS	35 0			X				400,058	0	45,387
SUZANNE BRENNER , CHIEF INVESTMENT OFFICER	35 0			X				786,725	0	395,028
J NICHOLAS CAMERON , VP FOR CONSTRUCTION	35 0			X				344,619	0	43,913
SHARON H COTT , SR VP, SEC & GEN COUNSEL	35 0			X				390,584	0	45,051
BRAD KAUFFMAN - STARTED 5-12- 08 , VP & GEN MGR MERCH & RETAIL	35 0			X				435,630	0	27,561
PHILIP T VENTURINO , VP FACILITIES MANAGEMENT	35 0			X				285,555	0	32,867
NINA MCN DIEFENBACH , VP DEVELOPMENT & MEMBERSHIP	35 0			X				342,292	0	45,956
KENT LYDECKER , ASSOC DIRECTOR FOR EDUCATION	35 0			X				293,580	0	45,169
DORALYNN PINES , ASSOC DIRECTOR FOR ADMIN	35 0			X				321,030	0	45,505
MAHRUKH TARAPOR , ASSOC DIRECTOR FOR EXHIBITIONS	35 0			X				574,485	0	40,943
DEBRA A MCDOWELL , VP FOR HUMAN RESOURCES	35 0			X				266,054	0	36,862

Identifier	Return Reference	Explanation
PART V, LINES 4A/4B	REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS	RELATED TO FORM TD F 90-22 1, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS, THE MUSEUM IS AWAITING GUIDANCE FROM THE DEPARTMENT OF TREASURY AND INTERNAL REVENUE SERVICE REGARDING THE DEFINITION OF "FOREIGN FINANCIAL ACCOUNT" AND "SIGNATORY AUTHORITY " WHEN THE GOVERNMENT PUBLISHES GUIDANCE, THE MUSEUM WILL REVIEW IT AND TAKE APPROPRIATE ACTION WHICH MAY INCLUDE AMENDING ITS PREVIOUSLY FILED FORM TD F 90-22 1

Identifier	Return Reference	Explanation
PART VI, LINE 10	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 COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN THE MUSEUM'S EXTERNAL TAX ADVISORS FILE THE FORM 990 ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
PART VI, LINE 12	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 TRANSACTION

Identifier	Return Reference	Explanation
PART VI, LINE 15	COMPENSATION REVIEW	THE MUSEUM OBTAINED A REVIEW AND APPROVAL BY AN INDEPENDENT COMPENSATION CONSULTANT AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR THE TOTAL REMUNERATION OF ALL MUSEUM OFFICERS

Identifier	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

Identifier	Return Reference	Explanation
PART VIII, LINE 8	FUNDRAISING EVENTS	NOTE THAT THE \$2,046,715 LOSS ON LINE 8(C) DOES NOT INCLUDE THE \$10,169,771 OF CONTRIBUTIONS WHICH RESULTED IN A NET GAIN FROM THESE EVENTS OF APPROXIMATELY \$8 1 MILLION

Identifier	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

Identifier	Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	DETAILS OF FUNDRAISING AGREEMENT	DONOR SERVICES GROUP CONDUCTS TELEMARKETING CAMPAIGNS TO CURRENT AND LAPSED MEMBERS OF THE METROPOLITAN MUSEUM OF ART THROUGHOUT THE YEAR THE TELEMARKETING STAFF REFERS TO A SCRIPT, WHICH IS APPROVED BY THE MEMBERSHIP STAFF, WHEN SPEAKING WITH MEMBERS FOR FY09, 34,993 CURRENT MEMBERS WERE CONTACTED BY DONOR SERVICES GROUP REQUESTING A CONTRIBUTION TO THE MEMBERSHIP ANNUAL APPEAL, 10,948 CURRENT MEMBERS WERE CONTACTED PRIOR TO EXPIRATION REQUESTING THEM TO RENEW THEIR MEMBERSHIP, AND 10,711 LAPSED MEMBERS WERE CONTACTED REQUESTING THEM TO REJOIN THE MUSEUM