# \*\*\* Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form <b>8</b> 4	453	8-E0				Elec	Declarati tronic Fil	ing					
Departmer Internal Re			10100				990-EZ, 990-F				., 201/	2	2016
		organization IARIES IN								1	Employer ide	entification	
Part I	T	ype of	Retur	n and Re	turn Infor	nation (W	hole Dollars	Only)					
leave lin applicat	ne box e <b>1b,</b> xle line	x on line 2b, 3b, 4 e below.	1a, 2a lb, or l Do no	a, 3a, 4a, o 5b, whiche ot complete	or <b>5a</b> below ever is applice or more than	and the an cable, blant one line in	nount on that (do not ente Part I.	line of the r -0-). If yo	return bei u entered	ng file -0- on	d with this the returr	torm v	e return. If you vas blank, then enter -0- on the
		10 check 10-EZ ch		► <u>l</u> b ere. <b>►</b> □			y (Form 990, F any (Form 99					1b 2b	0
		20-POL			☐ b To	tal tax (Fo	rm 1120-POL	line 22).		• • •			101
		0-PF ch		_	b Taxb	ased on in	vestment inc	ome (Forn	990-PF,	Part V	l, line 5)	4b	
5a Fo	rm 88	68 checl	k here	▶ □ b	Balance	due (Form	8868, line 3c)		• • •			5b	
Part II		eclarat	ion o	f Officer								<del></del>	<u> </u>
6	organ I mus date,	rawal (di nization's it contact I also au	rect de federa the U. Ithorize	ebit) entry il taxes owe .S. Treasur e the financ	to the finan ed on this ret y Financial A cial institution	cial instituti urn, and the gent at 1-8 ns involved	ion account in e financial insti 88-353-4537 n	idicated in tution to de to later than ing of the	the tax pebit the ent a 2 busines electronic	repara ry to thes s days	tion softwanis account	are for p t. To rev	electronic funds payment of the oke a payment, ent (settlement) sive confidential
	exect	ited the e	electror	nic disclosi	ure consent d	contained w	(ies) regulating ithin this returned ed state agend	n allowing d	is part of the disclosure I	ne IRS by the	Fed/State IRS of this	progran Form 9	n, I certify that I 90/990-EZ/990-
correct, a return. I do the IR delay in p	ion's and conseins and some some some some some some some some	2016 elec omplete. nt to allov to receiv	tronic I furthe w my io re from	return and er declare ntermediate n the IRS (a	accompanyii that the amo e service pro	ng schedule ount in Part vider, trans rledgement	es and stateme I above is the mitter, or elect of receipt or re	nts, and to amount s ronic return eason for re	the best o hown on t n originator ejection of	f my kr he cop (ERO) the tra	nowledge a by of the o to send the	and belie rganizat ne organ	a copy of the of, they are true, ion's electronic dization's return reason for any
Here	F 351	gnature	l office	/	0		Date /	_ ,	Title				
Part III	D	eclarati	on of	Electror	nic Return	Originato	r (ERO) and	Paid Pre	p <b>arer</b> (se	ee inst	tructions)		
my knowled on the resident information in the contraction in the contr	ledge. turn. on to t Provi ion's r	If I am or The organ be filed wi ders for E return and	nly a co nization ith the Busines d acco	ollector, I a n officer w IRS, and h ss Returns. mpanying	m not respor rill have sign ave followed . If I am also schedules ar	nsible for revelopment this form all other red the Paid Pind statement	viewing the ret n before I sub quirements in F reparer, under	urn and onlimit the retroub. 4163, penalties of the best of my	y declare t urn. I will o Modernize of perjury I o knowledo	hat this give th d e-File declars	s form acci e officer a e (MeF) Info e that I hav	urately r copy o ormation	t to the best of eflects the data f all forms and f for Authorized ined the above le, correct, and
ERO's	ERO's signatu	name (or				Date		Check if also paid preparer	Check I self- employ	ed 🔲	ERO's SSN	or PTIN	<del></del>
A-1	yours if	self-employ s, and ZIP c	/ed), ode	· —							IN none no		
Under pen	alties	of periury.	I decla	re that I hav	e examined the e. Declaration	e above retu of preparer i	rn and accompa s based on all in	anying sche	dules and si f which the	atomor	hone no. its, and to t ir has any ki	he best o	of my knowledge
Paid Prepar		Print/Type				Preparer's sl	·		Date		Check self- employ	if $\Box$	PTIN
	l	Firm's nam	ne 🕨								Final- F	TALIS	

Firm's address ▶

## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public.

A	For the 3	2016 calendar year, or tax year beginning	t Form 990 and its instr		nd ending			, 20 17	
	•			, 2010, a	na enaing	06	/30 D Employe	er identification nu	ımbor
В	Check if a		OF MODERN ART				D Ellibioxe		illibei
Н	Address c	N 1 1/ DO1 '		\	D / it -		E Talanda a	13-1624100	
님	Name cha		nall is not delivered to street	address)	Room/suite		<b>E</b> Telephor		
Н	Initial retur	011 1 1 1	t	-11 -				212-708-9400	
Н	Final return		intry, and ZIP or foreign posi	ai code					
님	Amended						<b>G</b> Gross re		53,662,004
Ш	Application	. 9		S		1		subordinates? Yes	
		11 West 53rd Street, New York		Г		, , ,		s included?  Yes	∟ No
<u></u>	Tax-exem		( ) ◀ (insert no.) ☐	4947(a)(1) or	527	+	,	•	
<u>J</u>	Website:	<u>~</u>		1		H(c) Group			
_		ganization: Corporation Trust Associ	ation	L Yea	r of formation	: 1929	M State	of legal domicile:	NY
Р	art I	Summary							
•		Briefly describe the organization's mis-							
nce		and documents a permanent collection		porary art, pi	resents exh	nibitions ar	nd educat	ional programs	!
ma		Continued on Schedule O, Statement 1)							
Ş.	l .	Check this box ► ☐ if the organization	•		-		1 1	its net assets.	
Ğ		lumber of voting members of the gov		•			3		45
οğ		lumber of independent voting member					4		42
iţie	l .	otal number of individuals employed	= = = = = = = = = = = = = = = = = = =	-	-		5		1,219
Activities & Governance	l .	otal number of volunteers (estimate if	= :				6		375
ď	l .	otal unrelated business revenue from					7a	5	<u>,275,176</u>
	<b>b</b> N	let unrelated business taxable income	e from Form 990-T, line	e 34	<del></del>	<u> </u>	7b		523,759
						Prior Ye		Current Ye	
e	l .	Contributions and grants (Part VIII, line	·				,824,589		,239,910
Revenue	l .	Program service revenue (Part VIII, line					,958,321		,645,059
Rev		nvestment income (Part VIII, column (				39	,278,851	98	,503,829
	l .	Other revenue (Part VIII, column (A), lin		-			,346,671	31	,041,650
		otal revenue-add lines 8 through 11 (				408	,408,432	454	,430,448
	l .	Grants and similar amounts paid (Part		-			964,000		690,897
	l .	Benefits paid to or for members (Part I					0		0
es	l .	Salaries, other compensation, employee	•			96	,400,548	103	<u>,718,563</u>
Expenses	l .	Professional fundraising fees (Part IX,					100,000		0
ă	l .	otal fundraising expenses (Part IX, co		13,118	3,918				
ш		Other expenses (Part IX, column (A), lir	·			151	,550,325	148	,283,233
		otal expenses. Add lines 13-17 (must				249	,014,873	252	,692,693
		Revenue less expenses. Subtract line	18 from line 12				,393,559		,737,755
Net Assets or Fund Balances					Вес	ginning of Cu	rrent Year	End of Ye	ar ———
sset	<b>20</b> T	otal assets (Part X, line 16)				1,824	,084,535	2,169	,405,025
et A	<b>21</b> T	otal liabilities (Part X, line 26)				410	,202,403	483	,211,542
_		let assets or fund balances. Subtract	line 21 from line 20			1,413	,882,132	1,686	,193,483
Pá	art II	Signature Block							
		es of perjury, I declare that I have examined this and complete. Declaration of preparer (other tha						ny knowledge and	belief, it is
	e, correct,	and complete. Declaration of preparer (other tha	n onicer) is based on all inioi	mation of whic	n preparer na	as any knowle	eage.		
٥.									
Siç		Signature of officer				Dat	e		
Не	re	James Gara, Chief Operating Office	er						
		Type or print name and title	1=		1-		_		
Pa	id	Print/Type preparer's name	Preparer's signature		Date		Check [	if PTIN	
	eparer						self-emp	loyed	
	e Only	Firm's name ▶				Firm	's EIN ▶		
	,	1				1			

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

Part l	<b>-</b>
-	Check if Schedule O contains a response or note to any line in this Part III
1	See schedule O
	See scriedule O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	(O-dec ) (Towns of the control of th
4a	(Code:) (Expenses \$ 135,155,203 including grants of \$ 690,897 ) (Revenue \$ 57,227,677 )
	Museum Operations - Curatorial and curatorial support departments include conservation, education, exhibitions, digital media,
	publications, library and archives. The Museum was founded in 1929 as an educational institution and maintains a vast breadth of educational programming, which increased in the years after the opening of the renovated and expanded main facility in 2004. In
	FY 2017, almost 4 million children, students, and adults, of all abilities, were served by the Education Department: 2.6 million
	onsite visitors who accessed free interpretative resources including labels and audio guides (offered in nine languages) to support
	their learning in the galleries; over 1.4 million who used online educational resources; and nearly 150,000 who participated in
	programs. The Museum continues to make enhancements that facilitate digital access for visitors using their own devices in the
	Museum, including ongoing improvements to the wifi network and the addition of more charging stations within the recently
	opened espresso bar. MoMA's online following continues to flourish, reaching an extensive global audience. The Museum's
	2016-17 special exhibition schedule showcased a broad range of modern and contemporary art, performance and film. Noteworthy
	exhibitions, among others, were on view during FY 2017: Francis Picabia: Our Heads Are Round so Our Thoughts Can Change
	(Continued on Schedule O, Statement 2)
4b	(Code:) (Expenses \$25,179,393 including grants of \$0) (Revenue \$27,383,359)
	In FY 2017, over 1,500 works were added to this collection, both by donation and by purchase, including the acquisition of several
	major collections by the Museum. In October 2016 MoMA announced the previously mentioned major gift from the Colección
	Patricia Phelps de Cisneros, which will add more than 100 works of modern art by major artists from Latin America to the Museum's collection. Also during FY 2017 the Museum acquired 42 additional works from the Thomas Walther Collection,
	strengthening MoMA's collection of European (and particularly Bauhaus-era) photographs from the years between the First and
	Second World Wars. A third major collection acquisition by the Museum during FY 2017 was a selection of 44 works from the UBS
	Art Collection, which focuses on American and European artists of the 1960s, 1970s, and 1980s. Other major acquisitions during
	FY 2017 include 29 drawings and watercolors by Thomas Schutte from the 1980s, adding to MoMA's significant collection of the
	artist's sculptures and prints; László Moholy-Nagy's 1923 EM 1(Telephone Picture), reuniting this work with EM 2 and EM 3, the
	remaining two works from this set, which have been in MoMA's collection since 1971; Ian Cheng's monumental media work
	Emissaries, a series of live simulations created with the help of a video game engine and recently shown at MoMA PS1; Bruce
	(Continued on Schedule O, Statement 3)
4c	(Code:) (Expenses \$35,571,549 including grants of \$0 ) (Revenue \$0
	Security, operations, and maintenance of exhibition galleries and art collection.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses ► 195,906,145

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

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>~</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	<b>v</b>	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	~	~
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		v v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<b>V</b>	~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	,	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	v v	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> , <i>Part I</i>	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	ν ν	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 743			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1219			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
0-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<i>'</i>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	~	
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	~	
b	If "Yes," enter the name of the foreign country:  See Schedule O, Statement 4	4a	-	
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		_	
		7a	<b>/</b>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>'</b>	
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>                                     </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10.	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 45 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 42 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c ~ 13 13 ~ 1 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official . . . . . . 1 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a / b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 See Schedule O, Statement 5 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: John C Bailey - Controller, (212)708-9801

orm 990 (2016)	Page <b>7</b>
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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
				(	C)					
(A)	(B)	/da m			ition			(D)	(E)	(F)
Name and Title	Average					than on the sign of the sign o		Reportable	Reportable	Estimated
	hours per week (list any		er an	_	lirect	or/trus		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key	High	Former	the	organizations	compensation
	related organizations	vidu	Institutional trustee	er	Key employee	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tr	onal		ploy	com		(11 2) 1000 111100)		and related
	line)	uste	trus		ee	pen				organizations
		Φ	tee			Highest compensated employee				
David Rockefeller thru March 2017	0.5							•		
Honorary Chairman/Life Trustee	0	~		~				0	0	0
Ronald S Lauder	1									
Honorary Chairman/Trustee	0	~		~				0	0	0
Robert B Menschel	0.5									
Chairman Emeritus/Life Trustee	0	~		~				0	0	0
Agnes Gund	0.5									
President Emerita/Life Trustee	0	~		~				0	0	0
Donald B Marron	0.5									
President Emeritus/Life Trustee	0	~		~				0	0	0
Jerry I Speyer	1									
Chairman/Trustee	0	~		~				0	0	0
Leon D Black	1									
Co-Chairman/Trustee	0	~		~				0	0	0
Marie-Josee Kravis	1									
President /Trustee	0	~		~				0	0	0
Mimi Haas	1									
Vice Chairman/Trustee	0	~		~				0	0	0
Marlene Hess	1									
Vice Chairman/Trustee	0	~		~				0	0	0
Richard E Salomon	1									
Vice Chairman/Treasurer/Trustee	0	~		~				0	0	0
Sarah Arison	1									
Trustee	0	~						0	0	0
Lawrence B Benenson	1									
Trustee	0	~						0	0	0
Clarissa Alcock Bronfman	1									
Trustee	0	~						0	0	0

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than c is both		Reportable	Reportable	Estimated
	hours per week (list any	office		dad		or/trust	ee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
	related organizations	/idua	tutio	ěř	emp	lest o	] e	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or tr	nal i		oloye	com		,		and related
	line)	ıstee	rust		ф	pens				organizations
			ee			ated				
David Booth	1									
Trustee	0	~						0	0	0
Patricia Phelps de Cisneros	1									
Trustee	0	~						0	0	0
Paula Crown	1									
Trustee	0	~						0	0	0
Edith Cooper	1									
Trustee	0	~						0	0	0
Steven Cohen	1									
Trustee	0	~						0	0	0
David Dechman	1									
Trustee	0	~						0	0	0
Anne Dias Griffin	1									
Trustee	0	~						0	0	0
Glenn Dubin	1									
Trustee	0	~						0	0	0
John Elkann	1									
Trustee	0	~						0	0	0
Laurence D Fink	1									
Trustee	0	~						0	0	0
Glenn Fuhrman	1									
Trustee	0	~						0	0	0
Kathleen Fuld	1									
Trustee	0	~						0	0	0
Howard Gardner	1									
Trustee	0	~						0	0	0
Alexandra A Herzan	1									
Trustee thru February, 2017	0	~					$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	0	0	0

				(0	C)					
(A)	(B)	(do n	ot ok		ition	e than o	ana	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any			dad		or/trust	tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key	High	Former	the	organizations	compensation
	related organizations	vidu	i ti	cer	em	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or all tr	Institutional trustee		Key employee	com		(VV 2/ 1000 WIIOO)		and related
	line)	uste	trus		e	pen				organizations
		Ф	tee			Highest compensated employee				
Ronnie Heyman	1							•		
Trustee	0	~						0	0	0
AC Hudgins	1									
Trustee	0	~						0	0	0
Jill Kraus	1									
Trustee	0	~						0	0	0
Thomas H Lee	1									
Trustee through July, 2016	0	~						0	0	0
Michael Lynne	1									
Trustee	0	~						0	0	0
Khalil Gibran Muhammad	1									
Trustee	0	~						0	0	0
Philip S Niarchos	1									
Trustee	0	~						0	0	0
James G Niven	1									
Trustee	0	~						0	0	0
Peter Norton	1									
Trustee	0	~						0	0	0
Daniel S Och	1									
Trustee	0	~						0	0	0
Maja Oeri	1									
Trustee	0	~						0	0	0
Michael S Ovitz	1									
Trustee	0	~						0	0	0
Ronald O Perelman	1									
Trustee	0	~						0	0	0
David Rockefeller Jr	1									
Trustee	0	~						0	0	0

				((	C)						
(A)	(B)				ition			(D) Reportable	(E)	(F)	
Name and Title	Average	١,				than cois both			Reportable	Estimated	
Tame and The	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	오코	Пį	♀	₩	en H	Fo	from the	related organizations	other compensation	
	related	Individual trustee or director		Officer	Key employee	ghes iploy	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	ual 1	iona		nplo	t co		(W-2/1099-MISC)		organization and related	
	line)	trust	=		yee	mpe				organizations	
		ee e	Institutional trustee			Highest compensated employee					
						ed					
Sharon Percy Rockefeller	1										
Trustee	0	~						0	0	0	
Marcus Samuelsson	1										
Trustee	0	~						0	0	0	
Anna Deavere Smith	1										
Trustee	0	~						0	0	0	
Ricardo Steinbruch	1										
Trustee	0	~						0	0	0	
Jon Stryker	1										
Trustee as of June 2017	0	~						0	0	0	
Daniel Sundheim	1										
Trustee	0	~						0	0	0	
Tony Tamer	1										
Trustee	0	~						0	0	0	
Alice M Tisch	1										
Trustee	0	~						0	0	0	
Gary Winnick	1										
Trustee	0	~						0	0	0	
Wallis Annenberg	0.5										
Life Trustee	0	~						0	0	0	
Sid R Bass	1										
Life Trustee	0	~						0	0	0	
Eli Broad	0.5										
Life Trustee	0	~						0	0	0	
Douglas S Cramer	0.5										
Life Trustee	0	~						0	0	0	
Joel S Ehrenkranz	0.5										
Life Trustee	0	~						0	0	0	

					C)					
(A)	(B)	(do n			ition	e than o	nne.	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any				_	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key employee	emp	Former	the	organizations	compensation
	related organizations	vidu lirec	ituti	cer	em	nest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	tor t	ona		Вo	e con		(00-2/1099-101130)		and related
	line)	rust	ŧ		/ee	npe				organizations
		e e	Institutional trustee			Highest compensated employee				
						ed				
Gianluigi Gabetti	0.5									
Life Trustee	0	~						0	0	0
Barbara Jakobson	0.5									
Life Trustee	0	~						0	0	0
Werner H Kramarsky	0.5									
Life Trustee	0	~						0	0	0
June Noble Larkin	0.5									
Life Trustee	0	~						0	0	0
Peter G Peterson	0.5									
Life Trustee	0	~						0	0	0
Emily Rauh Pulitzer	0.5									
Life Trustee	0	~						0	0	0
Anna Marie Shapiro	0.5									
Life Trustee	0	~						0	0	0
Jeanne C Thayer	0.5									
Life Trustee	0	~						0	0	0
Joan Tisch	0.5									
Life Trustee	0	~						0	0	0
Edgar Wachenheim III	1									
Life Trustee	0	~						0	0	0
Glenn D Lowry	40									
Director/Ex-Officio Trustee	0			~				1,253,354	0	989,888
James Gara	40									
Chief Operating Officer/Assistant Treasurer	0			~				817,328	0	503,046
Patty Lipshutz	40									
General Counsel/Secretary	0			~				431,094	0	184,050
Frank Ahimaz	40									
Chief Investment Officer	0		<u>L_</u>		~		<u>L</u> _	860,619	0	605,005

				(	C)					
(A)	(B)	(do n	Position (do not check more than one				ono	(D)	(E)	(F)
Name and Title	Average	box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any	officer and a director/trustee)						compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	the	organizations	compensation
	related organizations	vidu	iti	cer	em	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tr	onal		ploy	com		(** 2, 1000 111100)		and related
	line)	uste	trus		ee	lpen				organizations
		Ф	tee			Highest compensated employee				
Kathy Halbreich	40									
Associate Director	0				~			485,541	0	78,569
Todd Bishop	40									
Senior Deputy Director of External Affairs	0				~			438,718	0	160,038
Peter Reed	40									
Senior Deputy Director for Curatorial Affairs	0				~			386,616	0	152,050
Ramona Bannayan	40									
Senior Deputy Director for Exhibitions	0				~			334,793	0	69,308
Jan Postma	40									
Chief Financial Officer	0				~			336,692	0	62,716
Ann Temkin	40									
Chief Curator - Painting and Sculpture	0				~			347,142	0	78,581
Klaus Biesenbach	0									
Chief Curator at Large	40				~			0	504,527	38,221
Tunji Adeniji	40									
Director of Facilities and Security	0				~			275,805	0	35,588
Rajendra Roy	40									
Chief Curator - Film	0				~			312,039	0	54,870
Christophe Cherix	40									
Chief Curator - Prints & Illustrated Books	0				~			341,727	0	64,057
Quentin Bajac	40									
Chief Curator - Photography	0				~			287,378	0	28,471
Stuart Comer	40									
Chief Curator-Media & Performance Art	0				~			260,982	0	18,966
Martino Stierli	40									
Chief Curator-Arch. and Design	0				~			241,175	0	31,274
Anthony Wai	40									
Director of Investments	0					~		433,948	0	308,973

Part VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (c	ontinu	ed)	•
					C)							
(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(1	<del>-</del> )
Name and title	Average	box, ι	unles	s pe	rson	is both	n an	Reportable	Reportable			nated
	hours per week (list any		r and		_	or/trust	<del>–</del>	compensation from	compensation related	from	amoi otl	unt of ner
	hours for	Indi or d	Inst	Officer	Key employee	High	Former	the	organizatio		compe	nsation
	related organizations	vidu	ituti	cer	em	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from organ	n the
	below dotted	lal ti	onal		ploy	e con		(**-2/1099-141100)			and r	
	line)	Individual trustee or director	Institutional trustee		ee	hper					organi	zations
		ě	stee			Highest compensated employee						
						ed						
Thomas Randon	40											
General Mgr - Retail	0					-		336,064		0		116,064
Jean Savinsky	40											
Dir. Real Estate Expansion	0					-		410,448		0		91,821
Christopher Hudson	40											
Publisher	0					-		344,015		0		91,383
Emmanuel Platt	40											
Director, Merchandising	0					-		347,426		0		49,391
							Ļ					
1b Sub-total						•	<b>•</b>	9,282,904	504	,527		3,812,330
c Total from continuation sheets to Part	VII, Sectio	n A					<b>•</b>					
						•	<u> </u>	9,282,904		,527		3,812,330
2 Total number of individuals (including but		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	00,000	of	
reportable compensation from the organ	zation >							182				
O Did the consciention list and formers of	£! !!		4	4								Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete of the state o							emp	ployee, or nigh	est comper	nsated		
											3	~
4 For any individual listed on line 1a, is the												
organization and related organizations	greater tha	an \$1	50,	UUU	17 11	r "Ye	s, ¨	complete Sch	eaule J Tol	sucn		
individual			٠.			•				 	4	<i>-</i>
5 Did any person listed on line 1a receive of									ation or ind	ividual		
for services rendered to the organization	rir Yes, c	ompi	ete	Scr	ieal	iie J i	or s	sucn person		• •	5	
Section B. Independent Contractors												
1 Complete this table for your five highest												
compensation from the organization. Rep	ort compe	nsatio	n to	or tr	ne c	alend	lar y	year ending wit	h or within t	ne org	anizatio	n's tax
year.												
(A) (B) (C)							tion					
Name and business address Description of services Compensation							ulon					
Diller Scofidio and Renfro, 601 West 26 Street, New York, NY 10001 Architect 5,329,						5,329,430						
Proskaur Rose LLP, Eleven Time Square, New Yor	k, NY 10036						Le	gal Services				509,398
Advanced Contracting Services LLC, 1 Just Road,		J 0700	)4				Re	novation				392,556
Steamgard LLC, 730 Forest Edge Drive, Vernon Hi							En	gineering				346,000
	PricewaterhouseCoopers, PO Box 7247-8001, Philadelphia, PA 19170 Audit 342,746											
2 Total number of independent contractor	•	_					th th	nose listed abo	ove) who			
received more than \$100,000 of compens	ation from t	he or	gan	izat	ion l	▶		15				

### Part VIII Statement of Revenue

. ar	LVIII	Check if Schedule C		ponse or note to	any line in this	Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a			0				
Gra	b	Membership dues .		2,980,178				
ts, ( An	С	Fundraising events .		8,712,450				
Gif	d	Related organizations		0				
ns, Simi	е	Government grants (con		0				
rtio er 9	f							
혈		and similar amounts not inc		281,547,282				
ont nd (	g	Noncash contributions include		20,166,604				
	h	Total. Add lines 1a-1	<u>†</u>	Business Code	293,239,910			
Program Service Revenue	0-				07.400.470	07.400.440		
eve	2a			712100	27,103,162	27,103,162	0	0
ě	b	Exhibition Tour Incom	<u>ie</u>	712100	3,412,274	3,412,274	0	0
ž	d							
Š								
Jar	e	All other program ser			1,129,623	1,129,623	0	0
Proč	g	Total. Add lines 2a–2		<b>•</b>	31,645,059	1,127,023	<u> </u>	0
	3	Investment income	(including divid	ends, interest,	31,043,037			
		and other similar amo	,	•	16,204,801	0	1,036,921	15,167,880
	4	Income from investmen	t of tax-exempt be	ond proceeds ►	0	0	0	0
	5		<u> </u>	•	67,601	0	0	67,601
		•	(i) Real	(ii) Personal				
	6a	Gross rents	1,502,305	0				
	b	Less: rental expenses	278,373	0				
	С	Rental income or (loss)	0					
	d	Net rental income or	` <u> </u>		1,223,932	0	0	1,223,932
	7a		(i) Securities	(ii) Other				
	_	assets other than inventory	323,165,000	27,383,359				
	b	Less: cost or other basis						
		and sales expenses .	268,249,331					
	C	Gain or (loss)			00 000 000	07.000.050		E4.04E ((0
	d	iver gain or (loss) .			82,299,028	27,383,359	0	54,915,669
Other Revenue	8a b	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18 Less: direct expenses	8,284,650 ed on line 1c). a s b	-11				
	C	Net income or (loss) f		events . <b>&gt;</b>	-1,101,687		0	-1,101,687
	9a	•	a	0				
	b	Less: direct expenses						
	C	Net income or (loss) f		vities ▶	0	0	0	0
	10a	Gross sales of in returns and allowance	es a	56,339,775				
	b	Less: cost of goods s		1 1 1 1 1 1 1				
	С	Net income or (loss) f		Business Code	27,165,410	23,269,066	3,896,344	0
	11-		neveriue		4.000.004			4.000.004
	11a	Museum Restaurants		722310	1,030,931	2 212 552	241 011	1,030,931
	b			900099	2,655,463	2,313,552	341,911	0
	d	All other revenue .			0	0	0	0
	e	Total. Add lines 11a-		<b></b>	3,686,394	0	0	0
	12	Total revenue. See in			454,430,448	84,611,036	5,275,176	71,304,326
					737,430,440	04,011,030	J <sub>1</sub> Z1J <sub>1</sub> 110	Form <b>990</b> (2016)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 690,897 690,897 2 Grants and other assistance to domestic individuals. See Part IV. line 22 . . . . . 0 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . 0 0 Benefits paid to or for members . . . . 0 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . 6,856,443 10,576,181 3,210,260 509,478 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 7 Other salaries and wages 62,984,083 52,173,084 4,128,232 6,682,767 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,192,384 9,179,616 2,244,082 768,686 Other employee benefits . . . . . . 9 12.987.517 9.778.270 2.390.431 818.816 10 Payroll taxes . . . . . . . . . . . . . . . 4,978,398 3,748,224 916,304 313,870 11 Fees for services (non-employees): Management . . . . . . 0 0 0 Legal . . . . . . . . . . . . . 727.903 0 727.903 0 406,128 406,128 Lobbying . . . . . . . . . . 60,000 0 60,000 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . . . f 0 9,162,421 9,162,421 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 17,954,123 12,450,201 2,960,144 2,543,778 12 Advertising and promotion . . . . . 5,611,438 3.961.551 0 1,649,887 13 Office expenses . . . . . . . 12,229,664 14,114,154 1,147,983 736,507 14 Information technology . . . . . 989,749 989,749 0 0 15 111.094 111,094 0 Occupancy . . . . . . . . . . . . 2,961,709 16 15,944,796 11,909,716 1,073,371 17 3,253,560 2,914,777 273,924 64,859 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 20 . . . . . . . . . . . . . 19.002.671 19.002.671 0 0 21 Payments to affiliates . . . . . 0 0 22 Depreciation, depletion, and amortization . 27.057.296 21,669,956 5,200,650 186,690 23 2,066,224 1,991,878 49,564 24,782 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Acquisition of works of art 25,179,393 25,179,393 0 0 Membership Dues and Subscriptions 581,043 432,645 141,861 6,537 С Administrative and Other Expenses 6,061,240 5,272,248 495,567 293,425 d All other expenses е **Total functional expenses.** Add lines 1 through 24e 25 252,692,693 195,906,145 43,667,630 13,118,918 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if

### Part X Balance Sheet

	art X		noto	to any lino in this Day	+ V		
		Check if Schedule O contains a response or	note	to any line in this Par	(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing		F	10,475,508	1	19,335,139
	2	Savings and temporary cash investments			141,460,950	2	192,832,417
	3	Pledges and grants receivable, net			280,050,261	3	389,730,953
	4	Accounts receivable, net		<u> </u>	4,994,855	4	8,317,000
	5	Loans and other receivables from current and trustees, key employees, and highest co Complete Part II of Schedule L					
		·			0	5	0
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	nd contr tary er	ibuting employers and mployees' beneficiary	0	6	0
Assets	7	Notes and loans receivable, net		_	0	7	0
As	8	Inventories for sale or use			13,830,505	8	13,195,321
Ì	9	Prepaid expenses and deferred charges			12,346,824	9	10,945,637
	10a	Land, buildings, and equipment: cost or	i .		12,540,024		10,743,007
		other basis. Complete Part VI of Schedule D	10a	913,246,132			
	b	Less: accumulated depreciation	10b	365,738,425	487,117,203	10c	547,507,707
	11	•			546,639,594		622,782,699
	12	Investments—other securities. See Part IV, line		<b>—</b>	291,713,615		330,562,774
	13	Investments-program-related. See Part IV, line		-	0	13	0
	14	Intangible assets		<b>—</b>	0	14	0
	15	Other assets. See Part IV, line 11			35,455,220	15	34,195,378
	16	Total assets. Add lines 1 through 15 (must equa			1,824,084,535		2,169,405,025
	17	Accounts payable and accrued expenses			61,927,568		59,627,209
	18	Grants payable		[	0	18	0
	19	Deferred revenue		[	7,346,633	19	2,246,000
	20	Tax-exempt bond liabilities		[	244,606,291	20	323,940,672
	21	Escrow or custodial account liability. Complete I	⊃art IV	of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen	sated	employees, and			
iab		disqualified persons. Complete Part II of Schedu		_	7,345,413		9,366,471
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	0	23	0
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payabl 3 17-24	es to related third 1). Complete Part X	18,000,000		17,800,000
	••	of Schedule D			70,976,498		70,231,190
	26	Total liabilities. Add lines 17 through 25			410,202,403	26	483,211,542
ces		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and	d 34.				
lar	27	Unrestricted net assets			661,282,112	27	678,533,738
Ва	28	Temporarily restricted net assets			472,211,028		664,947,753
Net Assets or Fund Balances	29	Permanently restricted net assets			280,388,992	29	342,711,992
ts	30	Capital stock or trust principal, or current funds		[		30	
sse	31	Paid-in or capital surplus, or land, building, or ed	quipme	ent fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			1,413,882,132	33	1,686,193,483
_	34	Total liabilities and net assets/fund balances .			1,824,084,535	34	2,169,405,025

Part	tXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				~
1	( ), ( ), ( ), ( )	1	4	54,43	0,448
2		2	2	52,69	2,693
3	Revenue less expenses. Subtract line 2 from line 1	3	2	01,73	7,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,4	13,88	2,132
5	Net unrealized gains (losses) on investments	5		64,04	5,403
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9		9		6,52	8,193
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	·	10	1,6	86,19	3,483
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ain in			
	Schedule O.	ļ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	ed or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ļ			
b	Were the organization's financial statements audited by an independent accountant?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Both consolidated and separate basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		_		
	of the audit, review, or compilation of its financial statements and selection of an independent account	L	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, expl. Schedule O.	ain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in			
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underg				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	lits.	3b		
			Forn	n <b>990</b>	(2016)

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		OF MODERN ART					13-16	24100
Pa	rt I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
he	organ	ization is not a private founda	tion because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)	
1	□ A	church, convention of church	nes, or associati	on of churches descri	ibed in <b>se</b>	ection 17	'0(b)(1)(A)(i).	
2	□ A	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	□ A	hospital or a cooperative hos	spital service org	ganization described i	n <b>sectior</b>	170(b)(1	1)(A)(iii).	
4	□ A	medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	h	ospital's name, city, and state	e:					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	□ A	federal, state, or local govern	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	$\Box$ A	n agricultural research organi	zation described	d in <b>section 170(b)(1)</b>	(A)(ix) op	erated in	conjunction with a l	and-grant college
	o u	r university or a non-land-grainiversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	☐ A	n organization that normally receipts from activities related	eceives: (1) more	e than 331/3% of its su	upport fro	om contril	butions, membership	p fees, and gross
	S	upport from gross investment	income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses
	a	cquired by the organization a	fter June 30, 197	75. See <b>section 509(a</b>	a)( <b>2).</b> (Cor	mplete Pa	art III.)	
11		n organization organized and	•	•	-			
12		n organization organized and						
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).							
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
							the directors or trust	ees of the
	_	supporting organization. Yo	-	•				
b	) _	Type II. A supporting organ						
		control or management of to organization(s). You must o				persons	that control or man	age the supported
C	; [	Type III functionally integrits supported organization(s						ally integrated with,
c	ı [	Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
		that is not functionally integ						
		requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
e	. [	Check this box if the organ	ization received	a written determination	on from tl	ne IRS th	at it is a Type I. Type	e II. Type III
		functionally integrated, or T						, . ,
f	Ent	ter the number of supported o	organizations .					
ç	Pro	ovide the following information	about the supp	orted organization(s).				
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))			liisti detiorisj	manuchons)
					Yes	No		
A)								
В)								
C)								
D)								
E)								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 88,978,253 123.940.602 135.284.742 301.824.589 293.352.283 943.380.469 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 88,978,253 123.940.602 135.284.742 301.824.589 293.352.283 943.380.469 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 4,237,544 Public support. Subtract line 5 from line 4 939,142,925 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (d) 2015 (c) 2014 (e) 2016 (f) Total 7 Amounts from line 4 . . . . . . 88,978,253 123,940,602 135,284,742 301,824,589 293,352,283 943,380,469 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . 15,630,866 78,369,758 16,484,359 13,641,465 15,184,334 17,428,734 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 1,735,350 789,462 999,201 524,759 4,048,772 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 4,259,230 4,399,438 4.287.220 4.199.138 2.678.785 19,823,811 **Total support.** Add lines 7 through 10 11 1,045,622,810 Gross receipts from related activities, etc. (see instructions) 12 38,795,790 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) . . . . . 89.82 % 14 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to qualify	under the te	sts listed bei	ow, please co	implete Fart	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
2	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support						_
	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	(a) 2012	(2) 2010	(6) 2011	(4) 2010	(6) 2010	(i) rotar
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
10	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First five years. If the Form 990 is for the	o organization	a's first socon	d third fourth	or fifth tax w	or as a soctio	D 501(a)(3)
14	organization, check this box and <b>stop he</b>	•					` ' : '
Sacti	on C. Computation of Public Suppor			<u> </u>			
15	Public support percentage for 2016 (line 8			3 column (fl)		15	%
16	Public support percentage from 2015 Sch		-			16	<del></del>
	on D. Computation of Investment Inc					10	70
17	Investment income percentage for 2016 (I			v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2015			-		18	——————————————————————————————————————
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2016. If the organi						
isa	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2015. If the organiz	_	=	-		_	
D	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this b						
20	Private foundation If the organization di	_		•			_

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

			Yes	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		res	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
Ū	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	00		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	30		
<b>L</b>	supporting organizations)? If "Yes," answer 10b below.	10a		
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	406		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			I
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the approximation approach fourth a homeful of any approximation at how there the approached	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occur	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
•	Activities Test Anguar (a) and (b) below		Vaa	Na
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III support	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	,	,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		<b>/</b>
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
_ <u>i</u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2017</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	5 ( 0040			
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI

	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A,	, Part II, Line 10 - Other income includes gross income from fundraising and corporate events and ancillary revenue from the
restaurant o	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
MUSE	EUM OF MODERN ART				13-1624100
Part		e organization is exempt und			
1	Provide a description of definition of "political can	the organization's direct and in- npaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions) .			; 
3	Volunteer nours for politic	cal campaign activities (see instruc	otions)	-	
	-	e organization is exempt und			·
1	=	excise tax incurred by the organiza			
2		excise tax incurred by organizatior ed a section 4955 tax, did it file Fo	•	Section 4955 F	Vee Ne
3 4a b	•		•		
		e organization is exempt und	er section 501(c	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
2		filing organization's funds contribution vities			
3		expenditures. Add lines 1 and 2.			
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year'	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount mptly and directly	paid from the filing organi delivered to a separate p	zation's funds. Also enter political organization, such
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

ocne	edule C (Form 990 or 990-EZ) 2016					Page ∠			
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
A	Check ▶ ☐ if the filing organization be	longs to an aff	iliated group (an	d list in Part IV e	each affiliated gro	oup member's			
	name, address, EIN, exper	nses, and shar	e of excess lobb	ying expenditur	es).				
В	Check ▶ ☐ if the filing organization ch	ecked box A a	nd "limited cont	rol" provisions a	pply.				
		ying Expenditu			(a) Filing	(b) Affiliated			
	(The term "expenditures" m	eans amounts	paid or incurred.)		organization's totals	group totals			
1	a Total lobbying expenditures to influence	ing)	0						
	<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)								
	c Total lobbying expenditures (add lines 1	a and 1b) .			60,000				
	<b>d</b> Other exempt purpose expenditures .				252,632,692				
	e Total exempt purpose expenditures (add	d lines 1c and 1d	d)		252,692,692				
	f Lobbying nontaxable amount. Enter	the amount from	om the following	table in both					
	columns.				1,000,000				
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amount	is:					
	Not over \$500,000	20% of the am	ount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000.					
	Over \$17,000,000								
	g Grassroots nontaxable amount (enter 25	,			250,000				
	h Subtract line 1g from line 1a. If zero or le	ess, enter -0-			0				
	i Subtract line 1f from line 1c. If zero or le	,			0				
	j If there is an amount other than zero reporting section 4911 tax for this year?	_		the organization		Yes No			
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the separate instructions for lines 2a through 2f.)								
	Lobbying	Expenditures	During 4-Year Av	eraging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	( <b>d)</b> 2016	(e) Total			
2	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
	b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000			
	c Total lobbying expenditures	60,000	60,000	50,000	60,000	230,000			
	d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000			

0

0

0

Schedule C (Form 990 or 990-EZ) 2016

1,500,000

Part	Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).							
For 6	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)			
	ription of the lobbying activity.	Yes	No	A	moun	t		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:							
а	Volunteers?							
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?							
С	Media advertisements?							
d	Mailings to members, legislators, or the public?							
е	Publications, or published or broadcast statements?							
f	Grants to other organizations for lobbying purposes?							
g	Direct contact with legislators, their staffs, government officials, or a legislative body?							
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?							
! :	Other activities?							
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?							
b	If "Yes," enter the amount of any tax incurred under section 4912							
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), c	or se	ction				
					Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is		
1	Dues, assessments and similar amounts from members		1					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of						
а	Current year		2a					
b	Carryover from last year		2b					
С	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby							
-	and political expenditure next year?	•	4					
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5					
Par	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	un lie	t). Da	4 II A I	inos :	1 and		
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up iis	ı), Fai	t II-A, I	iiies	ı anu		

#### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

MUSE	UM OF MODERN ART			13-1624100
Par				counts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor			
	funds are the organization's property, subject to the	e organization's exclusive legal contro	ol?	· · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the bene-			
	conferring impermissible private benefit?			· · · 🗌 Yes 🗌 No
Par				
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by the	organization (check all that apply).		
	☐ Preservation of land for public use (e.g., recrea	tion or education) 🗌 Preservation o	f a historic	ally important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified	d historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th <u>e fo</u>	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	a
b	Total acreage restricted by conservation easement	ts	2k	<b>o</b>
С	Number of conservation easements on a certified I	nistoric structure included in (a)	20	
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
	historic structure listed in the National Register .		20	d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by	the organization during the
	tax year ►			
4	Number of states where property subject to conse			
5	Does the organization have a written policy re-			
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservatio	n easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation	on easements during the year
_	<b>&gt;</b> \$			a
8	Does each conservation easement reported on line			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports		-	
	balance sheet, and include, if applicable, the text of		nancial stat	tements that describes the
D. 1	organization's accounting for conservation easeme		011 0	
Par	Organizations Maintaining Collection	· · · · · · · · · · · · · · · · · · ·		imilar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar	•		
_	public service, provide, in Part XIII, the text of the f			
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar		ducation, d	or research in furtherance of
	public service, provide the following amounts relat	•		
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X			<b>\$</b>
2	If the organization received or held works of art			or tinancial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these if	tems:	
а	Revenue included on Form 990, Part VIII, line 1 .			<b>▶</b> \$ 0
h	Assets included in Form 990, Part X			<b>b c</b>

Schedul	e D (Form 990) 2016									Page 2
Part		ollections of	Art, His	torical 1	Treasures	, or Ot	her Similar A	Asse	ets (con	
3	Using the organization's acquisition, accollection items (check all that apply):								<u> </u>	
а	Public exhibition		d	✓ Loan	or exchang	ae proai	rams			
b	Scholarly research		e	Othe						
C	Preservation for future generations		·							
4	Provide a description of the organization XIII.	's collections a	and expla	ain how t	hey further	the org	anization's ex	emp	t purpos	e in Par
5	During the year, did the organization so	licit or receive	donation	s of art	historical to	raasiira	s or other sim	nilar		
Ū	assets to be sold to raise funds rather th								☐ Yes	✓ No
Part					ga <u>-</u> a.			•		<u> </u>
rare	Complete if the organization are 990, Part X, line 21.		" on For	m 990, F	Part IV, lin	e 9, or	reported an a	amo	unt on F	orm
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?							not	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part							•	1es	
	ii res, explain the artangement iiir art	Am and compi	oto trio io	nowing to	abic.			Am	ount	
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
-	Did the organization include an amount of							i+v2	□ Voc	□ No
2a	=							-		
	If "Yes," explain the arrangement in Part  Endowment Funds.	AIII. Check her	e ii the ex	кріапаціо	n nas been	provide	ed on Part XIII			
гаг	Complete if the organization ar	sewered "Vee	" on For	m 000 E	Part IV lin	o 10				
	·	(a) Current year		or year	(c) Two yea		(d) Three years ba	ack	(e) Four ye	are back
4.		., ,						-		
1a	Beginning of year balance	784,321,000		5,972,000		464,000	459,691,0			,939,000
b	Contributions	251,808,000	25	4,380,000	86,	184,000	70,582,0	000	31	,247,000
С	Net investment earnings, gains, and losses									
		39,112,000	-30	0,458,000	8,2	285,000	37,563,0		30	,123,000
d	Grants or scholarships	0		0		0		0		0
е	Other expenditures for facilities and									
_	programs	36,334,000	4	5,573,000		961,000	25,372,0		46	,618,000
Ť	Administrative expenses	0		0	1	0		0		0
g	End of year balance	1,038,907,000		4,321,000		972,000	542,464,0	000	459	,691,000
2	Provide the estimated percentage of the			e (line 1g	j, column (a	a)) held a	as:			
а	Board designated or quasi-endowment		<del>9</del> %							
b	Permanent endowment ► 33									
С	Temporarily restricted endowment ▶	64.1 %	/							
_	The percentages on lines 2a, 2b, and 2c	•								
3a	Are there endowment funds not in the p organization by:	ossession of tr	ne organi	zation tha	at are neid	and ad	ministered for	tne	Y	es No
	(i) unrelated organizations								3a(i)	~
	(ii) related organizations								3a(ii)	~
b	If "Yes" on line 3a(ii), are the related orga								3b	
4	Describe in Part XIII the intended uses of	the organization	on's endo	wment fo	unds.					
Part										
	Complete if the organization ar	swered "Yes	" on For	m 990, F	Part IV, lin	e 11a.	See Form 99	0, P	art X, lin	e 10.
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated epreciation		(d) Book v	alue
1a	Land		0		91,352,129				91	,352,129
	Destallar and		_	_						

541,993,346 281,660,757 260,332,589 **b** Buildings . . . . . 0 Leasehold improvements 8,131,000 4,515,211 3,615,789 0 86,448,657 79,562,457 6,886,200 0 185,321,000 0 185,321,000 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . ▶ 547,507,707

Schedule D (Form 990) 2016

Part VII	Investments – Other Securiti Complete if the organization a		orm 990, Part IV, lir	ne 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or cate( (including name of security)		(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives		89,000	End-of-Year Marke	et Value
	neld equity interests		C	)	
(3) Other Cr			-	End-of-Year Marke	
	strat & other		-	End-of-Year Marke	
(B) Event			-	End-of-Year Marke	
(C) Private			-	End-of-Year Marke	
(D) Real A	isseis		13,855,576	End-of-Year Marke	et value
(F)			-		
(G)			-		
(H)			-		
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	330,562,774		
Part VIII	Investments – Program Relation and Complete if the organization at		orm 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	thod of valuation: -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
	b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>			
Part IX	Other Assets.				
	Complete if the organization a	nswered "Yes" on Fo	orm 990, Part IV, lir	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7) (8)					
(9)					
	mn (b) must equal Form 990, Part X	, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization a	nswered "Yes" on Fo	orm 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
1.	line 25.  (a) Description of liability	(b) Book value			
(1) Federal in	· · · · · · · · · · · · · · · · · · ·	(4) 20011 10110	0		
	and post retirement benefits	70.2	231,190		
(3)	Tana post retirement benefits	70,2	.01,170		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)	- 1	231,190		
2. Liability for	r uncertain tax positions. In Part XIII, pr	ovide the text of the foot	note to the organizatio	n's financial stateme	ents that reports the

1 Total rev 2 Amounts a Net unre b Donated c Recover d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total rev Part XII R 1 Total ex 2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Provide the des 2; Part XI, lines	Peries of prior year grants	1	70,044,753 478,295,595 -23,865,147 454,430,448
1 Total rev 2 Amounts a Net unre b Donated c Recover d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total rev Part XII R 1 Total ex 2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	evenue, gains, and other support per audited financial statements ats included on line 1 but not on Form 990, Part VIII, line 12: realized gains (losses) on investments	2e 3 3 4c 5 5 cer Retu	70,044,753 478,295,595 -23,865,147 454,430,448 urn.
2 Amounts a Net unre b Donated c Recover d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total rev Part XII R 2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	Ints included on line 1 but not on Form 990, Part VIII, line 12:  Irealized gains (losses) on investments	2e 3 3 4c 5 5 cer Retu	70,044,753 478,295,595 -23,865,147 454,430,448 urn.
a Net unrel b Donated c Recover d Other (D e Add line 3 Subtract 4 Amount: a Investme b Other (D c Add line 5 Total rev Part XII R 2 Amount: a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amount: a Investme b Other (D c Add line 5 Total ex Provide the des 2; Part XI, lines	realized gains (losses) on investments	2e 3 3 4c 5 5 eer Retu	-23,865,147 454,430,448 urn.
b Donated c Recover d Other (D e Add line 3 Subtract 4 Amount: a Investme b Other (D c Add line 5 Total rev Part XII R 2 Amount: a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amount: a Investme b Other (D c Add line 5 Total ex Provide the des 2; Part XI, lines	ed services and use of facilities eries of prior year grants	2e 3 3 4c 5 5 eer Retu	478,295,595 -23,865,147 454,430,448 urn.
c Recover d Other (D e Add line 3 Subtrac: 4 Amount: a Investm: b Other (D c Add line 5 Total rev Part XII R 2 Amount: a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtrac: 4 Amount: a Investm: b Other (D c Add line 5 Total ex Provide the des 2; Part XI, lines	eries of prior year grants	2e 3 3 4c 5 5 er Retr	478,295,595 -23,865,147 454,430,448 urn.
d Other (De Add line Subtract Amount: a Investment Dother (De Cand Cand Cand Cand Cand Cand Cand Cand	Describe in Part XIII.)	2e 3 3 4c 5 5 er Retr	478,295,595 -23,865,147 454,430,448 urn.
e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total rev Part XII R 1 Total ex 2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	ries 2a through 2d	2e 3 3 0 4c 5 5 oer Retu	478,295,595 -23,865,147 454,430,448 urn.
3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total rev Part XII R  1 Total ex 2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	ct line 2e from line 1  Ints included on Form 990, Part VIII, line 12, but not on line 1: Interpretation ment expenses not included on Form 990, Part VIII, line 7b  Interpretation in Part XIII.) Interpretation in Part XIII.) Interpretation in Part XIII.) Interpretation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Interpretation interpretation into the part XIII. Interpretation into the part XIII. Interpretation interpr	3 4c 5 ser Retu	478,295,595 -23,865,147 454,430,448 urn.
4 Amounts a Investme b Other (D c Add line 5 Total rev Part XII R 2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	Ints included on Form 990, Part VIII, line 12, but not on line 1: Intended on Form 990, Part VIII, line 7b Intended on Form 990, Part I, line 12.) Intended Intende	4c 5 seer Retu	-23,865,147 454,430,448 urn.
a Investment of the provide the description of the provide the p	ment expenses not included on Form 990, Part VIII, line 7b  (Describe in Part XIII.)	4c 5 5 ser Retr	454,430,448 urn.
b Other (D c Add line 5 Total rev Part XII R 1 Total ex 2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	Describe in Part XIII.)	4c 5 5 ser Retr	454,430,448 urn.
c Add line 5 Total rev Part XII R C 1 Total ex 2 Amount: a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amount: a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	res 4a and 4b  evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  expenses and losses per audited financial statements  extra included on line 1 but not on Form 990, Part IX, line 25:  ed services and use of facilities  ear adjustments  osses  (Describe in Part XIII.)  2d  9,600,54	4c 5 5 eer Reto	454,430,448 urn.
5 Total rev Part XII R C 1 Total ex 2 Amount: a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amount: a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Expenses and losses per audited financial statements	5 per Retr	454,430,448 urn.
Part XII R C 1 Total ex 2 Amount: a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amount: a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Expenses and losses per audited financial statements  Ents included on line 1 but not on Form 990, Part IX, line 25:  End services and use of facilities  Every ear adjustments  Every ear ad	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	urn.
1 Total ex 2 Amount: a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amount: a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Expenses and losses per audited financial statements	00000	
1 Total ex 2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities ear adjustments osses  (Describe in Part XIII.)  (Describe 2a through 2d	0	277,674,522
2 Amounts a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	ts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities	0	277,674,522
a Donated b Prior yea c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	ed services and use of facilities       2a         ear adjustments       2b         osses       2c         (Describe in Part XIII.)       2d       9,600,54         nes 2a through 2d	0	
b Prior year c Other lo d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	ear adjustments       2b         osses       2c         (Describe in Part XIII.)       2d       9,600,54         nes 2a through 2d	0	
c Other Io d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	OSSES         2c           (Describe in Part XIII.)         2d         9,600,54           nes 2a through 2d	0	
d Other (D e Add line 3 Subtract 4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	Describe in Part XIII.)	_	
e Add line 3 Subtract 4 Amount: a Investment b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	nes 2a through 2d	2	
3 Subtract 4 Amounts a Investment b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	<u> </u>	2e	0 400 E42
4 Amounts a Investme b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines		3	9,600,542
a Investment of the control of the c	nts included on Form 990, Part IX, line 25, but not on line 1:	3	268,073,980
b Other (D c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines			
c Add line 5 Total ex Part XIII S Provide the des 2; Part XI, lines	ment expenses not included on Form 990, Part VIII, line 7b   <b>4a</b>   13,124,56 (Describe in Part XIII.)		
5 Total ex Part XIII S Provide the des 2; Part XI, lines	nes <b>4a</b> and <b>4b</b>	4c	15 201 207
Part XIII S Provide the des 2; Part XI, lines	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	-15,381,287 252,692,693
Provide the des 2; Part XI, lines	Supplemental Information.	1 3	252,092,093
2; Part XI, lines	escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	h· Part \	V line 4: Part X line
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional i	,	
Scriculic D, I al	art III, Line 1 - The Museum's collections, acquired through purchase and contributions, are not re		
consolidated st	statements of financial position. Purchases of collection items are recorded in the year in which the		
	unrestricted net assets. Contributed collection items are not reflected in the consolidated financial		
	, which are reflected as increases in temporarily restricted net assets, are used exclusively to acqu		
collection.	Third are relieved as increases in temperating resultated not assets, are asset executions, to adopt	<u> </u>	TROMS TOT THE
Schedule D. Pai	art III, Line 4 - The Museum is chartered as an educational institution whose collection of modern	and con	temporary art is
	e to its members and the public to encourage an ever-deeper understanding and enjoyment of suc		
	nternational audiences that it serves. In pursuit of this goal, the Museum has collected over 200,0		
	wing, printmaking, photography, film, performance, media, architecture, and industrial and graphi		
	its Board of Trustees and staff, the Museum strives to establish, reserve, and document a permaner ects the vitality, complexity and unfolding patterns of modern and contemporary art; present exhil		ternational centers of

Schedule D, Part V, Line 4 - The Museum's endowment funds consist of approximately 170 individual funds established for a variety of purposes, including art acquisitions, exhibitions, publications, educational and operating support. Its endowment includes both donor restricted endowment funds and funds designated by the Board to function as endowments. As required by Generally Accepted Accounting Principles, net assets associated with endowments funds, including funds designated by the board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The long term focus of the Museum's investment portfolio is to support the Museum's mission by providing a reliable source of funds for current and future use.

Schedule D, Part XI, Line 2d - Primarily defined benefit plan changes related to non-operating.

Schedule D, Part XI, Line 4b - Primarily consists of cost of goods sold on retail operations (\$29,174,365), amounts related to traveling

Schedule D (Form 990) 2016 Page 5

## Part XIII - Supplemental Information (Continued)

exhibitions \$856,118, related organizations which file a separate return (\$8,647,099).								
Schedule D, Part XII, Line 2d - Primarily related to organizations which file a separate return \$10,129,378 and change in swap valuation (\$528,838).								
Schedule D, Part XII, Line 4b - Primarily consists of cost of goods sold on retail operations (\$29,174,365), amounts related to traveling exhibitions \$856,118, expenses related to rental (\$278,373).								
CAMIDATIONS \$4000,110,100 periodes Totaled to Terrida (\$4270,070).								

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MUS	EUM OF MODERN ART					13-1624100			
Pai	General Information Form 990, Part IV, line		ies Outside	the United States. Comp	lete if the organization	answered "Yes" on			
1			maintain reco	ords to substantiate the amo	ount of its grants and o	ther			
	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the								
	grants or assistance?					·			
_	Fan anantonaliana Dagarila	a in David V							
2	For grantmakers. Describe assistance outside the Unite		tne organizati	on's procedures for monitor	oring the use of its g	rants and other			
	dodotanoo odtolao the onite	ou oluloo.							
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	al space is needed.)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	expenditures for			
(1)	Central America and the Caribb	0	0	Investments		115,872,482			
<b>(</b> -)									
(2)	Europe (including Iceland and C	0	0	Investments		50,404,821			
(3)	North America (including Canad	0	0	Investments		7,368,180			
,	Troitii America (melaanig Ganat	, ,		Investments		7,500,100			
(4)	Middle East and North Africa	0	0	Investments		836,644			
(E)		_	_						
(၁)	East Asia and the Pacific	0	0	Investments		506,426			
(6)									
(7)									
(8)									
(0)									
(9)									
(10)									
(11)									
` '									
(12)									
(13)									
(10)									
(14)									
(15)									
(16)									
( /									
(17)									
3a									
b	Total from continuation sheets to Part I								
С	Totals (add lines 3a and 3b)	0	0			174,988,553			

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN of noncash assistance organization grant cash grant cash noncash valuation (if applicable) disbursement assistance (book, FMV, appraisal, other) (1) (2) (3) (4) (5) (6) **(7)** (8) (9) (10) (11) (12)(13)(14) (15) (16) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 

Schedule F (Form 990) 2016

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2016 Page 4

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

✓ No

Yes

Schedule F (Form 990) 2016 Page **5** 

# Part V Supplemental Information

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

Schedule F, Part I, Line 3 - The Museum of Modern Art invests in domestic and foreign limited partnerships that may own an interest in a
foreign corporation, passive foreign investment company, or foreign partnership. Nevertheless, the Museum's investment activities may not
reach the thresholds required for filing the Forms 926, 5471, 8621 or 8865. To the extent such a form was completed, it has been filed with
the Museum's Form 990-T.

## **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** 

	EUM OF MODERN ART						1624100
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" on l	Form 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities C	heck all that apply	
a.	☐ Mail solicitations	on raioca rairac	e [		ion of non-govern		
b	☐ Internet and email solicitation	ne	f [		ion of governmen	•	
C	☐ Phone solicitations	7113	g [		fundraising events	_	
d	☐ In-person solicitations		g L		iuliulaisilig evellis	•	
2a	Did the organization have a wri	tten or oral agre	sement with	any individ	dual (including offi	cere directore true	toos
Za	or key employees listed in Form						· – –
b		d individuals or	entities (fun			=	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota 3				▶	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing.						·

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

		0 1 0				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
	1 Gross receipts  Less: Contributions Gross income (line 1 minus line 2)		Party in the Garden	DR Luncheon	2	(add col. <b>(a)</b> through col. <b>(c)</b> )
			(event type)	(event type)	(total number)	COI. <b>(C)</b> )
ne						
ver	1	Gross receipts	4,143,600	2,918,450	1,650,400	8,712,450
Be						
	2		3,961,680	2,866,450	1,456,520	8,284,650
	3	`				
		line 2)	181,920	52,000	193,880	427,800
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
S	_					
nse	6	Rent/facility costs	43,524	1,678	54,516	99,718
çpe	_					
û	7	Food and beverages	226,326	50,115	64,749	341,190
Direct Expenses	_	Enterteinment				
ä	8	Entertainment	172,275	16,648	24,564	213,487
	^	Other direct eveness	(05.000	(0.000	400.045	075 000
	9	Other direct expenses .	695,899	69,328	109,865	875,092
	10	Direct expense summany Ad	ld lines 4 through 0 in o	oluma (d)		1 520 407
	11		•	` '		1,529,487
Dа	rt II	Gaming Complete if the	organization answer	red "Ves" on Form 90	n Part IV line 19 or	reported more
1 0				00 100 01110111100	0, 1 art 14, 1110 10, 01	roportod more
<b>a</b>				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
эvе						
ď	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses						
хb	3	Noncash prizes				
H H						
irec	4	Rent/facility costs				
	5	Other direct expenses .				
				□ . • •	<u> </u>	
	6	Volunteer labor	□ No	□ No	∐ No	
	_				_	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)	•	
		Not gaming income aumman	Other direct expenses . 695,899 69,328 109,865 875  Direct expense summary. Add lines 4 through 9 in column (d)			
	8	Net garning income summary	y. Subtract line / Ironn ii	rie i, columni (a)		
9		Enter the state(s) in which the or	ganization conducts ga	mina activities:		
		The state of the s			 .?	□ Vec □ No
		If "No " explain:				<u> </u>
	. '					
	-					
10	a Ī	Were any of the organization's o	aming licenses revoked	suspended or termina	ated during the tax vear	?   Yes   No
		If "Yes," explain:	ig 1100110001010100	., 2200011404, 01 101111111	and adming the tax your	100 _ 140
	-					

	e G (Form 990 or 990-EZ) 2016			Page 3
12	Does the organization conduct gaming activities with nonmembers?	У		No
	formed to administer charitable gaming?	Ш	Yes	_ No
а	The organization's facility	1		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books ar records:	u		
	Name ►			
	Address ►			
	Does the organization have a contract with a third party from whom the organization receives gamin revenue?	-	Yes [	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:			
·	Too, onto hamo and address of the time party.			
	Name ►			
	Address►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license?		Yes [	∃ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year ▶ \$	or		
Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf See instructions			b

#### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

MUSEUM OF MODERN ART 13-1624100 **General Information on Grants and Assistance** Part I 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. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part II 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant 1 (a) Name and address of organization ľbook, FMV, appraisal, (if applicable) cash assistance noncash assistance or assistance grant or government other) (1) Sch I, Stmt 1 (9) (10)(11) (12)

Schedule I	(Form 990) (2016)					Page
Part III			-	e organization answ	vered "Yes" on Form 990,	Part IV, line 22.
Part III can be dupli  (a) Type of grant or assistance  1 2 3 4 5 6 7 Part IV Supplemental Info Schedule I, Part I, Line 2 - The Muse the study, knowledge, enjoyment as curatorial activities. MoMA PS1 reta right to appoint all members of the provides management assistance a PS1's information technology, insu	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2						
3						
4						
5						
	Supplemental Information. Provide	the information r	equired in Part I lin	ne 2: Part III. columi	n (b): and any other additi	onal information
			<u> </u>		· /·	
			*			
						<i>{}</i>
	4					
		ira				
1 31 3 1111						

Schedule I, Part IV, Statement 1 MUSEUM OF MODERN ART

Form: **Schedule I (2016)** EIN: **13-1624100** 

Page: 1 Part II, Line 1

#### Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash	Amt. of non-
			grant	cash asst.
Name and address	PS1 Contemporary Art Center Inc	23-7379091	690,897	0
	46-01 21st Street			
	Long Island City, NY 11101			
IRC code section	501c(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Operating Support			

#### **SCHEDULE J** (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

2016

OMB No. 1545-0047

Open to Public Inspection

13-1624100

Department of the Treasury Internal Revenue Service Name of the organization

MUSEUM OF MODERN ART

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ✓ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	~	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	v	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	✓ Form 990 of other organizations ✓ Approval by the board or compensation committee			
	Promission other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	1	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		<b>'</b>
b	Any related organization?	6b		<b>/</b>
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	~	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			
	REQUIREDORS SECTION 53 495X-607		1	i .

Schedule J (Form 990) 2016

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

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

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

The carrier of column (B)(i) (iii) is	1 0001							
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	` '		in column (B) reported as deferred on prior
Glenn D Lowry, Director/Ex-	(i)	844,196	393,382	15,776	633,695	356,193	2,243,242	0
1	(ii)	0	0	0	0	0	0	0
James Gara, Chief Operating	ame and Title  wry, Director/Ex- stee (ii) a, Chief Operating istant Treasurer (ii) utz, General ccretary (iii) iaz, Chief Investment (i) (ii) reich, Associate (i) (ii) pp, Senior Deputy External Affairs (ii) innayan, Senior ector for Exhibitions (ii) a, Chief Financial (i) in, Chief Curator - d Sculpture (ii) in, Director of and Security (ii) checks Chief Curator (iii) checks Curator (iiii) checks Curator (iiii) checks Curator (iiii) checks Curator (iiiii) checks Curator (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	496,556	300,000	20,772	467,403	35,643	1,320,374	300,000
2 Officer/Assistant Treasurer		0	0	0	0	0	0	0
Patty Lipshutz, General	(i)	410,322	0	20,772	145,857	38,193	615,144	0
	(ii)	0	0	0	0	0	0	0
Frank Ahimaz, Chief Investment	(i)	604,153	237,500	18,966	580,665	24,340	1,465,624	237,500
Officer 4	(ii)	0	0	0	0	0	0	0
Kathy Halbreich, Associate	(A) Name and Title  (B) Breaker compensation  (I) Base compensation  (II) Base compensation  (III) Base compensation  (II	460,207	0	25,334	57,205	21,364	564,110	0
5 Director	(ii)	0	0	0	0	0	0	0
Todd Bishop, Senior Deputy	(i)	369,774	50,000	18,944	130,350	29,688	598,756	50,000
6 Director of External Affairs	(ii)	0	0	0	0	0	0	0
Peter Reed, Senior Deputy	(i)	383,950						
7 Director for Curatorial Affairs	(ii)	0	0	0	0	0	0	0
Ramona Bannayan, Senior	(i)	315,297	0	19,496	32,259	(D) Nontaxable benefits (E) Total of columns (B)(i)—(D) in column (B) reported as deferred on prior Form 990  5 356,193 2,243,242 0 0 0 0 0 0 0 0 3 35,643 1,320,374 300,000 0 0 0 0 0 0 7 38,193 615,144 0 0 0 0 0 0 0 5 24,340 1,465,624 237,500 0 0 0 0 0 0 5 21,364 564,110 0 0 0 0 0 0 0 29,688 598,756 50,000 0		
8 Deputy Director for Exhibitions	(ii)	0	0	0	0	0	0	0
Jan Postma, Chief Financial	(i)	336,338	0	354	18,603	44,113	399,408	0
9 Officer	(ii)	0	0	0	0	0	0	0
Ann Temkin, Chief Curator -	(i)	327,596	0	19,546	48,893	29,688	425,723	0
Painting and Sculpture	(ii)	0	0	0	0	0	0	0
Tunji Adeniji, Director of	Officio Trustee  James Gara, Chief Operating Officer/Assistant Treasurer  Patty Lipshutz, General Counsel/Secretary  Frank Ahimaz, Chief Investment Officer  Kathy Halbreich, Associate Director  Todd Bishop, Senior Deputy Director of External Affairs  Peter Reed, Senior Deputy Director for Curatorial Affairs  Ramona Bannayan, Senior Deputy Director for Exhibitions  Jan Postma, Chief Financial Officer  Ann Temkin, Chief Curator - Painting and Sculpture  Tunji Adeniji, Director of Facilities and Security  Rajendra Roy, Chief Curator - Film  Christophe Cherix, Chief Curator - Prints & Illustrated Books  Quentin Bajac, Chief Curator  Media & Performance Art  Martino Stierli, Chief Curator- Media & Performance Art  Martino Stierli, Chief Curator-  Martino Stierli, Chief Curator-  (i)  Martino Stierli, Chief Curator-  (ii)  Martino Stierli, Chief Curator-  (iii)  Martino Stierli,	256,623	0	19,182	15,900	19,688	311,393	0
Facilities and Security	(ii)	0	0	0	0	0	0	0
Rajendra Roy, Chief Curator -	(i)	311,720	0	319	23,693	31,177	366,909	(F) Compensation in column (B) reported as deferred on prior Form 990  2,243,242  0  0  0  1,320,374  300,000  0  615,144  0  0  1,465,624  237,500  0  564,110  0  0  598,756  50,000  0  538,666  0  0  0  404,101  0  0  399,408  0  0  425,723  0  0  311,393  0  0  366,909  0  0  315,849  0  0  0  279,948  0  0  0  0  279,948  0  0  0  0  0  0  0  0  0  0  0  0  0
Film	(ii)	0	0	0	0	0	0	0
Christophe Cherix, Chief Curator	(i)	334,388	0	7,339	29,666	34,391	405,784	0
13	(ii)		0		0	0	0	0
Quentin Bajac, Chief Curator -	(i)	286,710	0	668	0	28,471	315,849	0
Pnotograpny 14	(ii)		0	0	0	0	0	0
Stuart Comer Chief Curator	(i)	260,596	0	386	0	18,966	279,948	0
Media & Performance Art	(ii)	0	0	0	0	0	0	0
Martino Stierli, Chief Curator	(i)	222,973	0	18,202	11,970	19,304	272,449	0
16 Arch. and Design	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2016 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J, Part I, Line 1a - As a condition of employment, the Museum requires the Director to reside in the Museum's apartment on the premises in Museum Tower in furtherance of the Museum's operations and mission and for the convenience of the Museum. Health club membership dues of the Director are paid for by the Museum and included in the Director's compensation. Schedule J. Part I. Line 4 - Commencing with Fiscal Year 2014 and included in column B for Glenn Lowry, Director, is an accrual of \$520,261, for a multi-year supplemental employee retirement plan. Schedule J, Part I, Line 7 - Glenn Lowry- Director, full-time employee, officer and ex-officio trustee. In 2017 Glenn Lowry earned \$844,196 in base compensation as well as (ii) an annual bonus of \$393,382 included in column B. These numbers compare to \$820,069 and \$381,924 in 2016. Commencing with Fiscal Year 2014 and included in colum C, is an accrual of \$560,261 for a multi-year supplemental employee retirement plan. The cumulative accrual through June 30, 2017 for Fiscal Years 2014 through 2017 is \$2,241,044, James Gara - Chief Operating Officer and Assistant Treasurer, full time employee and officer, but not a trustee. Included in column B(ii), are amounts attributable to earned and paid portions of a performance-based bonus. The performance bonus was awarded based on the achievement by Mr. Gara of certain service and performance requirement in areas such as in operations and investment. Patty Lipshutz - General Counsel and Secretary, full-time employee and officer but not a trustee. Frank Ahimaz - Chief Investment Officer, full-time employee but not a trustee. Eligible for retention and annual bonus based on achievement of performance measures. An annual performance bonus plan was paid in 2016 and is included in compensation. Anthony Wai - Director of Investments, full-time employee but not trustee. Eligible for retention and annual bonus based on achievement of performance measures. An annual performance bonus was paid in 2016 and is included in compensation. Todd Bishop - Senior Deputy Director - External Affairs, Full-time employee but not Trustee, Included in column (B)(ii) is a performance bonus. A portion of the performance bonus plan was paid in 2016 and is included in compensation. The plan was subject to the achievement of service and performance requirements. Klaus Biesenbach - Director of MoMA PS1 - Biesenbach receives compensation from MoMA PS1. He also serves as MoMA's Chief Curator at Large.

## SCHEDULE J (Form 990)

# **Continuation Sheet for Schedule J (Form 990)**

OMB No. 1545-0047

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

**MUSEUM OF MODERN ART** 

Employer identification number

1624100

Part I Continuation of Office	cers	, Directors, Trust	ees, Key Employ	ees, and Highes	t Compensated	Employees (Sche	dule J, Part II)	
(A) Name and Title		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Anthony Wai, Director of Investments	(i)	332,693	100,000	1,255	282,054	26,919	742,921	100,000
	(ii)		0	0	0	0	0	0
Klaus Biesenbach, Chief Curator at Large	(i) (ii)	503,285	0	0 1,242	30,000	8,221	0 542,748	0
Jean Savinsky, Dir. Real Estate	(i)	359,572	50,000	876	65,900	25,921	502,269	50,000
Expansion		0	0	0	0	0	0	0
Thomas Randon, General Mgr -	(i)	317,716	0	18,348	95,900	20,164	452,128	0
Retail	(ii)	0	0	0	0	0	0	0
Christopher Hudson, Publisher	(i)	320,505	0	23,510	66,542	24,841	435,398	0
	(ii)	0	0	0	0	0	0	0
Emmanuel Platt, Director,	(i)	334,632	0	12,794	15,000	34,391	396,817	0
Merchandising	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)						 	
	(i)							
	(ii)							
	(i) (ii)						 	
	(11)							

### SCHEDULE K (Form 990)

# **Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** MUSEUM OF MODERN ART 13-1624100

Pai	t I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date iss	ued	(e) Issue price		(f) Description of purpose			(g) De	feased	ed (h) On behalf of issuer		(i) Poo	
A	The Trust for Cultural Resources of City of New York Series 2016 One E	91-1882413	649717TE5	08/02/20	16	330,117,2	Financ prior i	ce new money ssues	y project and	refund	Yes	No 🗸	Yes	No 🗸	Yes	No ✓
В																
С																
D																
Par	t II Proceeds						'									
						Α		В						D		
1	Amount of bonds retired					0										
2	Amount of bonds legally defeased					0										
3	Total proceeds of issue					330,779,877										
4	Gross proceeds in reserve funds					0										
5	Capitalized interest from proceeds					0										
6	Proceeds in refunding escrows					169,651,868										
7	Issuance costs from proceeds					1,723,748										
8	Credit enhancement from proceeds					0										
9	Working capital expenditures from proceed	s				0										
10	Capital expenditures from proceeds					100,855,790										
11	Other spent proceeds					7,141,734										
12	Other unspent proceeds					51,406,737										
13	Year of substantial completion					2018										
					es	No	Yes	No	Yes	No		Υ	es		No	
14	Were the bonds issued as part of a current					~										
15	Were the bonds issued as part of an advance				<b>/</b>											
16	Has the final allocation of proceeds been m					· ·										
17	Does the organization maintain adequate the final allocation of proceeds?				~											
Par	Private Business Use	_				· · · · · · · · · · · · · · · · · · ·										
					Α		В					D				
1	Was the organization a partner in a partners which owned property financed by tax-exer				es	No	Yes	No	Yes	No		Υ	es		No	
2	Are there any lease arrangements that may bond-financed property?															

#### Part III Private Business Use (Continued) В C D Α Yes Nο Yes Yes Nο 3a Are there any management or service contracts that may result in private Nο Yes No **b** If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property?........... d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . % % Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization. another section 501(c)(3) organization, or a state or local government . . . . ▶ % % % Does the bond issue meet the private security or payment test? . . . . . **8a** Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? **b** If "Yes" to line 8a, enter the percentage of bond-financed property sold or % % % **c** If "Yes" to line 8a, was any remedial action taken pursuant to Regulations Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . Part IV Arbitrage Α В С D Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes Nο Yes Nο Yes No V v If "Yes" to line 2c, provide in Part VI the date the rebate computation was V 4a Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2016

<b>Part</b>	V Arbitrage (Continued)								
		Α		ı	В	(	<u> </u>	D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)? .		~						
b	Name of provider		•		•				
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period? .		~						
7	Has the organization established written procedures to monitor the								
	requirements of section 148?	<b>✓</b>							
Part	V Procedures To Undertake Corrective Action		1	'					
			A		В		<u> </u>	[	)
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?	<b>✓</b>							
Part	Supplemental Information. Provide additional information for resp	onses to	questions	on Schedu	le K. See i	nstructions	3		I
	ule K, Part I, Column e-08/02/2016 330,117,210 The Trust for Cultural Resources of - T		•					s on bond pro	oceeds.
001100						<u> </u>	oot ourring.	, c., sc., a p.,	
Sched	ule K, Part I, Column f-08/02/2016 330,117,210 The Trust for Cultural Resources of - T	he bonds re	efund the Bo	rrower's Ser	ies 2008 One	e A issued 7/2	23/08. and Se	eries 2012 Or	ne D
	I 5/1/12.								
Sched	ule K, Part III, Line 1-08/02/2016 330,117,210 The Trust for Cultural Resources of - The	e refundina	portion of th	e bonds refu	ınded prior b	oonds issued	before Janu	uary 1, 2003.	The new
	y portion of the bonds finances a new money project no portion of which has been pla								
	exists as of the end of the reporting period. Therefore the Borrower has not complet				cporting per	iou. mas, m	potentiarie	private use	on the
Donas	exists as of the one of the reporting period. Therefore the Borrower has not complete	ca i ait iii vi	mirrespect	o the bonds.					

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

OMB No. 1545-0047

MUSE	UM OF MODERN ART	Г								13-1	6241	00		
Part	Excess Bene Complete if the	fit Transaction ne organization	<b>ns</b> (section 501 answered "Ye	1(c)(3) es" on	, section : Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	11(c)(29) organiz 5a or 25b, or Fo	ations	only) 0-EZ,	Part '	V, line	40b.	
1	(a) Name of disqualified	nornon	(b) Relationship be	etween	disqualified	person and		(a) Description	n of tran	naatiar			(d) Corr	ected?
•	(a) Name of disqualified	person		organiz	zation			(c) Descriptio	II OI II ai	isactioi	1		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958	3							ring tl	he ye: <b>!</b>	ar ► \$	S		
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	oursed by	the organi	izatior	n		)	▶ \$	<u> </u>		
Part	Complete if the organization re	eported an ame	answered "Ye ount on Form !	es" on 990, F	Part X, line	e 5, 6, or 22	2.	38a or Form 9	1					
(a) Na	ame of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fr	oan to or om the anization?	(e) Origir principal an		(f) Balance due	(g) In c	lefault?	by bo	proved pard or nittee?	(i) Wi agreer	
				То	From	1			Yes	No	Yes	No	Yes	No
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(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total							.▶	\$						
Part		sistance Bene ne organization				0, Part IV, I	ine 27	7.	-					
(a)	Name of interested persor	, ,	ship between inter and the organization		(c) Amount	of assistance	(	<b>(d)</b> Type of assistance	е	(e)	Purpo	se of a	ssistan	ce
(1)														
(2)														
(3)														
(4)														
(5)														
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(7)														
(8)														
(9)														
(10)														
									-					

Schedule L (Fo	Schedule L (Form 990 or 990-EZ) 2016								
Part IV	Business Transactions Involving Interested Persons.								
	Complete if the organization 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	organi	aring of zation's nues?
					Yes	No
(1)	Top of the Rock	Trustee	112,600	see comment		~
(2)	Deluxe Media Services LLC	Trustee	81,838	see comments		~
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part v	Supplemental Information	
	Provide additional information for responses to questions on Schedule L (see instruction	ns)

Schedule L, Part IV - The Museum has an agreement with Top of the Rock, LLC which provides for each of the Museum and Top of the
Rock to sell "combo packages" of admission tickets at a discount, to each of the Museum and Top of the Rock. The Museum and Top of the
Rock each remit funds to the other for admission tickets sold for entrance to the others venue. Two Trustees of the Museum, Paula Crown &
Jerry Speyer, have direct or indirect financial interests in Top of the Rock. In addition, these Trustees also have direct and indirect interests
together in entities that own real estate investment properties around the world. Deluxe Media LLC is a company which a trustee, Ronald
Perelman, owns a controlling interest. MoMA has used restoration and preservation services from this company in the normal course of
business.

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service Name of the organization

MUSEUM OF MODERN ART

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

13-1624100

Part	Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art	V	539		not applicab	le		
2	Art—Historical treasures			<del>-</del>				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	V	64	20 166 664	settlement			
10	Securities—Closely held stock .		04	20,100,004	Settlement			
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
10	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	=							
26	Other ► () Other ► ()							
27	Other ()							
28	Other ► (							
29	Number of Forms 8283 received	by the or	uanization during the tax w	year for contributions for				
_*	which the organization completed				29			27
							Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I lines	s 1 through			
	28, that it must hold for at least t							
	to be used for exempt purposes					30a		~
b	If "Yes," describe the arrangemen					000		
31	Does the organization have a		otance policy that require	es the review of anv no	onstandard			
	<u> </u>					31	~	
32a	Does the organization hire or use	e third part	ies or related organizations	s to solicit, process, or se	ell noncash			
		•		• •		32a	~	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	is checked.			
	describe in Part II.		, , , , , , , , , , , , , , , , , , ,	. , ()	,			

Schedule M (Form 990) (2016) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I - Nonmonetary contributions are recorded at estimated fair value at date of receipt if the Museum received certain goods and services that meet criteria under generally accepted accounting principles for recognition as contributions. In accordance with Accounting Standards Codification (formally FASB Statement of Financial Accounting Standards 116), the Museum does not treat donations of art as revenue or record these art works on the Statement of Financial Position as these art works are used to support the Museum's educational mission. Proceeds from the deaccession of artwork are used solely to acquire other items for the collection. Schedule M, Part I, Line 1 - Loans of art work to the Museum - From time to time Trustees of the Museum may loan artworks to the Museum for a limited duration of time for specific exhibitions. Schedule M, Part I, Line 3 - Gifts of art work are considered by individual item. Fractional interests in art are considered one gift per partial Schedule M, Part I, Line 9 - Gifts of stock from the same person, on the same trade date, are considered in the aggregate as one gift. Schedule M, Part I, Line 32b - A third party bank is authorized to sell donated securities as soon as possible upon confirmation by the Museum. The Museum also contracts periodically with various auction houses to facilitate approved deaccessions of art work.

 Schedule M (Form 990) (2016)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

2016 **Open to Public** 

OMB No. 1545-0047

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

Inspection

Name of the organization **Employer identification number** MUSEUM OF MODERN ART 13-1624100

Form 990, Part III, Line 1 - The Museum of Modern Art is a private, nonprofit educational institution chartered by the State of New York in 1929 to foster public awareness of modern and contemporary art. In pursuit of this goal, the Museum has collected over 200,000 works of art, including works of paintings, sculpture, drawing, printmaking, photography, film, media, performance, architecture, and industrial and graphic design. The Museum also operates a publishing program, conducts an extensive educational program, and maintains a major library and archives. Its exhibitions are circulated nationally and internationally. The Museum's primary sources of support are admissions fees and membership dues, grants from individuals, foundations, and corporations, endowment income and revenue from retail sales of Museum related products. The Museum is managed by a Board of Trustees, consisting of 45 voting members. A Director and an administrative and curatorial staff oversee its operations and implement policy set by the board. Each year the Museum acquires through donation or purchase, in each of its curatorial departments, numerous works for its permanent collection. Acknowledged worldwide for its collection of 20th and 21st century art, the Museum has been instrumental in introducing the art of this period into the mainstream of modern life. The range of the museum's program of temporary exhibitions extends from retrospective studies of the work of major modern and contemporary artists to examinations of the cultural and aesthetic contexts of major historical moments, and also supports the work of less well known living artists through continuing exhibitions to review the latest trends in contemporary art. The Museum's programs are organized through six curatorial (Drawings & Prints, Paintings & Sculptures, Architecture & Design, Film, Photographs, Media & Performance Art) and a number of curatorial support departments. The curatorial support departments include collection care, collection exhibition technology, conservation, exhibition administration, exhibition design and production, film operations and preservation, imaging, digital media, outgoing loans, provenance, and registrar. In addition, the quality and depth of the Museum's collection enable the Museum to maintain an extensive loan program, which serves institutions both in the United States and abroad. Each year the Museum lends numerous works beyond those exhibited in its own galleries. The Museum was founded in 1929 as an educational institution and maintains a vast breadth of educational programming, which increased in the years after the opening of the renovated and expanded main facility in 2004. An estimated one million individuals participate in targeted educational programs onsite, online, and in our community each year and all Museum visitors have access to many forms of educational resources that complement the collection and exhibitions. These resources include information labels public tours and audio tours in ten languages as well as visual description tours for the blind and partially sighted and others with disabilities. The Education Center provides a central location for a wide array of educational resources including three classrooms, a theater, a publicly accessible library, an archive reading room, and three curatorial study centers, and MoMA's online self guided courses. Educational programs take place throughout the week. In recent years, the Museum has strengthened efforts of engaging a global community and now provides a wealth of educational resources to individuals around the world, including free online courses and live streamed public programs, among others.

Form 990, Part VI, Section A, Line 2 - Two Trustees of the Museum have direct or indirect financial interests in Top of the Rock, an observation deck in Rockefeller Center. The Museum has an agreement with Top of the Rock, LLC which provides for each of the Museum and Top of the Rock to sell "combo packages" of admission tickets at a discount, to each of the Museum and Top of the Rock. In addition, these Trustees also have direct and indirect interests together in entities that own real estate investment properties around the world. There are instances in which Trustees may have extensive financial interests in a broad range of companies which may do business with the Museum or from time to time engage in business transactions with key employees or other members of the Board of Trustees. A reasonable attempt is made to identify business relationships between those entities and individuals and the Museum to the extent that they become known.

Form 990, Part VI, Section B, Line 11b - The Museum's form 990 is drafted by the Museum's Controller's Office with input from many Museum departments. It is then reviewed by Museum senior staff including the Director, the Chief Operating officer, the Chief Financial Officer, and the General Counsel, as well as by external tax advisors. The 990 is then presented to the Museum's Audit Committee of the Board of Trustees for review and approval. A copy of the 990 is provided to each member for the Board of Trustees electronically or in printed copy prior to filing the return. The 990 is available to the public through the Museum's website www.moma.org.

Form 990, Part VI, Section B, Line 12c - On an annual basis, the Museum distributes its Code of Conduct to all Trustees and designated employees and requires that Conflict of Interest Questionnaires be completed and returned for initial review by the Office of the General Counsel and the Director of Human Resources respectively. Amongst other things, the Conflict of Interest Questionnaire requires the responder: confirm that he or she has read and understands the Code of Conduct, agree to abide by it, identify whether he or she or a family member has any relationship with the Museum that may represent a conflict of interest as defined by the Code and report any knowledge of a transaction which should be reported under the Code, etc. When potential employee conflicts of interest are reported or identified, when necessary, an investigation is conducted to determine the facts and circumstances and recommendation of action, if warranted. Such action may include, but is not limited to, prohibiting the individual from participating in deliberations and decisions regarding the transaction in

Schedule O (Form 990) 2016 Page 2

# **Supplemental Information (Continued)**

question, or taking disciplinary action, which in appropriate circumstances may include suspension or termination. The employee's
supervisor is notified of an employee with identified conflicts and the action to be taken, if any. When potential Trustee conflicts of interest
are reported or identified, the General Counsel's office makes a report to a committee of the Board of Trustees with a recommendation for
action, if warranted, including but not limited to disclose to the Board of Trustees, prohibiting the Trustee from participating in and/or voting
on the transaction in question, resignation from the Board of Trustees, etc. The Code of Conduct further provides that the committee make a
recommendation to the Chairman of the Board for decision by the Board.
For contract the second
Form 990, Part VI, Section B, Line 15 - The process for determining the compensation for the Museum Director and certain key employees
includes reviews and approval by the Board of Trustees' Compensation Subcommittee of the Executive Committee (the "committee") a
committee of the governing body consisting of independent trustees, and not including the Director or other staff members. In making its
determination, the Committee obtains and reviews comparability data with respect to compensation levels paid for comparable job positions obtained through the assistance of an expert compensation consultant which, in appropriate instances, includes survey data regarding
compensation levels paid by similarly situated organizations for comparable employment positions, form 990 data from other leading
museums and cultural and education institutions. The determination, deliberation and decisions made by the Committee are
contemporaneously substantiated and documented in minutes of the meeting which include the Committee members present and
participation, the compensation terms approved, the data relied upon and how it was obtained. The Committee periodically meets and
reviews. The last meeting was held in September, 2017.
Form 990, Part VI, Section C, Line 19 - The Museum's governing documents are available for review. Conflict of Interest policy, Code of
Conduct policy, prior years Audited Financial Statements and prior years 990 are available to the public through the Museum's website
www.moma.org.
Form 990, Part XI, Line 9 - Other changes in net assets include defined benefit plan changes other than periodic benefit costs \$5,999,350
and changes in valuation of interest rate swap \$528,843.

Schedule O, Statement 1 MUSEUM OF MODERN ART

Form: **Form 990 (2016)** EIN: **13-1624100** 

Page: 1 Part I, Line 1

#### **Activity Or Mission Description**

#### Description

sustains a library, archives, and conservation laboratory and supports scholarship and publications. The Form 990 is one of several reports the Museum makes available each year. The Museum encourages it to be read in conjunction with the annual report, which provides an overview of all museum activities during the year, and with the audited financial statements, which provide additional financial context. These documents as well as previous years reports can be found on moma.org. As can be seen in the audited financial statements, operating revenues of \$214.7 million exceeded operating expenses of \$208.7 million by \$6 million.

Schedule O, Statement 2 MUSEUM OF MODERN ART

Form: Form 990 (2016) EIN: 13-1624100
Page: 2 Part III, Line 4a

First Program Service Accomplishments Description

#### Description

Direction, Kai Althoff: and then leave me to the common swifts, Robert Rauschenberg, Tony Oursler: Imponderable, Nan Goldin: The Ballad of Sexual Dependency, From the Collection: 1960-1969, Louise Lawler: WHY PICTURES NOW?, Making Faces: Images of Exploitation and Empowerment in Cinema, The Shape of Things: Photographs from Robert B. Menschel, One and One Is Four: The Bauhaus Photocollages of Josef Albers, A Revolutionary Impulse: The Rise of the Russian Avant-Garde, and Frank Lloyd Wright at 150: Unpacking the Archive

Schedule O, Statement 3 MUSEUM OF MODERN ART

Form: Form 990 (2016) EIN: 13-1624100

Page: 2 Part III, Line 4b

#### Second Program Service Accomplishments Description

Nauman's 2016 Contrapposto Studies I Through VII, a seven-channel video work recalling the artist's breakthrough video work from the 1960s; and Visages Villages, a 2017 film by Belgian-born filmmaker Agnes Varda and young French muralist and street photographer JR comprising the Film Department's first acquisition of a work before its completion and public premiere, pioneering a new strategy for acquiring major new works of film while supporting avant-garde directors.

Description

Schedule O, Statement 4 MUSEUM OF MODERN ART

Form: Form 990 (2016)
Page: 5
EIN: 13-1624100
Part V, Line 4b

Name Of Foreign Country

#### Name

United Kingdom (England, Northern Ireland, Scotland, and Wales)

MUSEUM OF MODERN ART

Form: **Form 990 (2016)** EIN: **13-1624100** 

Page: 6 Part VI, Section C, Line 17
States Where Copy Of Return Is Filed

States Where Copy Of Return Is Filed	
States	
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# SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

OMB No. 1545-0047

**2016**Open to Public

Department of the Treasury Internal Revenue Service

Part I

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

► Attach to Form 990.

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

(b)

Primary activity

Inspection
Employer identification number

(f)

Direct controlling

entity

(e)

End-of-year assets

(d)

Total income

Legal domicile (state

or foreign country)

Name of the organization

MUSEUM OF MODERN ART

13-1624100

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

.\								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organiz one or more related tax-exempt organizations do	ations. Compuring the tax y	olete if th	ne organization a	nswered "Yes" or	n Form 990, Part	IV, line 34 becau	se it ha	ad
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary ac	ctivity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		( <b>g)</b> 512(b)(13 trolled tity?
							Yes	No
(1) Modern and Contemporary Art Support Corp (13-3910972)  1 West 53rd Street, New York, NY 10019	Receive, acqui		DE	501 (c) 3	12 - Type 1	N/A	~	
(2) MoMA Auxiliaries (13-3975341)  1 West 53rd Street, New York, NY 10019	Manage Retail Operations		DE	501 (c) 3	12 - Type 1	N/A	~	
(3) PS1 Contemporary Art Center Inc (23-7379091) 6-01 21st Street, Long Island City, NY 11101	Contemporary Exhibitions	/ Art	NY	501 (c) 3	7	N/A	~	
(4) The International Council of The Museum of Modern Art (13-61437) 1 West 53rd Street, New York, NY 10019	Support Corpo	oration	NY	509 (a) 3		N/A		~
(5)	-							
(6)	-							
(7)								

Name, address, and EIN (if applicable) of disregarded entity

(1)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AFE LLC (20-2379359) 11 West 53rd Street, New York, N	Real Estate	NY	N/A	Related	-278,263	3,737,644		~		~		100%
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	rolled
								Yes	No
(1) Alta Cultura (13-4114902) 11 West 53rd Street, New York, NY 10019	General Business Corporation	DE	N/A	С	0	857,198	100%		~
(2) 5 Charitable Trusts N/A, Various, NY 10019	Trust	NY	N/A	Т					~
(3)									
(4)									
(5)									
(6)									
(7)									

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity																1a		~
b	Gift, grant, or capital contribution to related organization(s)																1b	~	
c	Gift, grant, or capital contribution from related organization(s)																1c	~	
d	Loans or loan guarantees to or for related organization(s)																1d	~	
е	Loans or loan guarantees by related organization(s)																1e		~
f	Dividends from related organization(s)																1f		~
g																	1g		~
h																	1h		~
i	Exchange of assets with related organization(s)																1i		~
j	Lease of facilities, equipment, or other assets to related organization(s)																1j		~
k	Lease of facilities, equipment, or other assets from related organization(s)																1k		~
ı	Performance of services or membership or fundraising solicitations for related organization(s	) .															11	~	
n	n Performance of services or membership or fundraising solicitations by related organization(s)	) .															1m		~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																1n		~
O	Sharing of paid employees with related organization(s)																10	~	
р	Reimbursement paid to related organization(s) for expenses																1p	~	
q	Reimbursement paid by related organization(s) for expenses																1q	~	
r	Other transfer of cash or property to related organization(s)																1r	~	
S	Other transfer of cash or property from related organization(s)																1s	~	
2	If the answer to any of the above is "Yes," see the instructions for information on who must	comp	lete	this	line,	incl	udir	ng c	ove	red ı	rela	tion	ship	s ar	nd tr	ansa	ction th	reshol	ds.
	(a)			(b)						c)							(d)		
	Name of related organization			ansact /pe (a-				Am	ount	invol	ved		M	ethoc	d of c	etermi	ning amo	unt invo	lved
		ļ		pc (a	3)														
	PS1 Contemporary Art Center Inc	b								6	90,8	397	cos	me	thoo	1			
(1)	OCA O contravor construit O contra los										200	200	6-1-						
	PS1 Contemporary Art Center Inc	d								2,0	,000	JUU	Tair	mar	кет	/alue			
(2)	OCA O contravor como Ant O contra los	ļ									100	200							
	PS1 Contemporary Art Center Inc	'								/	28,	932	cos	me	tnoc	1			
(3)	Ashan Auniliaria	<u> </u>								2.0	יסר	, 00							
	MoMA Auxiliaries	p								2,9	125,0	590	cos	ı me	inoc	1			
(4)	As down and O and an array Art Commant O and	-										200							
	Modern and Contemporary Art Support Corp	q								1	אלטו,	702	cos	ı me	เทอด	1			
(5)	Continued on Schedule R, Part VII, Statement 1)	1					-												
	Continued on Schedule R, Part VII, Statement 1)	1																	
												- 1							
(6)																	e R (Fo		

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Disproportionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No			
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Schedule R (Fo	orm 990) 2016 P	age 5
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See Instructions.	
Schedule R	R, Part I - There is a \$2 million line of credit guaranteed by MoMA.	
Calcada La D		
	R, Part V, Line 1r - The museum is under an agreement with The International Council of the Museum of Modern Art to invest a e Councils endowment funds. The amounts transferred for investment and spending from these endowments are reflected in I	
V.	, doubtiles chaowing it fained. The amounts transferred for investment and sperialing from these endowments are reflected in a	art

Schedule R, Part VII, Statement 1

**MUSEUM OF MODERN ART** 

Form: **Schedule R (2016)** EIN: **13-1624100** 

Page: 3

Part V, Line 2

#### **Description of Covered Relationships and Transaction Thresholds**

		Amt. involved
Name	The International Council of The Museum of Modern Art	1,323,695
Transaction type	C	
Method of determining amt. involved	fair market value	
Name	The International Council of The Museum of Modern Art	402,753
Transaction type	0	
Method of determining amt. involved	cost method	
Name	The International Council of The Museum of Modern Art	21,361
Transaction type	q	
Method of determining amt. involved	cost method	
Name	The International Council of The Museum of Modern Art	350,032
Transaction type	r	
Method of determining amt. involved	fair market value	
Name	The International Council of The Museum of Modern Art	52,098
Transaction type	S	
Method of determining amt. involved	fair market value	