Form 8	45	3-E0	Exen	npt Org		ion Decl Electroni			Sig	natur	e fo	r	OMB No. 1545-1879
			For calenda	ar year 2009,		peginning 0			ding	06/30	, 20	10	୭୩ 0
Department Internal Re				For use w		990, 990-EZ, See instructi			., and	l 8868			<u> </u>
Name of	exemp	t organization			······						1	_	entification number
		FMODER									<u></u>	13 ;	1624100
Part	1	Type of F	Return an	d Return	Informat	ion (Whole	Dollar	s Only)					
If you o	check ank, ti	the box or nen leave l	n line 1a, 2 line 1b, 2b,	a, 3a, 4a, o 3b, 4b, or	or 5a belov 5b, which	v and the am	nount or cable, b	that line fo lank (do no	or the	return fo er -0-). It	or whi	ch you entered	ny, from the return are filing this form I -0- on the return
		0 check he 0-EZ chec				e, if any (For nue, if any (f							166,389,581
			neck here			ax (Form 11		-					
		0-PF chec 68 check i	nere 🕨 🗀			n investment (Form 8868,							
Part	<u> </u>	Declarati	on of Off	icer	·					.			
Under porganizatrue, coelectron	on this Finance institu inquiri If a co I execute 990/99 coenalti ation's crect, ation's	s return, an cial Agent a tions involves and resupy of this recuted the 30-EZ/990-es of perjust 2009 efections. I construct to to the city of the construction of the city of	od the finance of 1-888-353 ved in the police issues return is being electronic PF (as speciary, I declarationic returnicete. I further pallo he PS and	cial institutions 4537 no la rocessing of related to the second of the	on to debit ater than 2 I of the elect the paymer has state as consent ntified in Pananying so that the an mediate se rom the IR	the entry to the cusiness days ronic payment. gency(ies) regiontained ward above) to rof the above chedules and rount in Part ervice provides (a) an acknown	nis acco prior to tof tax ulating ithin thi the sel we name I statem I above er, transpowledge	unt. To revo	oke a nt (set ont (set on the context) part of the bount set on the bount set on the count set of the count set on the count set on the count set on the count	payment, itlement) of the IRS g discloscy(ies). Ind that I best of my shown on onic return reason!	I mus date. I inform Fed/S sure t have know the c n orig for reje	t containals also au also au also au also au also au also no better properties and also au als	federal taxes owe of the U.S. Treasurathorize the financial ecessary to answer ogram, I certify the IRS of this Formad a copy of the and belief, they are the organization's (ERO) to send the of the transmission, of any refund.
Sign Here		PARISON	-VV	1_/_			5/8/	<i>//</i>	Jai	mes Gar	a, Ch	ief Ope	erating Officer
HEIE	7 (Signature of	oNider	\mathcal{N}		D	ate /	,	Titl	е			
Part I		Declarati	on of Ele	ctronic R	eturn Ori	ginator (El	RO) an	d Paid Pro	epar	er (see	instru	ıctions	s)
of my ke the data forms as for Auth examine	nowled on the notinfollorized orized od the	dge. If I am ne return. To mation to I IRS <i>e-file</i> above orga	n only a coll The organizabe filed with Providers the Providers the providers the prov	ector, I am ation office h the IRS, a for Busines eturn and a	not respor r will have and have fo s Returns. accompany	nsible for reviousigned this followed all others If I am also the	ewing thorm before required the Paice and state the Paice the Paic	e return and ore I submit rements in F Preparer, u stements, an	d only the industrial depth of the control of the control only only only only only only only on	declare return. I v 1163, Mod penalties the best d	that the will give dernized to the control of the c	nis form re the c ed e-Fil erjury I knowled	correct to the besing accurately reflects officer a copy of all e (MeF) Information declare that I have dge and belief, they dge.
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Only	yours	s name (or if self-emplo ss, and ZIP o			····						EIN Phor	ne no. ()
Under pe	nalties	of perjury, I	declare that			ve return and a eparer is basec					its, and	to the I	best of my knowledge owledge.
Paid		Preparer's signature					Date			Check if self- employed	П	Preparer'	's SSN or PTIN
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CO 67 201006 201110 015119

Department of the Treasury

Internal Revenue Service Ogden UT 84201

1341 10019

IRS USE ONLY

29404-043-50315-1 131624100

A0160034

211A

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: March 21, 2011

Taxpayer Identification Number:

13-1624100 Tax Form: 990

Tax Period: June 30, 2010

036732.830161.0122.003 1 AT 0.357 375

MUSEUM OF MODERN ART 11 W 53RD ST

NEW YORK NY 10019-5401117



036732

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is May 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

CO 67 201006 201043 011149

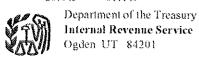
1341

IRS USE ONLY

93404-293-00118-0 131624100

A0178976

211A TE 3



Notice Number: CP211A Date: November 8, 2010

For assistance, call:

1-877-829-5500

Taxpayer Identification Number:

13-1624100 Tax Form: 990

Tax Period: June 30, 2010

036889.789977.0135.003 1 AT 0.357 375

670



MUSEUM OF MODERN ART 11 W 53RD ST NEW YORK 10019-5401117

036889

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is February 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Form **990**

Return of Organization Exempt From Income Tax

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

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	Fort	the 2009 o	calendar	year, or tax year b		07/01	, 2009, and e	ending	0(3/30	, 20 10
В	Check i	il applicable:	Please	C Name of organization	on MUSEUM	OF MODERN A	RT			D Emi	ployer identification number
	Addres	ss change	use IRS	Doing Business As						13	
	Name	change	print or	Number and street (or	P.O. box if mail is r	not delivered to street ac	idress) Roc	om/suite		E Tele	ephone number
	Initial r	-	type.	11 West 53rd St	reet					(212	2) 708-9801
*****	Termin		Specific Instruc-		or country, and Z	IP + 4				······	
*****		ded return	tions.	New York, NY 10	0019					G Gros	ss receipts \$ 327,277,399
		tion pending	F Nar	ne and address of princ	cipal officer: M	arie-Josee Krav	/is		U(a) is this		eturn for affiliates? Yes N
	(-)			est 53rd Street, Ne				1			es included? Yes N
1	Tax-e	xempt state		501(c) (3) ∢ (insert no	***************************************						ch a list. (see instructions)
J	Web	site: ➤ m				World			H(c) Group		
K	Form o	of organization	n: 🗹 Corp	oration Trust Asso	ciation Other	>	L Year of fo		1929	,	e of legal domicile: NY
P	art I	Sumn	na ry				•			·	
	1	Briefly o	escribe	the organization's	mission or r	nost significant :	activities: T	he Mus	eum of l	Moderi	n Art establishes,
								empora	ry art, p	resent	s exhibitions and
nce											ts scholarship and
E.		publica					*******				
ove.	2	Check thi	s box ⊳	if the organization			ed of more than	1 25% of	its net ass	ets.	***********
ত «	3			ng members of the						1 -	3 41
S	4			pendent voting me	-	* -	-				41
Z.	5			f employees (Part							1,084
Activities & Governance	6			f volunteers (estima							·······
	1			elated business rev						7:	·
				usiness taxable inc						71	b -676,843
									Prior Ye	ear	Current Year
41	8	Contribu	itions ai	nd grants (Part VIII	L line 1h)				63,	400,70	2 67,963,087
Revenue	9			revenue (Part VIII				1	25,	045,57	
eve	1 -			me (Part VIII, colu					•••••	423,66	······
ď				Part VIII, column (/				*		526,49	
	12	Total rev	enu e – a	dd lines 8 through	11 (must equa	l Part VIII, colum	n (A), line 12)		549,11	
	13			lar amounts paid (*******		649,67	
				or for members (F							0 0
ses				impensation, emplo					71,	321,89	7 70,577,895
Expenses				draising fees (Part I			,,,,	′			0 0
Ä	1			expenses (Part IX,			12,556,207				
	1		-	(Part IX, column (148,	340,11	2 122,034,451
				Add lines 13-17 (-	220,	311,68	
	19	Revenue	less exp	oenses. Subtract lin	e 18 from line	12			-115,	762,57	
ces								Begi	nning of C	urrent Ye	
Net Assets Fund Balanc	20	Total ass	sets (Pa	rt X, line 16)					1,390,	767,42	3 1,449,468,603
t As	:			Part X, line 26)					406,	626,08	3 453,862,811
			is or fu	nd balances. Subt	ract line 21 f	rom line 20, ,			984,	141,34	0 995,605,792
R	rt II		ature l								
		Under pe	enalties of	perjury, I declare that i	have examined to	his return, including a	accompanying s	chedules	and staten	nents, an	nd to the best of my knowledge, preparer has any knowledge.
		and vess	:-, 10 15 1104	e, correct, and complet	e, Deciaration of	preparer tomer man	Officer) is base	O OH all II	nomation	OF WHICH	preparer has any knowledge.
Sig	n	>									
He	re	1 '	sature of o		~				Date	9	
			······································	ra, Chief Operatir	ng Officer						
		🏴 Турс	or print r	name and title			1	1 -	,		
		Preparer	's)				Date	Check self-	if		's identifying number
Paid		signature	7					employ	red ▶ 🔲	(see insti	ocaonsj
	arer's	<u> </u>									
	Only	Firm's no	me (or yo	ours			~~~		EIN	>	4
			and ZIP +	4 y					Phone no	o, ▶ (}
May	/ the	IRS discu	ass this	return with the pr	eparer showr	above? (see in	structions)				. Yes No

ьē	Till Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Museum of Modern Art establishes, preserves, and documents a permanent collection of modern and contemporary art, presents exhibitions and educational programs, sustains a library, archives, and conservation laboratory and supports scholarship and publications. The Museum served approximately 3.1 million visitors
	during FY2010 and had approximately 125,000 members at June 30, 2010.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 54,219,310 including grants of \$ 761,031) (Revenue \$ 68,081,540) Curatorial and curatorial support departments including conservation, education, exhibition costs, publications,
	library and archive - See schedule O for more information.

4h	(Code:) (Expenses \$ 15,970,027 including grants of \$ 0) (Revenue \$ 11,295,859)
71,7	Acquisitions of Art - See schedule O for more information

4c	(Code:) (Expenses \$ 30,536,720 including grants of \$ 0) (Revenue \$ 37,809,970) Security, operation and maintenance of exhibition galleries and art collection. See Schedule O for more information.

	Other program services. (Describe in Schedule O.) See Schedule O, Statement 1 (Expenses \$ 38,910,760 including grants of \$ 0) (Revenue \$ 49,273,712)
40	Total program service expenses > 139 636 847

	990 (2009)		F	age 3
iÆ	rt IV Checklist of Required Schedules		T	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	complete Schedule A	2	1	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
٠	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		√
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	9	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pa	rt IV Checklist of Required Schedules (continued)	***************************************		-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	✓	
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 25.	24a	✓	
b	G	24b		√
С	to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
2 7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
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	28a 28b	√	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 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? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	

1.6	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	100000		
	Did the organization comply with backup withholding rules for reportable payments to vendors and 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 1084			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	500000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	ļ
	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	y	
b	If "Yes," enter the name of the foreign country: ▶ See Schedule O, Statement 2			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	,	5b		
С	Prohibited Tax Shelter Transaction?	5c		
	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?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). 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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	ļ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Vicini, expenses	✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	V	_ -
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	19	_	
11	required?	7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
12a	amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

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

Sec	ction A. Governing Body and Management			·
		·	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	Sec.00778488801.0
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		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5		5	***************************************	1
	Did the organization become aware during the year of a material diversion of the organization's assets?	6	√	
6	Does the organization have members or stockholders?	ט	Υ	
/a	Does the organization have members, stockholders, or other persons who may elect one or more members		,	
	of the governing body?	7a	✓	
b	y and the grant of the property of the control of t	7b	221200000000000000000000000000000000000	.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
	ction B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	✓	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	✓	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
٠.	favor0	11	1	
411				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	400	√	
	3 · · · · · · · · · · · · · · · · · · ·	12a	· V	
Q	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40.		
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	✓_	
13	Does the organization have a written whistleblower policy?	13	√.	
14	Does the organization have a written document retention and destruction policy?	14	✓	(Kita company)
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	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			
	with a taxable entity during the year?	16a		✓
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	APSHIDS SHEADY	
Sec	tion C. Disclosure		<u>.</u>	
	List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O, Statement 3	***************************************		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	1/01-		
		j(s)s c	ony)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request	, .		
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ds of	the	
	organization: > John C Bailey - Controller, (212)708-9801 11 West 53rd Street, New York, NY 10019			
	THE VVEST STEE STEET, IVEW YORK, INY THURM			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization did not c		any e	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)	T			C)		~~~~	(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	checi	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
David Rockefeller Honorary Chairman/Life Trustee	- 1	,		,				0	0	0
				✓	ļ					
Ronald S Lauder	1					-		0	0	0
Honorary Chairman/Trustee		✓		✓						
Robert B Menschel	1							0	0	0
Chairman Emeritus/Life Trustee		✓		✓						
Agnes Gund	1							0	o	0
President Emerita/Trustee	<u>'</u>	✓		✓				~	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Donald B Marron	1							0	0	0
President Emeritus/Trustee	'	✓		✓				· · · · · · · · · · · · · · · · · · ·	0	· · · · · · · · · · · · · · · · · · ·
Jerry I Speyer	5							0	0	0
Chairman/Trustee		✓		\checkmark				U	Ů,	·
Marie-Josee Kravis	5							0	0	
President /Trustee	3	✓		✓				U	U	0
Sid R Bass	1							0		
Vice Chairman/Trustee	1	✓		✓				U	0	0
Leon D Black	1							_		
Vice Chairman/Trustee	1	✓		✓				0	0	0
Mimi Haas	1									_
Vice Chairman/Trustee		✓		1				0	0	0
Richard E Salomon	_							_	_	_
Vice Chairman/Treasurer/Trustee	1	/		1				0	0	0
Wallis Annenberg								_		
Trustee	0.5	1						0	0	0
Lawrence B Benenson as of 4-13-2010	_							_		
Trustee	1	/						0	0	0
Clarissa Alcock Bronfman	0.5							^		
Trustee	0.5	✓						0	0	0
Donald L Bryant Jr	1							0		
Trustee	1	✓						U	0	0
Patricia Phelps de Cisneros	1							0	0	^
Trustee		/						υ	U	0

Paravis Section A. Officers, Directors, Tri	ustees, Key	Emp	oloy	ees	, an	d Hig	hest	Compensated	i Employees (co	ontinued)
(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Paula Crown	4			-	_	<u>g</u>				
Trustee	1	1						0	0	0
Joel S Ehrenkranz								0	0	0
Trustee	<u> </u>	✓	L					U	U	0
John Elkann as of 2-9-2010 Trustee	1	✓						0	0	0
Laurence D Fink as of 4-13-2010 Trustee	1	1						0	0	0
Kathleen Fuld	1							0	^	
Trustee	l I	✓						0	0	0
Howard Gardner	1							0	0	0
Trustee	<u> </u>	✓						V	V	V
Vartan Gregorian Trustee	1	✓						0	0	0
Alexandra A Herzan	1							0	0	0
Trustee		✓							V	U
Marlene Hess	1	,						o	0	0
Trustee Jill Kraus		✓								
Trustee	1	✓						0	0	0
Thomas Lee	1							0	0	0
Trustee Michael Lynne		√						-		
Trustee	1	,						0	0	0
Continued On Schedule J2										
1b Total			-			1	>	7,102,652	0	2,601,505
Total number of individuals (including but in reportable compensation from the organization)	not limited ation ▶ 94	to the	ose	liste	ed a	sbove) wh		re than \$100,0	
 3 Did the organization list any former office employee on line 1a? If "Yes," complete S 4 For any individual listed on line 1a, is the sthe organization and related organizations 	<i>chedule J f</i> sum of repo	<i>or su</i> ortable	ch e co	indi omp	<i>vidu</i> iens	<i>ial</i> sation	and	other compe	nsation from	Yes No
5 Did any person listed on line 1a receive	or accrue	 comp	ens	satio	n f	rom a	any	unrelated orga	 anization for	4 🗸
services rendered to the organization? If "	Yes," comp	lete S	Sch	edu.	le J	for s	uch	person , ,		5 🗸
Section B. Independent Contractors								.7		
Complete this table for your five highest compensation from the organization.	ompensated	d inde	epe	nde	nt c	ontra	ctor	s that received	more than \$10	00,000 of
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
Proskaur Rose LLP, Eleven Time Square, Nev								jal Services		1,802,342
Shulte Roth & Zabel LLP, 919 Third Avenue, 1								gal Services		851,209
Kramer Levin Naftalis Frankel LLP, 1177 Aver								jal Fees	1.5	666,838
Chieftan Capital Management, 12 East 49th S Lone Cascade, Two Greenwich Plaza, 14th Fl		************						estment Mgm		598,115
								estment Mgm	10001255805	544,310
2 Total number of independent contractors (in more than \$100,000 in compensation from					10 t	nose	uste	u above) who	eceived	

rm 91 al U			evenue						Page !
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts	1a	Federated campaigns		1a	0				
0		Membership dues		1b	3,003,051				
ац	C	Fundraising events		1c	2,900,570				
ilar	ď	Related organizations		1d	0				
sim	е	Government grants (contr	ributions),	1e	47,775				
er	f	All other contributions, gifts,	grants,						
븅		and similar amounts not inclu		1f	62,011,691				
and		Noncash contributions include Total. Add fines 1a-1f			406,103	67.069.007			
	31	rotal, Add thes Ta-11		·····	Business Code	67,963,087			
Program Service Revenue	_	Admissions				24 702 400	24 702 400	0	
eve	2a	Exhibitions			712100 712100	24,792,490 2,870,650	24,792,490	0	
e H	b	Other Museum Progra			712100	382,376	2,870,650 382,376	0	
١	C				712100	302,510	302,370	U	
Š	a	***************************************							
ga	e f	All other program servi				0	0	0	
Ę.	a	Total. Add lines 2a-2f			•	28,045,516		<u> </u>	
	2	····	***************************************			20,0 (0,0) 0			
	3	Investment income (income similar amounts)	-		s, interest, and	12,309,761	0	0	12,309,76 ⁻
	4	Income from investment of				0	0	0	(
	5	Royalties			i proceeds	0	0	0	(
		•	(i) Real		(ii) Personal				
	6a	Gross Rents	1,602	636	0				
		Less: rental expenses	248	319	0				
	С	Rental income or (loss)	1,354	317	0				
	d	Net rental income or (lo	oss) , , ,	•	>	1,354,317	0	0	1,354,31
	7a	Gross amount from sales of	(i) Securities		(ii) Other				
		assets other than inventory	149,98	3,000	11,295,859				
	b	Less: cost or other basis	· · · · · · · · · · · · · · · · · · ·						
		and sales expenses ,	134,34		0				
		Gain or (loss)	880	11,295,859					
	d	Net gain or (loss)		٠,	>	26,935,947	11,295,859	-1,046,222	16,686,310
ממ	8a	Gross income from	fundraising						
Ū		events (not including \$	2,900,570						
Otilei neve		of contributions reported	d on line 1c).					
5		See Part IV, line 18		[577,875				
	b	Less: direct expenses		b	1,135,101	^^		_	
		Net income or (loss) fro		Ī	vents , . 🕨	-557,226	0	0	-557,226
	9a	Gross income from gam	ing activities						
		See Part IV, line 19			0				
		Less: direct expenses, Net income or (loss) fro				0	0	0	
				F	ues	- 0	0	U	
1	ua	Gross sales of inve	entory, less	3	51,422,662				
		returns and allowances Less: cost of goods sol		a b	25,161,486				
		Net income or (loss) from			······································	26,261,176	25,952,288	308,888	0
-		Miscellaneous Reve	·····	1	Business Code	,,	,:52,250	200,000	
1	1a	Museum Restaurants	***************************************		722100	1,029,382	0	0	1,029,382
'		Corporate Events		···	900099	3,047,621	1,373,354	1,674,267	1,020,002
1	2			-		-,,,	.,,_,	1,271,201	
	~			· · · ·		0	0	0	0
	d	All other revenue			1	V ;			·
		All other revenue , Total. Add lines 11a-11	 Id	, L	>	4,077,003	-		V

Part IX Statement of Functional Expenses

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

	All other organizations must complete col				(C), and (D).
	o not include amounts reported on lines 6b, p, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	761,031	761,031		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	6,026,215	2,455,762	3,009,833	560,620
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	46,156,952	36,199,570	6,622,992	3,334,390
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,769,490 6,788,671	5,755,347	1,434,220	579,923
9	Other employee benefits	3,836,567	4,420,528 3,072,782	1,747,643 511,777	620,500 252,008
10	Payroll taxes Fees for services (non-employees): Management	0,000,001	0,072,702	0	232,000
		1,577,224	1,317,449	259,775	
	Accounting	280,419	0	280,419	
	Lobbying	42,000	0	42,000	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	4,464,210		4,464,210	
g	Other	12,301,759	8,697,592	1,559,131	2,045,036
12	Advertising and promotion	5,826,922	5,826,922		
13	Office expenses , , , , , , ,	11,499,759	7,110,447	1,936,221	2,453,091
14	Information technology	921,130	153,248 0	767,882 0	0
15	Royalties	14,309,455	8,295,493	4,695,338	1,318,624
16 17	Occupancy	1,790,503	1,554,290	224,065	12,148
18	Payments of travel or entertainment expenses	.,,,	7,7,	227,000	12,140
19	for any federal, state, or local public officials Conferences, conventions, and meetings	0	0	0	0
20	Interest	14,843,082	11,950,464	2,209,900	682,718
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	28,170,417	20,610,506	7,363,827	196,084
23	Insurance	1,905,175	1,630,720	209,678	64,777
24	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Acquisition of Art	15,970,027	15,970,027	0	0
b	Membership Dues and Subscriptions	241,812	97,628	137,019	7,165
c	Administrative and Other Expenses	7,890,557	3,757,011	3,704,423	429,123
d					
е					
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	193,373,377	139,636,817	41,180,353	12,556,207
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

		Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,044,479	1	659,359
	2	Savings and temporary cash investments	43,815,700	2	51,169,000
	3	Pledges and grants receivable, net	174,458,000	3	161,978,000
	4	Accounts receivable, net	637,000	4	2,004,000
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
23	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	9,750,000		9,932,000
As	9	Prenaid expenses and deformed charges	11,833,000	****	11,212,000
	10a	Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 720,753,272	,		,
	100	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b 187,673,028	543,919,244	10c	533,080,244
	11	Investments—publicly traded securities	304,595,000	11	328,298,000
	12	Investments—other securities. See Part IV, line 11	264,079,000	12	314,243,000
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	***
	15	Other assets. See Part IV, line 11	36,636,000	15	36,893,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,390,767,423	16	1,449,468,603
	17	Accounts payable and accrued expenses	37,746,652	17	36,593,474
	18	Grants payable		18	
	19	Deferred revenue	2,509,000	19	37,751,000
	20	Tax-exempt bond liabilities	300,852,000	20	299,536,000
es.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ا لت		persons. Complete Part II of Schedule L	2,697,820	22	3,612,164
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	33,000,000	24	33,000,000
	25	Other liabilities. Complete Part X of Schedule D	29,820,611	25	43,370,173
	26	Total liabilities. Add lines 17 through 25	406,626,083	26	453,862,811
nces		Organizations that follow SFAS 117, check here ▶			
ala	27	Unrestricted net assets	678,450,340	27	665,733,792
Ω.	28	Temporarily restricted net assets	90,204,000	28	107,946,000
Fund Balance	29	Permanently restricted net assets	215,487,000	29	221,926,000
Net Assets or Fu		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
ets		Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A		Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	984,141,340	33	995,605,792
1	34	Total liabilities and net assets/fund balances	1,390,767,423	34	1,449,468,603

orm	990 (2009)		Pag	ge 12
Pa	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b	_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	100		
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓_
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number MUSEUM OF MODERN ART 13 1624100 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/2 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d L Type III-Other e 🗆 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting 1 1 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported 60 FIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section. governing document? col. (i) of your (i) organized in the (see instructions)) U.S.2 support? Yes No Yes No Yes No

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 133,523,000 89,052,665 97,335,481 62,933,969 67,986,812 450,831,927 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 0 0 0 organization without charge 0 0 133,523,000 89.052,665 97,335,481 62,933,969 67.986.812 450.831.927 Total. Add lines 1 through 3 . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 87,401,932 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 363,429,995 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 133,523,000 89,052,665 97,335,481 62,933,969 67,986,812 450,831,927 Amounts from line 4 . . Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 14,566,283 15,079,000 13,132,245 8,903,526 13,664,078 65,345,132 Net income from unrelated business activities, whether or not the business is 1,415,741 1,253,962 893,710 307,814 regularly carried on 0 3,871,227 Other income. Do not include gain or loss from the sale of capital assets n 0 0 0 0 (Explain in Part IV.) 520.048.286 11 Total support. Add lines 7 through 10 ... 367,111,986 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 69.88 14 14 81.84 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 331/2 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/2 % or more, check this box b 33% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions > 18

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

Se	ction A. Public Support	ca the box o	II III O OI I I	arr 1.)			
	calendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "treatent organics").						
2	any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С							
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			-	Y		,
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for toganization, check this box and stop I					ear as a section	
Sec	tion C. Computation of Public Sup		ntage			<u> </u>	
15	Public support percentage for 2009 (lin	e 8, column (f)) divided by lin			15	%
16 Sec	Public support percentage from 2008 S tion D. Computation of Investmen	t Income Pa	art III, line 15			16	<u>%</u>
17	Investment income percentage for 2009	***************************************		thu line to a	Stump (A)	17	0/.
18	Investment income percentage from 20					18	<u>%</u> %
	33% % support tests - 2009. If the orga	anization did n	ot check the b	ox on line 14, a	nd line 15 is n	nore than 331/3 9	%, and line
b	17 is not more than 33½ %, check this bo 33½ % support tests—2008. If the organi line 18 is not more than 33½ %, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	3% %, and
20	Private foundation. If the organization						

Schedule A (Fo	orm 990 or 990-EZ)	2009							Page 4
Part IV	Supplement Part II, line 1	al Inf <mark>ormatio</mark> n. 7a or 17b; and	. Complete th Part III, line	nis part 12. Prov	to provide the	e explanati r additional	ons required information.	by Part II, line See instructio	∍ 10; ns.
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 501(c)(3) organization	s that have filed Form 5768 (election u	inder section 501(h)): Complete Part II-A. D	o not complete Part II-B.
	Section 501(c)(3) organization	s that have NOT filed Form 5768 (electi	on under section 50	1(h)): Complete Part II-E	B. Do not complete Part II-A.
		es," to Form 990, Part IV, line 5 (Pro:	cy Tax), then		
	Section 501(c)(4), (5), or (6) organization	ganizations: Complete Part III.		····	
	JSEUM OF MODERN ART				oloyer identification number
		e organization is exempt und	or soction E011	13 (a) as is a section	1624100
1					
2	Political expenditures	the organization's direct and indire	ct political campa	aign activities in Part	_
3	Volunteer hours				\$

Pa	rt I-B Complete if th	e organization is exempt und	ler section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	on 4955 🕨	\$
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 . 🕨	\$
3	If the organization incurre	d a section 4955 tax, did it file Fo	rm 4720 for this y	/ear?	🗌 Yes 🔲 No
4a b	Was a correction made? If "Yes," describe in Part	· , ,			· · · 🗌 Yes 🔲 No
************		e organization is exempt und	ler section 501	(c) except coction	a 601/a)/2)
1		expended by the filing organization			1 30 1(0)(3).
•	activities ,		on for section 52		\$
2	Enter the amount of the fi	ling organization's funds contribut	ed to other organ	izations for section	
^	527 exempt function activ	vities		s som en en en 🕨	\$
3	lotal exempt function ex	penditures. Add lines 1 and 2. E	nter here and on	Form 1120-POL,	¢
4	Did the filing organization	file Form 1120-POL for this year?			^Ф
5	Enter the names, addresses	s and employer identification number	r (FIN) of all coation	NA 527 political argani	L Yes L No
	were made. For each organi	ization listed, enter the amount paid f	rom the filing organ	nization's funds. Also e	enter the amount of political
	contributions received that	were promptly and directly delivered	to a separate poli-	tical organization, such	as a separate segrenated
	fund or a political action co	mmittee (PAC). If additional space is	needed, provide	information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Torido, il riorio, eriter e	delivered to a separate
					political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2009					Page 2
Part II-A Complete if the organ under section 501(h)).	ization is exemp	ot under sectio	n 501(c)(3) and	filed Form 5768	(election
A Check ► ☐ if the filing organizat					
B Check ► ☐ if the filing organizat	ion checked box	A and "limited	control" provision	ons apply.	
Limits on (The term "expenditures	Lobbying Expend s" means amount		·d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	rence public opinío	on (grass roots lot	obvina)	0	
b Total lobbying expenditures to influ	ience a legislative	body (direct lobb	ying)	42,000	
c Total lobbying expenditures (add li				42,000	
d Other exempt purpose expenditure	es . , , , ,			193,331,377	
e Total exempt purpose expenditures	s (add lines 1c and	d 1d)		193,373,377	
 f Lobbying nontaxable amount. Ente columns. 	r the amount from	the following tab	le in both	1,000,000	
If the amount on line 1e, column (a) or (b) Not over \$500,000		nontaxable amour	nt is:		
Over \$500,000 but not over \$1,000.000		15% of the excess	0V05 \$500,000		
Over \$1,000,000 but not over \$1,000,000		10% of the excess			
Over \$1,500,000 but not over \$17,000,00		5% of the excess			
Over \$17,000,000	\$1,000,000.	370 OF the excess (over \$1,500,000.		
				250,000	
g Grassroots nontaxable amount (enth Subtract line 1g from line 1a. If zer	,			0	
i Subtract line 1f from line 1c. If zero				0	
j If there is an amount other than zero				rm 4720 reporting	
section 4911 tax for this year? .				····	☐ Yes ☐ No
(Some organizations that	4-Year Averaging made a section ow. See the instru	501(h) election d	o not have to co		five
Lobb	ying Expenditure	s During 4-Year .	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000			
c Total lobbying expenditures	3,500	15,000	44,000	42,000	104,500			
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f Grassroots lobbying expenditures	0	0	0	0	0			

Schedule C (Form 990 or 990-EZ) 2009

Pa	Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT f	iled I	orm 5768	
		(6	a)	(b)	
		Yes	No	Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .				
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
f g h i					
j 2a b	Total. Add lines 1c through 1i				
c d	the contract of the contract o	01(0)	(5) 0	r continu	
	501(c)(6).	01(0)	(5), 0	Section	
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			Yes 1 2 3	No
Pa	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II "Yes."	01(c)	(5), o	r section is answer	ed
1 2	Dues, assessments and similar amounts from members	itical	1		
a b	Current year		2a 2b		
с 3	Total		2c 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 lobbe and political expenditure next year?	f the bying	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Com	Supplemental Information uplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information.	line 5;	and	Part II-B, lin	e 1i.
	······································				

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions. Inspection Employer identification number

MU	JSEUM OF MODERN ART	13 1624100
R	Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during uppl)	
3	Aggregate grante from (during upon)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets h funds are the organization's property, subject to the organization's exclusive legal co	eld in donor advised ntrol? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gused only for charitable purposes and not for the benefit of the donor or donor advisors.	rant funds can be
	purpose conferring impermissible private benefit?	· · · · · · Yes No
	Conservation Easements. Complete if the organization answered "Yes"	TAXABLE TO THE PROPERTY OF THE
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		n of an historically important land area
	Protection of natural habitat	on of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year.	tion in the form of a conservation
		Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
þ	Total acreage restricted by conservation easements	. 2b
С	Number of conservation easements on a certified historic structure included in (a) .	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or the tax year ▶	erminated by the organization during
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservati	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation en	asements during the year
	▶ \$	are year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	s of section
9	In Part XIV, describe how the organization reports conservation easements in its revel balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	nue and expense statement, and sfinancial statements that describes
? ai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes	search in furtherance of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	earch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	. , > \$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	
a b	Revenues included in Form 990, Part VIII, line 1	\$ <u>\$</u>

P	art III — Organizations Maintair	ning Collections o	f Art, Histori	cal Treasures	s, or Other Similar	Assets (continued)
3	Using the organization's acquisition collection items (check all that app	n. accession, and ot				
6	Public exhibition		d 🗸	Loan or excha	ange programs	
l	77		e 🗌			
(Grand Grand Geriera					
4	Provide a description of the organi Part XIV.	zation's collections	and explain h	ow they further	the organization's	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	er than to be maintair	ned as part of	the organization	s collection?	. Yes 🗸 No
	Escrow and Custodial A IV, line 9, or reported an	Arrangements. Co amount on Form 9	mplete if the 990, Part X, li	organization a ne 21.	inswered "Yes" to	Form 990, Part
	Is the organization an agent, truste included on Form 990, Part X?			. ,	ons or other assets	not . Yes No
ł	o If "Yes," explain the arrangement in	n Part XIV and comp	plete the follow	ving table:		
	5					Amount
	Beginning balance				1c	
c	Additions during the year				. 1d	
€	- " "				. <u>1e</u>	
f					. <u> 1f </u>	
	If "Yes," explain the arrangement in	Part XIV.				. LYes L No
L.C	rt.V Endowment Funds. Co				3	
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance	324,195,000	384,845,00			
b	Contributions	34,778,000	28,593,00	0		
c	Net investment earnings, gains,	40 474 000	40.000.00	_	100	
	and losses ,	16,174,000	-42,626,00			
d	Grants or scholarships	<u> </u>		0		
е	Other expenditures for facilities and programs	18,432,000	46,617,00			
f g	Administrative expenses End of year balance	0 356,715,000	324,195,00	0		
2	Provide the estimated percentage of	f the year end balar	nce held as:			
a	Board designated or quasi-endowm		%			
b	Permanent endowment ▶					
С	Term endowment ►31 %					
3a	Are there endowment funds not in the	e possession of the	organization tl	at are held and	d administered for th	e
	organization by:					Yes No
	(i) unrelated organizations					. 3a(i) 🗸
1.	(ii) related organizations					3a(ii) 🗸
b 4	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended us	anizations listed as i	equired on S	chedule R? .		. 3b
T.R.		i	1			
	Description of investment	(a) Cost or other (investment		ost or other sis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0	91,352,000		91,352,000
b	Buildings			32,543,272	127,050,028	405,493,244
С	Leasehold improvements		0	4,254,000	3,727,000	527,000
d	Equipment ,		0	67,742,000	56,896,000	10,846,000
E Total	Other		0	24,862,000	0	24,862,000
1014	. Add lines 1a through 1e. (Column (d) n	nust equal Form 990,	rart X, columi	1 (B), line 10(c).)		533,080,244

Part VII	Investments—Other Securities	See Form 990, Part X	line 12.	i age
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	uation: arket value
Financial d	erivatives	77-717-717-117-11-1-1-1-1-1-1-1-1-1-1-1	oost or order or year sin	and value
	d equity interests			
Other Ab	solute Return	200,771,000	End-of-Year Market Value	
Private Ec	***************************************	93,839,000		
Real Asse	ts	19,633,000	End-of-Year Market Value	
	***************************************	77717		
**********	•••••			

***	***************************************			

	b) must equal Form 990, Part X, col. (B) line 12.) 🕨	314,243,000		
Part VIII	Investments—Program Related	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of value	uation:
***************************************			Cost or end-of-year ma	arket value
	77/1007			
		720000000000000000000000000000000000000		
T-1-1 (0.1 //				
Part IX	nust equal Form 990, Part X, col. (B) line 13.; Other Assets. See Form 990, Part	LV !! 45		
T CIT CO /A		(a) Description		
Accrued in	vestment income and other receivab			(b) Book value
Trust for Co	ultural Resources Receivable			1,248,000 35,645,000
				30,040,000
10734				

Fotal. (Colum	nn (b) must equal Form 990, Part X, col. (B	N line 15)		26 902 000
Part X	Other Liabilities. See Form 990, P	art X. line 25.	<u> </u>	36,893,000
	(a) Description of fiability	(b) Amount		
ederal incor		0		
Pension and	d postretirement benefit obligation	39,946,173		
Investments	s held on behalf of others	3,424,000		
		7731347		

otal. (Column (b)	must equal Form 990, Part X, col. (B) line 25.) 🕨	43,370,173		
F11 (10 F				

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 166.389.581 Total expenses (Form 990, Part IX, column (A), line 25) 2 2 193,373,377 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 -26,983,796 Net unrealized gains (losses) on investments 4 4 48,910,000 Donated services and use of facilities . . . 5 5 0 6 Investment expenses 6 0 7 7 0 8 Other (Describe in Part XIV.) 8 -10,582,130 9 Total adjustments (net). Add lines 4 through 8 . 9 38,327,870 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 11,344,074 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements . 235,188,000 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 48,910,377 2a **b** Donated services and use of facilities 2b 0 2c 0 d Other (Describe in Part XIV.) 0 2d e Add lines 2a through 2d , . 2e 48,910,377 Subtract line 2e from line 1 3 3 186,277,623 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 5,971,000 4b -25,859,042 Add lines 4a and 4b 4c -19,888,042 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 166,389,581 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 223,844,000 Total expenses and losses per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 0 2b 0 0 2c d Other (Describe in Part XIV.) . . . 11.184.809 2d 11,184,809 2e 3 Subtract line 2e from line 1 212,659,191 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 5.971.000 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV.) 4b -25,256,814 c Add lines 4a and 4b 4c -19,285,814 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 193,373,377 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part III, Line 1 - The Museum's collections, acquired through purchase and contributions, are not recognized as assets on the consolidated statements of financial position. Purchases of collection items are recorded in the year in which the items were acquired as decreases in unrestricted net assets. Contributed collection items are not reflected in the consolidated financial statements. Proceeds from deaccessions, which are reflected as increases in temporarily restricted net assets, are used exclusively to acquire other items for the collection.

Schedule D, Part III, Line 4 - The Museum is chartered as an educational institution whose collection of modern and contemporary art is made available to its members and the public to encourage an ever-deeper understanding and enjoyment of such art by the diverse local, national, and international audiences that it serves. In pursuit of this goal, the Museum has collected over 150,000 works of art, including works of painting, sculpture, drawing, printmaking, photography, film, performance, media, architecture, and industrial and graphic design. Through the leadership of its Board of Trustees and staff, the Museum strives to establish, preserve, and document a permanent collection of the

Part XIV - Supplemental Information (Continued)

highest order that reflects the vitality, complexity and unfolding patterns of modern and contemporary art; present
exhibitions and educational programs of unparalleled significance; sustain a library, archives and conservation
laboratory that are recognized as international centers of research; and support scholarship and publications of
preeminent intellectual merit.
Schedule D. Part V. Lino 4. The Museum's and and a second for the
Schedule D, Part V, Line 4 - The Museum's endowment funds consist of approximately 150 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
endowment funds, including funds designated by the board to function as endowments, are classified and reported based on the existence or absence of donor imposed rectificions. The large term for the existence of donor imposed rectificions.
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.
providing a reliable source of funds for current and future use.
Schedule D, Part X - In fiscal year 2008 the Museum adopted Financial Accounting Standards Board FASB
Interpretation No. 48, "Accounting for Uncertainty in Income Taxes" and interpretation of FASB Statement No. 109
("FIN 48"). FIN 48 prescribes a recognition threshold and measurement attribute for the financial statement
recognition and measurement of the tax position taken or expected to be taken in a tax return and provides guidance
related to classification and disclosure matters. The impact of FIN 48 was not material in 2010 or 2009.
Schedule D, Part XI, Line 8 - Primarily defined benefit plan changes other than net periodic benefit cost
\$10.862,000), change in swan valuation \$399,870 and related expenientions which the account of the same of the sam
(\$10,862,000), change in swap valuation \$399,870 and related organizations which file a separate return (\$120,000).
Schedule D, Part XII, Line 4b - Primarily cost of goods sold on retail operations (\$25,161,486) and related
organizations which file a separate return (\$645,000) and other amounts totaling (\$52,556).
Schedule D, Part XIII, Line 2d - Primarily defined benefit plan changes other than net periodic benefit costs
\$10,862,000), change in valuation of interest rate swap \$399,870, related organizations which file a separate return
\$765,000) and other amounts totaling \$42,321.
Schedule D, Part XIII, Line 4b - Primarily Cost of goods sold on retail operations - see 990 Section VIII 10b
2) - 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10

Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number MUSEUM OF MODERN ART 13 1624100

Pa	General Informa "Yes" to Form 990			e the United States	. Complete if the organ	ization answered
1	For grantmakers. Does assistance, the grantees' the grants or assistance?	the organizatio eligibility for th	n maintain rec e grants or as	sistance, and the selec	ction criteria used to av	
2	For grantmakers. Descri United States.	be in Part IV th	e organization	's procedures for monit	toring the use of grant t	funds outside the
3	Activities per Region. (Use	e Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundralsing, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
3ch	F, Stmt 1				THE PROPERTY OF THE PROPERTY O	77

	TOTAL TOTAL CONTROL OF THE STATE OF THE STAT					

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			PROGRAMMENT I I PROPENT A CORPA SIMPLES ASSESSMENT			[
otal	s	0	0	100 No. 201 Sept.		0

0

Part IV, line	e 15, for any recip	ient who received) if additional space	ns or Entities Outsi more than \$5,000. (ce is needed.	Check this box if r	no one recipient re	eceived more than	n \$5,000	► [
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								Dill Tell

						The second secon		
		· · · · · · · · · · · · · · · · · · ·						
		, , , , , , , , , , , , , , , , , , , ,					·	
				CONTROL				
						AMERICAN SERVICES DE LA CONTRACTOR DE LA		

3 Enter total number of other organizations or entities

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, lin Use Schedule F-1 (Form 990) if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Methi valuati (book, F apprais other
0.111.2							
A NAME OF THE PARTY OF THE PART							
							

Schedule F (For	າ 990) 2009	Page 4
Part IV	Supplemental Information	
	Complete this part to provide the information required in Part I, line 2, and any additional information.	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	•••••••••••••••••••••••••••••••••••••••	

Schedule F, Part IV, Statement 1

Form: Schedule F

Page: 1

Line Number: Part I Line 3

MUSEUM OF MODERN ART 13-1624100

Accounts and Activities Outside the United States

		Offices	Employees	Tota
Region	Central America and the (***************************************
Activities	Investments			
Services				
Region	Europe (including Iceland			
Activities	Investments	,		
Services				
	Total:	0	0	0

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open To Public
Inspection

Name of the organization Employer identification number MUSEUM OF MODERN ART 13 1624100 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to custody or control of (or retained by) fundraiser listed in (or retained by) organization or entity (fundraiser) from activity contributions? col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

P	art	Fundraising Events. Co more than \$15,000 on F	omplete if the organiza form 990-EZ, line 6a. L	ition answered "Yes" t .ist events with gross r	o Form 990, Part IV, lii eceipts greater than \$	ne 18, or reported 5,000.				
6)			(a) Event #1 Party in the Garde (event type)	(b) Event #2 DR Luncheon (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))				
Revenue	1	Gross receipts	1,859,500	784,000	834,945	3,478,445				
α	2	Less: Charitable contributions	1,661,150	725,200	514,220	2,900,570				
	3	Gross income (line 1 minus line 2)	198,350	58,800	320,725	577,875				
	4	Cash prizes	0	0	0	0				
	5	Noncash prizes	0	0	0	0				
ses	6	Rent/facility costs	0	0	0	0				
Direct Expenses	7	Food and beverages	0	0	0	0				
Direct	8	Entertainment , , , , ,	0	0	0	0				
	9	Other direct expenses	578,806	111,688	444,607	1,135,101				
	10 11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), a	nd line 10 , , , , ,	≻	(1,135,101) -557,226				
	Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.									
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue	•	***************************************						
nses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses .		PROBERATOR .						
	6	Volunteer labor	Yes % No	☐ Yes % ☐ No	☐ Yes % ☐ No					
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		()				
	8	8 Net gaming income summary. Combine line 1, column d, and line 7								
9 a b	is i	ter the state(s) in which the or the organization licensed to or No," explain:	perate gaming activities	s in each of these state		. <u>9a</u>				
		ere any of the organization's g Yes," explain:	aming licenses revoked			10a				
11 12	ls t	es the organization operate gather organization a grantor, beamed to administer charitable of	neficiary or trustee of a							

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2009
Open to Public

Inspection

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

Attach to Form 990.

Name of the organization MUSEUM OF MODERN ART						ł	Employer identification number		
Rari I General Information or	Grante and	Accietance				13 :	1624100		
Does the organization maintain the selection criteria used to aw Describe in Part IV the organizar Grants and Other Assistant Form 990, Part IV, line 2 Part IV and Schedule I-	records to sub vard the grants tion's procedur stance to Go 21, for any re	estantiate the amo or assistance? res for monitoring overnments and cipient that rece	the use of grant funds Organizations in tived more than \$5.0	in the United States. he United States. (00. Check this box	Complete if the orgain if no one recipient	anization answered			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	!'	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Sch I, Stmt 1					Ottier)		20 C C C C C C C C C C C C C C C C C C C		
	-								
	·····								
2 Enter total number of section 501(3 Enter total number of other organical		nment organization	5				1		

Use Part IV and Schedule I-1 (I	Form 990) if additional	space is needed	· .	mzadon answered res	to Form 990, Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		,			
		1979.1 1979			
IV Supplemental Information. Conduction Supplemental Information Conduction Supplemental Information Supplemental Infor	emplete this part to properly Member of PS1 Con-	ovide the informate	tion required in Part	t I, line 2, and any other	additional information.
A PS1 and the Museum entered into an					
borative program of exhibitions, resear	ch, special projects and	other educational	and curatorial activi	ties. MoMA PS1 retained i	ts separate corporate status
s a support corporation of the Museum					
d of Directors. MoMA PS1 and the Muse stance and service to MoMA PS1 in cert					
nology , insurance and legal affairs.	ani areas, including acc	ounning and payro	n, rundraising and de	evelopment, coordination	of Mowa P318 information
				•••••	

Schedule I, Part IV, Statement 1

MUSEUM OF MODERN ART 13-1624100

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Form: Schedule I

Page: 1

Line Number: Part II

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

Amount of cash grant Amount of non-cash assistance

Name and address PS1 Contemporary Art Center Inc 761,031

46-01 21st Street

Long Island City, NY 11101

EIN 23-7379091

IRC code section

501 c(3)

Method of valuation Description of noncash assistance

Purpose of grant Operating support

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23,

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

OMB No. 1545-0047

Inspection

MUSEUM OF MODERN ART 13 1624100 **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 in 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 (e.g., 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment?..... 4a $\sqrt{}$ 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement?.... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
Glenn D Lowry	(i)	670,875	159,000	1,806	403,635	351,689	1,587,005	0	
	(ii)	0	0	0	0	0	0	0	
James Gara	(i)	398,072	75,000	18,270	273,936	33,682	798,960	0	
	(ii)	0	0	0	0	0	0	0	
Patty Lipshutz	(i)	318,893	0	18,087	65,197	31,592	433,769	0	
	(ii)	0	0	0	0	0	0	0	
Kathy Halbreich	(i)	403,450	0	2,671	47,666	32,024	485,811	0	
	(ii)	0	0	0	0	0	0	0	
Michael Margitich	(i)	401.970	31,250	19,218	255,633	29,784	737,855	0	
	(ii)	0	0	0	0	0	0	0	
Peter Reed	(i)	260,256	0	1,084	72,239	29,784	363,363	0	
	(ii)	0	0	0	0	0	0	0	
Jennifer Russell	(i)	265,185	0	18,730	57,199	29,784	370,898	0	
	(ii)	0	0	0	0	0	0	0	
Peter Galassi	(i)	200,488	0	19,322	24,041	31,182	275,033	0	
	(ii)	0	0	0	0	0	0	O	
Deborah Wye	(i)	211,626	0	3,600	29,100	31,350	275,676	0	
	(ii)	0	0	0	0	0	0	0	
Klaus Biesenbach	(i)	183,104	0	16,728	13,390	30,827	244,049	0	
	(ii)	0	0	0	0	0	0	0	
Cornelia Butler	(i)	195,445	0	2,840	13,128	31,665	243,078	0	
	(ii)	0	0	0	0	0	0	0	
Barry Bergdoll	(i)	189,410	0	4,498	24,549	30,827	249,284	C	
	(ii)	0	0	0	0	0	0	0	
Rajendra Roy	(i)	189,119	0	193	12,254	29,784	231,350	Q	
	(ii)	0	0	0	0	0	0		
Ann Temkin	(i)	212,173	0	4,600	31,808	30,827	279,408	0	
	(ii)	0	0	0	0	0	0	0	
Jan Postma	(i)	275,600	0	268	16,618	30,827	323,313	0	
	(ii)	0	0	0	0	0	0	0	
Frank Ahimaz	(i)	399,384	75,000	401	84,448	0	559,233	0	
	(ii)	0	0	0	0	0	0	O	

Schedule J (Form 990) 2009

SCHEDULE J-1 (Form 990)

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
 ▶ See Instructions for Schedule J (Form 990).

Open to Public Inspection

Name of the organization

MUSEUM OF MODERN ART

Employer identification number

Continuation of	Officers	Directors Trust	tees, Key Employe	oc and Wiches	t Commonant - 1 t	I (C. :	13 :	1624100
The state of the s	, 0,	(B) Breakdown of	W-2 and/or 1099-MIS	compensation	L Compensated L	mpioyees (Sche	dule J. Part II)	100
(A) Name Tunji Adeniji	(5)	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
and racing	(i)	186,965	0	16,855	18,354	30,827	253,001	
Kathy Thornton Bias	(ii)	0	0	0	0	0	0	
vatily information bias	(i)	304,973	125,000	357	44,398	1,373	476,101	
Christopher Hudson	(ii)	0	0	0	0	0	0	
anistopher nuuson	(i) L	278,367	0	2,230	80,603	33,001	394,201	
teve Peltzman	(ii)	0	0	0	0	0	0	************
steve Feitzman	(i)	293,889	0	1,047	27,591	32,707	355,234	
	(ii)	0	0	0	0	0	0	
Cenneth Percy	(i)	225,204	45,000	1,170	30,502	33,050	334,926	
	(ii)	0	0	0	0	0	0	
atricia Jeffers	(i) L	246,614	0	690	27,844	30,784	305,932	
	(ii)	0	0	0	0	0	0	
ohn Elderfield	(i) L	0	0	100,047	0	0	100,047	
	(ii)	0	0	0	0	0	0	
ynaston McShine	(i) L	0	0	26,630	0	0	26,630	
	(ii)	0	0	0	0	0	0	
	(i) L							
	(ii)							
	(i)							
	(ii)				******			
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				****			
	(i)							
	(ii)				****			
	(i)							
	(ii)							****
	(i)							
	(ii)						*****	

Schedule J (Form 990) 2009	
Part III Supplemental Information	Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6i for any additional information.	2 7 and 9 Alon complete this part
to any additional montation.	
Schedule J, Part I, Line 1a - The Museum requires that the Director live in an apartment in Museum Tower as a condition of his emp	lovment and for the
convenience of the Museum. Health club membership dues of the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for by the Museum and are included in the Director are paid for the Director are pai	star's companyation A
business class travel would be in accordance with the Museum's Travel and Expenditure guidelines which allows hysiness class to	avel on flighte langer than nine
hours, approved by the President.	aver on rights longer than time
Schedule J, Part I, Line 4 - The Museum settled a supplemental retirement obligation for a key employee who left the Museum during	g the fiscal year.
Schedule J, Part I, Line 7 - The Museum provides bonus and incentive compensation based on measured performance objectives d note.	escribed in Schedule J, Part II
Schedule J, Part II - Glenn D Lowry - Director and Chief Executive Officer. Full-time employee, officer and ex-officio trustee. Include	
compensation for 2009 is an annual bonus of \$159,000. The Director is eligible for a long term performance bonus related to accom	plishment of certain
performance objectives over the period 2009-2013. As a condition of employment and for the Museum's convenience, the Director is	s required to reside on the
Museum's premises. The estimated value of his housing is approximately \$318,000 per annum and is included in column D. James	Gara-Chief Operating Officer
run time employee and officer but not Trustee. Included in bonus and incentive compensation is a performance bonus plan. A port	ion of the multi-year honus plan
was paid in 2009 and is included in compensation. The plan was subject to the achievement of multi-year service and performance	requirements. Michael
Margitich - Senior Deputy Director for External Affairs. Full-time employee but not Trustee. Included in bonus and incentive compet	isation is a performance bonus
plan. A portion of the multi-year bonus plan was paid in 2009 and is included in compensation. The plan was subject to the achieve	ment of multi-year service and
performance requirements. Frank Ahimaz - Chief Investment Officer. Full-time employee but not Trustee. Eligible for annual bonus performance measures. Kathy Thronton-Bias - General Manager - Retail. Full-time employee but not Trustee. Eligible for annual bor	pased on achievement of nus based on achievement of
performance measurements.	

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

MUSEUM OF MODERN ART

Employer identification number

13 1624100

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week	<u></u>	~~~	~		that ap		Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Philip S Niarchos										
Trustee	0.5	/						0	0	0
James G Niven	- 4									
Trustee	1	/						0	0	0
Peter Norton										
Trustee	1	✓		ļ	ļ	ļ		0	0	0_
Maja Oeri				ŀ						
Trustee	11	√			ļ			0	0	0
Michael S Ovitz			•							
Trustee Biotond S. Communication	1	√				ļ		0	0	0
Richard D Parsons Trustee		,								
Emily Rauh Pulitzer	1	√						0	0	0
Trustee		,							_	
David Rockefeller JR	1	√						0	0	0
Trustee	1 1	,							ا	
Sharon Percy Rockefeller		√						0	0	0
Trustee	1	,								
Anna Marie Shapiro	•							0	0	0
Trustee	1	1								_
Harvey S Shipley Miller	<u>'</u>	√						0	0	0
Trustee	1	✓						o	١	•
Anna Deavere Smith		<u> </u>					-		0	0
Trustee	1	1						0	0	0
Edgar Wachenheim III		Υ							U U	<u> </u>
Trustee	1 1	1	A					0	0	0
Thomas W Weisel									<u>-</u>	U
Trustee	1 1	1						0	0	0
Gary Winnick							_			
Trustee	1	/						0	0	0
Celeste G Bartos				7			1		-	<u> </u>
Life Trustee	0.5	1				ĺ		0	0	0
Eli Broad						***************************************				
Life Trustee	1	✓						0	0	0
Thomas S Carroll										
Life Trustee	0.5	✓						0	0	0
Douglas S Cramer										
Life Trustee	1	√						0	0	0
Gianluigi Gabetti										
Life Trustee	0.5	✓			.			0	0	0
Barbara Jakobson					and the same of th					
Life Trustee For Privacy Act and Paperwork Reduction Act N	1	√						0 Cat No. 49911	0	0

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 ▶ See the Instructions for Form 990.

Inspection Employer identification number

MUSEUM OF MODERN ART

13 1624100

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B)	Den't	ion /		C)			(D)	(£)	(F)
гиание апа ине	Average hours per week	Posit or dir		Officer	*******	that ap	PPy) Former	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ier	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
Werner H Kramarsky Life Trustee	1	,								
June Noble Larkin		✓						0	0	0
Life Trustee	1	/						0	o	^
Peter G Peterson		Y				-		<u> </u>	<u> </u>	0
Life Trustee	0.5	1						0	o	0
Gifford Phillips								0	0	U
Life Trustee	1	1						0	0	0
Joanne M Stern		v								0
Life Trustee	1	1						0	o	0
Jeanne C Thayer		Y							0	
Life Trustee	0.5	√						0	o	0
Joan Tisch		Y		***************************************					Ų	<u> </u>
Life Trustee	0.5	/						o	o	0
Glenn D Lowry			_						Ÿ	<u>V</u>
Director/Ex-Officio Trustee	40			1				831,681	o	755,324
James Gara				•				001,001		700,024
Chief Operating Officer/Assistant Treasur	40							491,342	0	307,618
Patty Lipshutz				•				101,1012		301,010
General Counsel/Secretary	40							336,979	0	96,790
Kathy Halbreich				•				000/010		00,700
Associate Director	40		İ		✓			406,121	o	79,690
Michael Margitich					.,					10,000
Senior Deputy Director of External Affairs	40			***************************************	√			452,438	0	285,417
Peter Reed					1			,,,,,,,		200,417
Senior Deputy Director for Curatorial Affa	40	İ			/			261,340	0	102,023
Jennifer Russell										102,020
Senior Deputy Director for Exhibitions, Co	40				/			283,915	0	86,983
Peter Galassi										44,000
Chief Curator - Photography	40		-		1			219,810	0	55,223
Deborah Wye										33,223
Chief Curator - Prints and Illustrated Bool	40				1			215,226	0	60,450
Klaus Biesenbach										
Chief Curator - Media and Performance A	40				1			199,832	0	44,217
Cornelia Butler										
Chief Curator- Drawings	40				1			198,285	0	44,793
Barry Bergdoll										
Chief Curator - Architecture and Design	40				/			193,908	0	55,376
Rajendra Roy	7777	T		T	T					
Chief Curator - Film	40				✓			189,312	0	42,038
Ann Temkin										1
Chief Curator - Painting and Sculpture For Privacy Act and Paperwork Reduction Act N	40				/			216,773	0	62,635

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ▶ See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

Employer identification number

MUSEUM OF MODERN ART

13 1624100 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week					that a		Reportable compensation	Reportable compensation	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Jan Postma Chief Financial Officer	40				\ \			275,868	0	47,44
Frank Ahimaz									-	,,,,
Chief Investment Officer	40				\			474,785	0	84,448
Tunji Adeniji										
Director of Facilities and Security	40		<u></u>	<u> </u>	V			203,820	0	49,18
Kathy Thornton Bias										
General Mgr -Retail	40				<u> </u>	✓		430,330	0	45,771
Christopher Hudson										
Publisher Steve Peltzman	40	-		ļ	-	1		280,597	0	113,604
Chief Info Officer	40					,		001005		
Kenneth Percy	***			-	├	✓		294,935	0	60,299
Project Manager	40					1		271,374	0	62 555
Patricia Jeffers					<u> </u>			2,1,014		63,552
Dir Human Resources	40					1		247,304	o	58,628
John Elderfield		-			<u> </u>					00,020
Former Chief Curator, Paintings & Sculpti	0						1	100,047	0	e
Kynaston McShine										
Former Chief Curator at Large	0						✓	26,630	0	0

***************************************							-	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT		
			<u> </u>							

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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

> Attach to Form 990. See separate instructions.

Open to Public Inspection.

Name of the organization Employer identification number MUSEUM OF MODERN ART 1624100 Paril Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased behalf of issuer The Trust for Cultural Resources of the City of New 91-1882413 649717PC3 07/23/2008 Refund Issuer's 2000-One-A & B 202.520.188 Yes No Yes No A York and 2001-One A.B & C В С D E 22.3 Proceeds В С D E Total proceeds of issue 202.818.514 n Proceeds in refunding or defeasance escrows . . . 0 0 1.080.259 Working capital expenditures from proceeds 0 Capital expenditures from proceeds 0 2004 Yes No Yes No Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? 10 Were the bonds issued as part of an advance Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use Part III Α В C D Ε Yes No Yes Was the organization a partner in a partnership, or a No Yes No Yes No Yes No member of an LLC, which owned property financed by Are there any lease arrangements with respect to the

financed property which may result in private business use?

	Private Business Use (Continued)										· · · · · · · · · · · · · · · · · · ·
			Α		В		С		D		E
3а	Are there any management or service contracts with	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	respect to the financed property which may result in private business use?					·····					
b	Are there any research agreements with respect to the financed property which may result in private business use?							· · · · · · · · · · · · · · · · · · ·			
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .		%		%		%		%		
6	Total of lines 4 and 5		%		%		%		%		<u>%</u>
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?						70		70		70
Pa	rt IV Arbitrage						<u> </u>				
			A		В		C I		D		E
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2									<u> </u>	~~~	
	Is the bond issue a variable rate issue?		√			····					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		 								Annie de Carrente
b	Name of provider						1				
	Term of hedge										
4a	Were gross proceeds invested in a GIC?		✓				I		T		T
b	Name of provider				<u> </u>	······································	<u> </u>		4		1
С	Term of GIC	11									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		✓								
6	Did the bond issue qualify for an exception to rebate? .	✓									

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► 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. ➤ See separate instructions. OMB No. 1545-0047

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

	Complete if the organization ans			555, 1 4			J. 1 J/111 JJ	·	. art V	1 0110	-70D,	101.00	wroot od
1	(a) Name of disqualified person				(b)	Description o	of transaction	ì.				Yes	rrected
		F. 1775-W. 144-14-1						***************************************				res	No
	N/4 Market 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					***************************************		~~~~				 	+
						A			***************************************				1
							***************************************		***************************************				
unde	the amount of tax imposed on r section 4958								year	▶ \$			
• Linci	the amount of tax, if any, on li	ie 2, apo	ve, reim	ibursea b	y the orga	enization				► \$			
Part II	Loans to and/or From Intere Complete if the organization a			on Form 9	90, Part I	V, line 26,	or Form 9	990-E	Z, Pai	rt V, I	line 3	 8a.	
(a) Nar	me of interested person and purpose	(b) Loan		(c) O	riginal amount	(d) Bala			default?	(f) Ap	proved pard or mittee?	(g) V	Vritten ernent?
		То	From					Yes	No	Yes	No	Yes	No

					***************************************						ļ		ļ
											ļ		
Fotal .				***************************************	. ▶ \$								
Part III	Grants or Assistance Benefi				0								
	Complete if the organization a				90. Part I\	/ line 27							
	(a) Name of interested person				erested pers		/						
		(10)	шопопр	organiza		on and the	(6)	Amou	nt and	туре о	i assist	ance	
											·····		

				***************************************									***************************************

W				····			ļ						
	P						<u> </u>						
Part IV	Business Transactions Involve	ving Inter	ested F	Persons.									
	Complete if the organization a	nswerea '	Yes or	n Form 99	90, Part IV	/, line 28a	28b, or 2	28c					
(a) Na	me of interested person	interes	ationship ted persoi organizati	n and the		ount of action	(d) Des	scription	n of tra	nsactio	on	(e) Sha organiz reven	ation's
Paula Crov	WI	Trustee				EUE 33V	see sche	dula	0			Yes	No
Jerry I Spe		Trustee					see sche						
, - 100	1	Trustet	-			303,330	366 20116	aule	<u> </u>	••••			✓
		- 											
							1						

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

Open To Public
Inspection

Employer identification number

MUSEUM OF MODERN ART 13 : 1624100 Part Types of Property (a) (b) Check if Number of contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues 699 0 not applicable Art-Works of art 1 Art—Historical treasures 2 0 not applicable Art-Fractional interests . Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property . . . 8 406,103 settlement Securities-Publicly traded . 9 Securities-Closely held stock . 10 Securities-Partnership, LLC. or trust interests , , , . . Securities-Miscellaneous 12 Qualified conservation contribution—Historic Qualified conservation contribution-Other . . . Real estate-Residential . 15 Real estate—Commercial 16 Real estate-Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . 21 22 Historical artifacts Scientific specimens , , , 23 24 Archeological artifacts Other > (Sch M, Stmt 1) 25 26 Other > (.....) 27 Other > (.....) 28 Other > (.....) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Part	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
	M, Part I - Nonmonitary contributions are recorded at estimated fair value at date of receipt if the Museum certain goods and services that meet criteria under generally accepted accounting principles for recognition
as contri	
	M, Part I, Line 1 - Loans of art work to the Museum - From time to time Trustees of the Museum may loan to the Museum for a limited duration of time for specific exhibitions.
	M, Part I, Line 3 - Gifts of art work are considered by individual item. Fractional interests in art are d one gift per partial interest.
	M, Part I, Line 9 - Gifts of stock from the same person, on the same trade date, are considered in the as one gift.
does not t works are	M, Part I, Line 33 - In accordance with FASB Statement of Financial Accounting Standards 116, the Museum reat donations of art as revenue or record these art works on the Statement of Financial Position as these art used to support the Museum's educational mission. Proceeds from the deaccessions of artwork are used equire other items for the collection.

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	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Schedule M, Part II, Statement 1

Form: Schedule M

Page: 1

Line Number: Part I Line 25-28

MUSEUM OF MODERN ART 13-1624100

Description of Other Types of Property

		lines on Part I	Contributions	Revenues
Description	Art Inventory donated for Retail sale	Yes	5677	0
Method of determining	Revenue proceeds from the donated a	ırl		
revenues	inventory are reflected in Gross			
	Revenues, Part VIII, 10a			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MUSEUM OF MODERN ART

Employer identification number 13 1624100

Form 990, Part III (Cont. 1) - The Museum of Modern Art is a private, nonprofit 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 150,000 works of art, including works of painting, sculpture, drawing, printmaking, photography, film, media,performance, architecture, and industrial and graphic design. The Museum also operates a publishing program, conducts an extensive education program, and maintains a major library and archives. Its exhibitions are circulated nationally and internationally. The Museum's primary sources of support are admission fees and membership dues, grants from individuals, foundations, and corporations, endowment income, and revenue from retail operations. 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 collection. Acknowledged worldwide for its collection of 20th and now 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 seven curatorial 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, outgoing loans, provenance, and registrar. In addition, the quality and depth of the Museum's collections enable the Museum to maintain an extensive loan program, which serves institutions both in the United States and abroad. Each year, the Museum lends a number of 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 100,000 individuals participate in targeted education programs on and off site each year, and all Museum visitors have access to the many forms of educational resources that complement the collection and exhibitions. These resources include informational labels, public tours and audio tours in seven languages as well as visual description tours for the blind and partially sighted. The Education Center provides a central location for a wide array of educational resources including three classrooms, a theater, a publicly accessible library, an archives reading room, and three curatorial study centers. Educational programs take place throughout the week. Form 990, Part III, Line 4d - Other Program Services Expenses primarily consists of Administrative (\$3.8Million), Interest Expense (\$12Million), Fees for Outside Services (\$10Million), Advertising (\$6Million), and Office Expenses (\$7Million) Form 990, Part VI, Section A - The Museum has a class of Life Trustees that serve the Museum in the Trustee capacity, but do not have voting rights. Form 990, Part VI, Section A, Line 2 - The Museum's board of Trustees includes two members from the same family -David Rockefeller, who is not a voting trustee and David Rockefeller, Jr. Robert B. Menschel, Trustee, is a Senior Director of Goldman Sachs. He refrains from any decision-making or transactions between the Museum and Goldman Sachs. Form 990, Part VI, Section A, Line 6 - The Museum's Bylaws provide that the Members of the Corporation shall consist of members of the Board of Trustees, all persons who on November 1, 1939 were Patrons, Contributing Members or Sustaining Members, and all other persons who, subsequent to November 1, 1939, have been or shall be designated by the Board of Trustees as members of the Corporation. Members have equal voting rights.

Supplemental Information (Continued)

Form 990, Part VI, Section A, Line 7a - The Museum's Bylaws provide that the Members of the Corporation shall consist of members of the Board of Trustees, all persons who on November 1, 1939 were Patrons, Contributing Members or Sustaining Members, and all other persons who, subsequent to November 1, 1939, have been or shall be designated by the Board of Trustees as members of the Corporation.

Form 990, Part VI, Section B, Line 11 - 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 of the Board of Trustees electronically or in printed copy prior to filing the return.

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. Amongst other things, the Conflict of Interest Questionnaire requires the responder to: 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 question, or taking a 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 disclosure to the Board of Trustees, prohibiting the Trustee from participating in and/or voting on the transaction in questions, 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.

Form 990, Part VI, Section B, Line 15 - The process for determining the compensation for the Museum Director and other key employees includes review 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, as well as for profit 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 participating, the compensation terms approved, the data relied upon and how it was obtained. The Committee meets periodically and a formal review is made annually, the last meeting was held in September, 2009, during fiscal year 2010.

Form 990, Part VI, Section C, Line 19 - The Museum's governing documents, conflict of interest policy and financial statements are available upon request.

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 other's venue. Two Trustees of the Museum have direct or indirect financial interests in Top of the

Supplemental Information (Continued)
Rock. In addition, these Trustees also have direct and indirect interests together in entities that own real estate
investment properties around the world.
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Schedule O, Statement 1

MUSEUM OF MODERN ART 13-1624100

Form: 990

Page: 2

Line Number: Part III Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Other program services - See schedule O for more information	38,910,760	0	49,273,712
Total:		38,910,760	0	49,273,712

Schedule O, Statement 2 MUSEUM OF MODERN ART 13-1624100

Form: 990 Page: 5

Line Number: Part V Line 4b

Name Of Foreign Country

Name

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

MUSEUM OF MODERN ART 13-1624100

Form: 990 Page: 6

Line Number: Part VI Section C Line 17

States Where Copy Of Return Is Filed States ΑK AL AR ΑZ CA CT DÇ FL GA НІ 11... KS ΚY MΑ MD ME М MN MS NC ND NH NJ NM NY ОН ОК OR PA RI SÇ TN UT VA WA WI WV

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the	organization OF MODERN ART					Employ	er identification number
						13	1624100
Service Control of the Identification of Disregarded Entities (Complete if th	e organization answere	ed "Yes" to Form (990, Part IV, line 3	33.)			
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year	assets	(f) Direct controlling entity

Part II	Identification of Related Tax-Exempt Organizations had one or more related tax-exempt organizations duri	 (Complete if the organing the tax year.)	ization answered	/ "Yes" to Form 99	l 0, Part IV, li	ne 34	because it
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 50		(f) Direct controlling entity
11 West 5	nd Contemporary Art Support Corp (13-3910972) 3rd Street, New York, NY 10019	Receive, acquire & hold title in ppty	DE	501 (c) 3		11	N/A
11 West 5	xiliaries (13-3975341) 3rd Street, New York, NY 10019	Operate Retail Stores	DE	501 (c) 3		11	N/A
	emporary Art Center Inc (23-7379091) t Street, Long Island City, NY 11101	Contemporary Art Exhibitions	NY	501 (c) 3		7	N/A

0011000001117	01117 0307 2000											Page 2
Part III	dentification because it had	of Related Org	ganizatior elated org	is Taxable as a	Partnership (C ed as a partners	complete if the	organizat	tion answered "Ye	s" to I	Form	990, Part IV, lin	e 34
Nama	(a) ddress, and EIN of	(b)	(c)	(d)	(e)	(f)		(g)	(1	h)	(i)	(i)
	ouress, and EIN of ed organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections	Share of tot	al income	Share of end-of-year assets	alloca	ortionale itions?	Code V—UBI amount in box 20 d Schedule K-1 (Form 1065)	partner?
AFE LLC	20-2379359)	Real Estate	NY	N/A	512-514)	to al	204 240	5,000,50		No		Yes No
11 West 5	3rd Street, New Yo	4			Relat	teu	301,349	5,328,584		✓		1

***************************************		-										
		Africa										
Part IV	Identification line 34 becaus	of Related Org	anization more relat	s Taxable as a ed organization	Corporation or streated as a co	Trust (Compl	ete if the	organization answ	rered '	"Yes"	' to Form 990, P	art IV,
	(a) Name, address, and EIN	}		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of e (C corp. S or true	(f) entity Share of total corp.	income	6	(g) Share of end-of-year assets	(h) Percentage ownership
			General Business	DE	N/A	С		()	0	100%	

	777777777777777777777777777777777777777											
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Part V	Transactions With Related Organizations (Complete in	f the organization answered "Yes" to Form 990, Pa	urt IV. line 34, 35, or 36.)
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No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV2			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		1
b	Gift, grant, or capital contribution to other organization(s)	1b	1	T -
C	Gift, grant, or capital contribution from other organization(s)	10	 	1
c	Loans or loan guarantees to or for other organization(s)	1d		1
	Loans or loan guarantees by other organization(s)	1e	ļ	1
		10		Y
f	Sale of assets to other organization(s)	1f	3000000	
				∀
h	Purchase of assets from other organization(s)	1g		Y
;	Exchange of assets	1h		V
,	Lease of facilities, equipment, or other assets to other organization(s)	1 i	5000557020	✓
,				
]	Lease of facilities, equipment, or other assets from other organization(s)			✓
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	√	
ł	Performance of services or membership or fundraising solicitations by other organization(s)	11		✓
n	Sharing of facilities, equipment, mailing lists, or other assets	1m		✓
n	Sharing of paid employees	1n		✓
0	Reimbursement paid to other organization for expenses	10	✓	
р	Reimbursement paid by other organization for expenses	1p		1
				1000
α	Other transfer of cash or property to other organization(s)	1q	\$5,000,000	<i>√</i>
r	Other transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s)	1r		/
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transact	ion th	reshi	nids
	(a) (b)			J,43.
		.mount		ed
	type (a-r)			
	PS1 Contemporary Art Center Inc		E0.6	,530
(1)			อช4	,530
·	PS1 Contemporary Art Center Inc		704	201
(2)	b b		/61	,031
<u></u>	Modern and Contemporary Art Support Corp			
(3)	o o		244	,913
(0)				
145				
(4)				
(E)				
(5)				
(C)				
(6)				

Par VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportional allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1068)	Gene man	(h) eral or naging dner?
			Yes	No		Yes	No	- verezenten	Yes	No
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