*** Form 990 Online Filers: Please fax completed and signed form to 866-699-3916 or email a scanned PDF copy of the signed form to SignatureForms@Form990.org

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015, or tax year beginning , 2015, and ending $\mathcal{O} \cap \mathbf{A} = \mathbf{E}$

OMB No. 1545-1879

| | , , , | 01101 | , 00/30 | ' | ZU 1 5 | 'n |
|---|--|--|---|---|--|---------------------------------------|
| Department of the Internal Revenue Se | | 990, 990-EZ, 990-PF, | 1120-POL, and 8868 | | | |
| Name of exempt or | | | | Employer iden | ification number | |
| MUSEUM OF M | DDERN ART | · · · · · · · · · · · · · · · · · · · | | 1: | 3-1624100 | |
| Part I Ty | pe of Return and Return Information | on (Whole Dollars O | nly) | | | |
| check the box leave line 1b, 2 | for the type of return being filed with Food line 1a, 2a, 3a, 4a, or 5a below and to, 3b, 4b, or 5b, whichever is applicable, below. Do not complete more than one li | he amount on that lin blank (do not enter - | e of the return being t | iled with this t | orm was blank | , then |
| 2a Form 990 3a Form 112 4a Form 990 | -EZ check here ▶ ☐ b Total rever 0-POL check here ▶ ☐ b Total ta -PF check here ▶ ☐ b Tax based | , if any (Form 990, Par nue, if any (Form 990- ix (Form 1120-POL, li on investment incon Form 8868, Part I, line | EZ, line 9) ne 22) ne (Form 990-PF, Par | VI, line 5) | 1 b 408,40 2 b 3 b 4 b 5 b | 18,432 |
| Part II De | claration of Officer | | | | | |
| withdr organi I must date. I inform | rize the U.S. Treasury and its designated awai (direct debit) entry to the financial in action's federal taxes owed on this return, a contact the U.S. Treasury Financial Agent also authorize the financial institutions invation necessary to answer inquiries and response of this return is being filed with a state a | nstitution account indicand the financial instituted at 1-888-353-4537 no olved in the processing olve issues related to the control of the c | cated in the tax prepa ion to debit the entry to later than 2 business d g of the electronic pay the payment. | eration softwar this account. ays prior to the ment of taxes | e for payment of To revoke a pay payment (settle to receive confic | of the yment, ement) dential |
| execu | ed the electronic disclosure consent contains specifically identified in Part I above) to the | ned within this return a | llowing disclosure by t | | | |
| organization's 2 correct, and co return. I consen to the IRS and | of perjury, I declare that I am an office of perjury, I declare that I am an office of the period of | hedules and statement n Part I above is the a , transmitter, or electro ement of receipt or rea | s, and to the best of my mount shown on the o nic return originator (Ei son for rejection of the | knowledge and the orgon to send the | d belief, they are ganization's elect e organization's (b) the reason for | e true, ctronic return |
| | claration of Electronic Return Orig | inator (EDO) and E | | | | |
| I declare that I I my knowledge. on the return. I information to b IRS e-file Providorganization's reference. | ave reviewed the above organization's retrif I am only a collector, I am not responsible the organization officer will have signed the filed with the IRS, and have followed all overs for Business Returns. If I am also the laturn and accompanying schedules and straid Preparer declaration is based on all info | urn and that the entries for reviewing the retur is form before I subm ther requirements in Pu Paid Preparer, under po atements, and to the b | on Form 8453-EO are n and only declare that it the return. I will give b. 4163, Modernized e enalties of perjury I dec est of my knowledge a | complete and this form accu the officer a File (MeF) Info | rately reflects the copy of all form mation for Author examined the | e data ns and orized above |
| ERO's Signatu Firm's n | | Date | Check if also paid preparer Check if self-employed | T | r PTIN | |
| yours if | and ZIP code | | | Phone no. | | |
| Under penalties o | f perjury, I declare that I have examined the ab e true, correct, and complete. Declaration of pr | ove return and accompar eparer is based on all info | ying schedules and state | ments, and to th | e best of my knov owledge. | wledge |
| Paid | | parer's signature | Date | Check | if PTIN | |
| Preparer | Firm's name | | I | self- em Firm's El | | |

Phone no.

Firm's address ►

Use Only

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| | | 2015 calendar year, or tax year beginni | | , 2015, a | nd ending | 06 | /30 | , 20 16 |
|--------------------------------|---|--|---|----------------------|----------------|-------------------|----------------------|---|
| В | | applicable: C Name of organization MUSEU | M OF MODERN ART | | | | D Employ | yer identification number |
| <u></u> | Address | | | | | | | 13-1624100 |
| 닏 | Name cl | nange Number and street (or P.O. box it | mail is not delivered to stre | et address) | Room/suite | | E Telepho | one number |
| | Initial ret | | | | | | | 212-708-9801 |
| | Final retu | rn/terminated City or town, state or province, co | ountry, and ZIP or foreign po | stal code | | | | E1E 100 0001 |
| | Amende | d return New York, NY, 10019 | | | | I | G Gross r | anainte © cezzaceea |
| | Applicati | on pending F Name and address of principal of | ficer: Marie-Josee Kra | vis | | U(a) is this a as | | eceipts \$ 657,726,650 subordinates? Yes V No |
| | | 11 West 53rd Street, New Yor | | | | | | es included? Yes No |
| ı | Tax-exe | mpt status: 501(c)(3) | | 4947(a)(1) or [| 527 | If "No." attac | ch a liet <i>(</i> e | es included? L.J. Yes. L.J. No see instructions) |
| J | Website | | 7 - Insertion L | 1 4947(a)(1) (ii (| 327 | 4 | | |
| K | Form of c | organization: Corporation Trust Asso | ciation Other ► | I Voc | r of formation | H(c) Group | | |
| | art | Summary | | Liea | i or iormation | 1929 | M State | of legal domicile: NY |
| | 1 | | esion or most significa | nt cotivities | | | | |
| ø | | Briefly describe the organization's mis | solon or most significa | int activities: | The Musi | eum of Mod | dern Art | establishes, preserves, |
| an | | and documents a permanent collection | or modern and conter | nporary art, pi | resents exh | ibitions an | d educa | tional programs, |
| Ę | 2 | sustains a library, archives, and conse | vation laboratory and s | supports scho | larship and | publication | ns. | |
| Š | 3 | Check this box ▶☐ if the organization | n discontinued its ope | | | | 25% of | its net assets. |
| ජ | 4 | Number of voting members of the gov | verning body (Part VI, | line 1a) | | | 3 | 46 |
| es | 5 | Number of independent voting memb | ers of the governing b | ody (Part VI, | line 1b) . | | 4 | 43 |
| ŧ | 6 | Total number of individuals employed | in calendar year 2015 | (Part V, line | 2a) | | 5 | 1,269 |
| Activities & Governance | 70 | Total number of volunteers (estimate i | f necessary) | | | | 6 | 400 |
| • | 1 | Total unrelated business revenue from | n Part VIII, column (C), | line 12 . | | | 7a | 4,915,602 |
| | b | Net unrelated business taxable incom | e from Form 990-T, lir | ne 34 | · · · · | | 7b | 999,201 |
| | | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | Prior Yea | ır | Current Year |
| æ | 8 | Contributions and grants (Part VIII, line | e 1h) | | | 135, | 284,742 | 301,824,589 |
| en en | | Program service revenue (Part VIII, line | | | . , | 35, | 085,880 | 33,958,321 |
| Revenue | 10 | nvestment income (Part VIII, column (| A), lines 3, 4, and 7d) | | | | 650,756 | 39,278,851 |
| _ | 11 | Other revenue (Part VIII, column (A), lii | nes 5, 6d, 8c, 9c, 10c, | and 11e) . | | | 381,485 | 33,346,671 |
| | 12 | Total revenue—add lines 8 through 11 | (must equal Part VIII, c | olumn (A), Iine | e 12) | | 402,863 | 408,408,432 |
| | 13 (| Grants and similar amounts paid (Part | IX, column (A), lines 1 | l−3) . . . | | | 569,859 | 964,000 |
| | 14 | Benefits paid to or for members (Part | IX, column (A), line 4) | | 🗀 | ***** | 0 | 504,000 |
| es | 15 | Salaries, other compensation, employee | benefits (Part IX, colur | nn (A), lines 5 | -10) | 93 | 393,626 | 96,400,548 |
| ŠUS | 16a l | Professional fundraising fees (Part IX, | column (A), line 11e) | | | | 172,500 | |
| Expenses | b i | Total fundraising expenses (Part IX, co | olumn (D), line 25) | 14,028 | | | 112,500 | 100,000 |
| ш | 17 (| Other expenses (Part IX, column (A), li | nes 11a-11d. 11f-24e | 1 | 3000000 | 1261 | 200 007 | 454 550 005 |
| | 18 | Total expenses. Add lines 13-17 (mus | t equal Part IX, colum | n (A) line 25) | | | 000,097 | 151,550,325 |
| | 19 | Revenue less expenses. Subtract line | 18 from line 12 | 11 (7 (), III IC EO) | • | | 136,082 | 249,014,873 |
| r se | *************************************** | | | • • • • | | nning of Curr | 266,781 | 159,393,559 |
| anc | 20 | otal assets (Part X, line 16) | | | Degi | | | End of Year |
| Net Assets or Fund Balances | 21 7 | otal liabilities (Part X, line 26) | | | | | 946,613 | 1,824,084,535 |
| F.E | 22 1 | Net assets or fund balances. Subtract | line 21 from line 20 | | ٠ | | 238,811 | 410,202,403 |
| | | Signature Block | inte 21 itolii iiile 20 | · · · · · | · · | 1,337,7 | 707,802 | 1,413,882,132 |
| | | | | | | | | |
| true | correct, | es of perjury, I declare that I have examined this and complete. Declaration of preparer (other tha | return, including accompan ก officer) is based on all info | lying schedules a | and statemen | ts, and to the | best of m | ny knowledge and belief, it is |
| | | 1 | | THE COLUMN | piepaiei nas | any knowiec | ige. | |
| Sig | n | Signature of officer | | **** | | | | |
| Hei | | | | | | Date | | |
| HE | - | James Gara, Chief Operating Offic | <u>er</u> | | | | | |
| | L | Type or print name and title | ··· | | | | | |
| Pai | d | Print/Type preparer's name | Preparer's signature | | Date | | Check | 7 if PTIN |
| Pre | parer | | | | | | self-empl | |
| | only | Firm's name - | | | | Firm's | EIN ► | |
| | | Firm's address ► | | | | Phone | | |
| May | the IRS | discuss this return with the preparer | shown above? (see in | structions) . | | | | · · Yes No |
| | | rk Doduction Act Nation H. | | | | | | |

| idli | |
|------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | See schedule O |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | Drior Form 990 or 990-F7? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | SPNICESY |
| | If "Yes," describe these changes on Schedule O. □ Yes ☑ No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others |
| | the total expenses, and revenue, if any, for each program service reported. |
| P-1 | |
| 4a | (Code:) (Expenses \$120,628,460 including grants of \$964,000) (Revenue \$0) |
| | Museum Operations - Curatorial and curatorial support departments include conservation, education, exhibitions, digital media, |
| | publications, library and archives. The Museum was founded in 1929 as an educational institution and maintains a yast breadth of |
| | educational programming, which increased in the years after the opening of the renovated and expanded main facility in 2004. In |
| | FY 2016, almost 4 million children, students, and adults, of all abilities, were served by the Education Department; over 3 million |
| | onsite visitors who accessed free interpretative resources including labels and audio guides (offered in nine languages) to support |
| | their learning in the galleries; over 1.4 million who used online educational resources; and over 210,000 who participated in |
| | educational programs. MoMA's online following continues to flourish, reaching an extensive global audience. The Museum's |
| | 2015-16 special exhibition schedule showcased a broad range of modern and contemporary art, performance and film. Noteworthy |
| | exhibitions, among others, were on view during FY 2016: Edgar Degas: A Strange New Beauty, Bruce Connor: It's All True, |
| | Marcel Broodthaers, Jackson Pollock: A Collection Survey, 1934-1954, The Forever Now: Contemporary Painting in an Atemporal |
| | World, Latin America in Construction: Architecture 1955-1980, One-Way Ticket: Jacob Lawrence's Migration Series and Other (Continued on Schedule O, Statement 1) |
| 4b | (Codo: \/Evanges t |
| | In FY 2016, over 1,500 works were added to the collection, both by donation and by purchase. Many of the notable acquisitions |
| | will be included in forthcoming exhibitions including ten photographs by Joseph Albers from his tenure at the German Bauhaus in |
| | the 1920s; and Adrian Piper's Barbie Doll Drawings, thirty-five sketches that form the conceptual foundation of the American |
| | artist's first mature works. Major works from Latin America include Léon Ferrari's monumental stainless steel sculpture, "Planet" |
| | (1979), and an eighty-two foot long frieze of painted panels by the Argentine architect Clorindo Testa, titled Dwelling, Circulation, |
| | Work and Leisure (1974). The Museum also acquired all of the unique film materials by the renowned photographer Robert Frank |
| | spanning the entirety of his film career including his 1972 landmark documentary of the Rolling Stones. In addition, the Museum |
| | now owns Richard Serra's Equal (2015), a major work announced for acquisition in FY 2015. Among the many other works by |
| | contemporary artists, MoMA acquired major works of photography and media by the Egyptian-born artist Basim Magdy whose |
| | work was featured in the recent New Photography exhibition. |
| | |
| 4- | |
| 4c | (Code:) (Expenses \$ 35,025,418 including grants of \$ 0) (Revenue \$ 0) |
| | Security, operations, and maintenance of exhibition galleries and art collection. |
| | |
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| | *************************************** |
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| | |
| | ###################################### |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expanses \$ a including greats of \$ |
| 4e | Total program service expenses ► 196,278,442 |

| Part IV | | | |
|--|------|----------|-----------|
| | | | |
| | | | |
| AND DESCRIPTION OF THE PARTY OF | | 41. VU V | Schedules |

| | | | Yes | No |
|------|---|-----|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | ~ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 1 | | <u> </u> |
| 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 | 2 | V | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 3_ | | V |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 4 | ~ | |
| - | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | _ | | ر ر |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 5 | | |
| | 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 onen space | - | | ļ . |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | v |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | ٧ | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | v |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | ~ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | , | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | v | _ |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | · |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u>·</u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X | 11e | v | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | <u> </u> |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | ~ | - |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | · | ~ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ~ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | v | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | v | - |
| 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 | v | |
| 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 | - | |
| | | | 000 | |

| Part IV | Checklist | | | |
|---------|-----------|--|--|--|
| | | | | |
| | | | | |
| | | | | |

| | | | Yes | No |
|----------|---|------------|----------|---|
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | V |
| b 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| 22 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 21 | V | |
| 00 | 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 25a | 24a | v | |
| c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b | | V |
| ď | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | V | v |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | v |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | v |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | | · |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 26 | | - |
| 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): | 27 | | <u> </u> |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | <u> </u> | 30.00.00.00 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "You," complete Sahadula L. Bart IV. | 28b | | |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 28c 29 | V V | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N | 30 | ~ | |
| 32 | Part | 31 | | <u> </u> |
| | 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 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | , | _ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | v | |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 35b | <i>-</i> | |
| 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 | 36 | | <u> </u> |
| | Part VI | 37 | | <u> </u> |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | ~ | |
| | | Form | 990 | (2015) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
|--------|---|------------|--------------|------------|--|
| | | | Ť | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | 660 | | 8 66 8 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors an | nd | | | |
| 0- | reportable gaming (gambling) winnings to prize winners? | | 1c | V | |
| 2a | - Tailing of wage and lax | 150 | | | 1000000 |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 12 | 269 | | | |
| þ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | | 2b | V | |
| 0- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 150 | | | 0.000000 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | , | 3a | • | dictional Cala |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | 3b | ~ | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authorit | ty 🗌 | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | al | | | |
| _ | account)? | 4 | 4a | ~ | |
| b | See Schedule O, Statement 2 | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account | ts | | | |
| _ | (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | Ę | 5a | | V |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | Ę | 5b | | ~ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | ie | ľ | | |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | E | 6a | | V |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions of | or | | | |
| - | gifts were not tax deductible? | E | 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 good | ls 📗 | | | |
| b | and services provided to the payor? | 7 | 7a | ~ | |
| C | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7 | 7b | ~ | |
| Ū | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa required to file Form 8282? | - 1 | | | |
| ď | 16 (OVer 1) indicate the control of | 7 | 7c | | <u> </u> |
| e | Did the proprietation receive any funds directly or indirectly to now proprietation receive any funds directly or indirectly to now proprietation. | | | | |
| f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | | 7e | | <u>~</u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required | | 7f | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | ? 1 | 7g | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7 | 7h | 985/0000 | esaluses os |
| | sponsoring organization have excess business holdings at any time during the year? | 509960 | | Cesum. | S. (S.) (|
| 9 | Sponsoring organizations maintaining donor advised funds. | | 8 | Barana P | 5850/689A116 |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | ⊢ — | 9a 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 9 | וטו | 38.536 | 5650500000 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | \dashv | | | |
| а | Gross income from members or shareholders | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | \dashv | | | |
| | against amounts due or received from them.) | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | - 4. | 2a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | Za | (Co. 1950) | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | \dashv | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 1. | 3а | | s (99) (|
| | Note. See the instructions for additional information the organization must report on Schedule O | 10 | 0 <i>0</i> 3 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | |
| | the organization is licensed to issue qualified health plans | | - 1 | | |
| C | Enter the amount of reserves on hand | | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 112 | 4a | | <u>, </u> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | - | 416 | | |

| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | See ins | struct | ions. |
|-------------------|--|-------------------|----------|--------------|
| Secti | ion A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | Yes | No |
| b 2 | Enter the number of voting members included in line 1a, above, who are independent . 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 | V | |
| 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 | | ~ |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 4 5 6 7a | | <i>V V V</i> |
| b 8 | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | 3.2.00 | v |
| а | the year by the following: The governing body? | 0_ | | |
| ь 9 | Each committee with authority to act on behalf of the governing body? 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 | 8a 8b 9 | <i>V</i> | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | | ode.) | |
| | | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | V |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | 1 | |
| b 12a b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | دد | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | ~ | |
| 13 14 15 | Did the organization have a written whistleblower policy? | 13 14 | 7 | |
| a b | The organization's CEO, Executive Director, or top management official | 15a 15b | v v | |
| 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 | | v |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| | on C. Disclosure | | | |
| 17 18 | 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 (Section available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) | າ 501(| c)(3)s | only) |
| 19 | Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year. | erest | policy | /, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | :▶ | |

| Form 990 (2015) |
|-----------------|
|-----------------|

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

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

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

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

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

| ☐ Check this box if neither the organization no | r any relate | d org | aniz | zatio | on c | ompe | nsa | ated any currer | nt officer, directo | r, or trustee. |
|---|---|-------------------------|--------------------------|-------------------------------|--|------------------------------|---------------------|--------------------------------------|--|---|
| (A) Name and Title | (B) Average hours per week (list any | (do n box, office | ot ch unles er and | Pos neck ss pe d a d | C) ition more erson lirect | e than of is both or/trus | one 1 an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated |
| | related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| David Rockefeller | 0.5 | | | | | | | | | |
| Honorary Chairman/Life Trustee | 0.5 | 1 | | ~ | | | | 0 | 0 | 0 |
| Ronald S Lauder | 1 | | | | | | | <u> </u> | | <u> </u> |
| Honorary Chairman/Trustee | o | V | | 1 | | | | 0 | 0 | 0 |
| Robert B Menschel | 0.5 | | | | | | | | | <u> </u> |
| Chairman Emeritus/Life Trustee | 1 0 | V | | V | | | | 0 | 0 | o |
| Agnes Gund | 0.5 | | | | | | | | | |
| President Emerita/Life Trustee | 0 | ~ | | ~ | | | | 0 | 0 | `o |
| Donald B Marron | 0.5 | | | | | | | | | |
| President Emeritus/Life Trustee | 0 | ~ | | ~ | | | | 0 | 0 | 0 |
| Jerry I Speyer | 1 | | | ************ | 1 | | | | - | |
| Chairman/Trustee | 0 | ~ | | ~ | | | | 0 | 0 | 0 |
| Leon D Black | 1 | | | | | 1 | | | | |
| Co-Chairman/Trustee | 0 | 1 | | V | | | | o | 0 | 0 |
| Marie-Josee Kravis | 1 | | | | | | | | | |
| President /Trustee | 0 | ~ | | V | | | | o | 0 | 0 |
| Sid R Bass | 1 | | | | | | | | | |
| Vice Chairman/Trustee | 0 | ~ | | V | | | | o | 0 | 0 |
| Mimi Haas | 1 | | | | | | | | | |
| Vice Chairman/Trustee | 0 | ~ | | 1 | | | | 0 | 0 | 0 |
| Marlene Hess | 1 | | | ********** | | | | | | |
| Vice Chairman/Trustee | 0 | ~ | | ~ | | | | 0 | 0 | 0 |
| Richard E Salomon | 1 | | | | | | | | | |
| Vice Chairman/Treasurer/Trustee | 0 | ~ | | V | | | | 0 | 0 | 0 |
| Wallis Annenberg | 0.5 | | | | | | | | | |
| Trustee | 0 | 1 | | | | | | 0 | 0 | 0 |
| Lawrence B Benenson | 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |

Page 7 - 2 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| *************************************** | | 1 | | ((| C) | | | | | |
|---|-------------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------------|----------------------------------|---|
| (A) | (B) | | | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | e than o | | (D) Reportable | (E) Reportable | (F) Estimated |
| Hame and The | hours per | | | | | is both or/trust | | compensation | compensation from | amount of |
| | week (list any hours for | | | | г – | | | from the | related | other |
| | related | Individual trustee or director | stitu | Officer | Key employee | 무용 | Former | organization | organizations (W-2/1099-MISC) | compensation from the |
| | organizations below dotted | cto | tion | ~ | l di | st co | 4 | (W-2/1099-MISC) | | organization |
| | line) | trus | <u>a</u> + | | уее | duc | | | | and related organizations |
| | | tee | Institutional trustee | | | Highest compensated employee | | | | 9 |
| | | | Ф | | | ēd | | | | |
| Clarissa Alcock Bronfman | 0.5 | | | | | | | T T T T T T T T T T T T T T T T T T T | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| David Booth | 1 | | | | | | | | | |
| Trustee as of June 2016 | 0 | V | | | | | İ | 0 | 0 | 0 |
| Patricia Phelps de Cisneros | 1 | | | | | | | | | |
| Trustee | 0 | 1 | | | | | l | 0 | 0 | 0 |
| Paula Crown | 1 | | | | | | | | | |
| Trustee | 0 | V | | | | | | 0 | 0 | 0 |
| Edith Cooper | 1 | | | | | | | | | |
| Trustee as of January 2016 | 0 | V | | | | | | 0 | 0 | 0 |
| Steven Cohen | 1 1 | | | | | | | | | |
| Trustee as of June 2016 | 0 | ~ | | | | | | . 0 | 0 | 0 |
| David Dechman | 1 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Anne Dias | 11 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Glenn Dubin | 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| John Elkann | 1 | | | | | | | | | |
| Trustee | 0 | 1 | | ļ | | | | 0 | 0 | 0 |
| Laurence D Fink | 1 | | | | | | | | | |
| Trustee | 0 | 1 | | | | | | 0 | 0 | 0 |
| Glenn Fuhrman | 1 | | | | | | | | | *************************************** |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Kathleen Fuld | 1 | | | | | | | | | |
| Trustee | 0 | V | | | | | | 0 | 0 | 0 |
| Howard Gardner | 1 | | | | | | | | | |
| Trustee | 0 | ~ | Ì | | | | | 0 | o | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (do not che box, unless officer and ny or direct the character | | | Position heck more than one ss person is both an id a director/trustee) Highest compensated Officer Officer | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------|---|--|--|---|---|--|----------|---|--|--|
| Alexandra A Herzan | 1 | | | | | | | | | |
| Trustee | 0 | ' | | | | | | 0 | o | 0 |
| Ronnie Heyman | 1 | | | İ | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| AC Hudgins | 1 | | | | | | | | | |
| Trustee | О | \ \ | | | | | | o | o | 0 |
| Jill Kraus | 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Thomas H Lee | 0 | | | | | | | | | - |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Michael Lynne | 1 | | | | | | | | | " |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Khalil Gibran Muhammad | 1 | | | | | | | | | |
| Trustee as of October 2015 | 0 | ~ | | | | | | 0 | 0 | 0 |
| Philip S Niarchos | 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| James G Niven | 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Peter Norton | 1 | | | | | | ļ | | | |
| Trustee | 0 | V | | | | | | 0 | 0 | 0 |
| Daniel S Och | 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Maja Oeri | 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | <u> </u> | 0 | 0 | 0 |
| Michael S Ovitz | 1 | | | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Ronald O Perelman | 1 | | | | | | | | | |
| Trustee | 0 | <u></u> | | | | | | 0 | 0 | 0 |

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

| | T | (C) | | | | | | | Ammena | |
|--------------------------|-------------------------------|---------------------------------------|-----------------------|----------|--------------|---------------------------------|----------|-----------------|--|-----------------------------|
| (A) | (B) | | | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than o | | Reportable | Reportable | Estimated |
| | hours per | | | | | or/trust | | compensation | compensation from | amount of |
| | week (fist any hours for | 익물 | ñ | ਪ੍ਰ | 7 | 9.ま | ਨ੍ਹਾ | from the | related organizations | other compensation |
| | related | divid | 1 | Officer | y er | ples | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | | lion | ` | Key employee | /ee | - | (W-2/1099-MISC) | 4-14-14-14-14-14-14-14-14-14-14-14-14-14 | organization and related |
| | line) | Sru |) # # | | уее | 퓛 | | | *************************************** | organizations |
| | | 6 | Institutional trustee | | | Highest compensated employee | | | | |
| | <u> </u> | | Φ | | | red. | | | | |
| David Rockefeller Jr | 1 | | | | | | | | | |
| Trustee | 0 | 1 | | | | | - | 0 | ا | 0 |
| Sharon Percy Rockefeller | 1 | | | | | | | | | |
| Trustee | 0 | V | | | | | | 0 | 0 | 0 |
| Marcus Samuelsson | 1 | | <u> </u> | | | | | | | |
| Trustee | 0 | 1 | | | | | | 0 | o | 0 |
| Anna Deavere Smith | 1 | | | | | | | | | |
| Trustee | 0 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | . 0 | o | 0 |
| Ricardo Steinbruch | 11 | | | | | | | | | |
| Trustee | 0 | 1 | | | | | | 0 | o | 0 |
| Daniel Sundheim | 11 | | | | | | | | | |
| Trustee | 0 | ~ | | | <u> </u> | | | 0 | 0 | 0 |
| Alice M Tisch | 11 |] | | | | | | | | |
| Trustee | 0 | ~ | | | | | <u> </u> | 0 | 0 | 0 |
| Gary Winnick | 11 | | ł | | | | | | | |
| Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Eli Broad | 0.5 | | | l | | | | | | |
| Life Trustee | 0 | ~ | | <u> </u> | | | | 0 | 0 | 0 |
| Douglas S Cramer | 0.5 | | | | | | | | www. | |
| Life Trustee | 0 | ~ | <u> </u> | ļ | <u> </u> | | <u> </u> | 0 | 0 | 0 |
| Joel S Ehrenkranz | 0.5 | | | | | | | | | |
| Life Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Gianluigi Gabetti | 0.5 | | | | | | | | | |
| Life Trustee | 0 | V | <u> </u> | | | | | 0 | 0 | 0 |
| Barbara Jakobson | 0.5 | | | | | | | | | |
| Life Trustee | 0 | ~ | | <u> </u> | | | | 0 | 0 | 0 |
| Werner H Kramarsky | 0.5 | | | | | | | | | |
| Life Trustee | 0 | ~ | <u></u> | | <u> </u> | | | <u> </u> | 0 | 0 |

Form 990 (2015)

Form 990 (2015)
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

| | | (C) | | | | | | | | *************************************** |
|---|-------------------------------|--------------|-----------------------|----------|--------------|------------------------------|----------|-----------------|------------------------------|---|
| (A) | (B) | l | | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than o | | Reportable | Estimated | |
| | hours per | | | | | or/trust | | compensation | Reportable compensation from | amount of |
| | week (list any hours for | 유글 | 'n | Ç | Ğ. | 9,5 | 77 | from the | related organizations | other compensation |
| | related | d divid | l iii | Officer | y en | phes | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | | ions | | Key employee | /ee | [] | (W-2/1099-MISC) | | organization and related |
| | line) | rus | # # | | yee | l mg | | | | organizations |
| | | ee ee | Institutional trustee | | | Highest compensated employee | | | | |
| | | | | | <u> </u> | 8 | | 1 | | |
| r | | | | | | | | | | |
| June Noble Larkin | 0.5 | | | | | | | _ | | _ |
| Life Trustee | 0 | ~ | | | | | | 0 | 0 | 0 |
| Peter G Peterson | 0.5 | ~ | ľ | | | | | _ | | _ |
| Life Trustee | 0 | - | | | - | | | 0 | 0 | 0 |
| Emily Rauh Pulitzer | 0.5 | 1 | | | | | | _ | | _ |
| Life Trustee | 0 | - | | | | | | 0 | 0 | 0 |
| Anna Marie Shapiro | 0.5 | V | | | | | | _ | | _ |
| Life Trustee | 0 | | | | | | | 0 | 0 | 0 |
| Jeanne C Thayer | 0.5 | , | | | | | | | | |
| Life Trustee Joan Tisch | 0.5 | | ļ | | - | | | 0 | 0 | 0 |
| Life Trustee | 0 | 1 | | | | | <u> </u> | 0 | o | 0 |
| Edgar Wachenheim III | 1.0 | | | | - | | | , | 0 | U |
| Life Trustee | 0 | , | | | | | | 0 | o | 0 |
| Glenn D Lowry | 40 | Ť | | <u> </u> | | | | 0 | U | U |
| Director/Ex-Officio Trustee | | | | " | | | | 1,214,629 | o | 984,275 |
| James Gara | 40 | | | Ë | | | | 1,214,025 | <u> </u> | ₹04,215 |
| Chief Operating Officer/Assistant Treasurer | 0 | | | 1 | | | | 1,021,075 | 0 | 465,595 |
| Patty Lipshutz | 40 | | | | | | - | 1,021,010 | <u> </u> | +00,000 |
| General Counsel/Secretary | 0 | | | ~ | | | | 416,948 | 0 | 175,139 |
| Frank Ahimaz | 40 | | | | | | | 710,010 | | 110,100 |
| Chief Investment Officer | 0 | 1 | | | 1 | | | 883,742 | 0 | 395,147 |
| Kathy Halbreich | 40 | | | | <u> </u> | | | 000,712 | | 000,141 |
| Associate Director | 0 | 1 | | | 1 | | | 464,140 | ٥ | 80,977 |
| Todd Bishop | 40 | | | | | | | 13., | | 50,011 |
| Senior Deputy Director of External Affairs | 0 | 1 | | | 1 | | Į | 427,630 | 0 | 166,637 |
| Peter Reed | 40 | | | | | | | ,,000 | | |
| Senior Deputy Director for Curatorial Affairs | 0 | 1 | | | V | | | 375,559 | 0 | 150,817 |

Form 990 (2015)

Page 7 - 6 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors **Independent Contractors**

| | | γ | | | | | | | | |
|---|-------------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-----------------------|--|
| | | | | - | C) | | | | | |
| (A) | (B) | /40.0 | | | ition | e than o | | (D) | (E) | (F) |
| Name and Title | Average | | | | | is both | | Reportable | Reportable | Estimated |
| | hours per | office | er and | | | or/trust | | compensation | compensation from | amount of |
| | week (list any hours for | Individual trustee or director | 3ns | 윺 | Ke | a 뜻 | Fο | from the | related organizations | other compensation |
| | related | divid | titut | Officer | Key employee | P in s | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | oru | ion | | 탏 | 9 6 | | (W-2/1099-MISC) | | organization and related |
| | line) | rus | ᆵ | | yee | 풡 | | | | organizations |
| | | ee | Institutional trustee | | | Highest compensated employee | | | | |
| | ļ | | æ | | | 置 | | | | |
| Ramona Bannayan | 40 | | | | | | | | | |
| Senior Deputy Director for Exhibitions | | | | | V | | | 204 500 | ا | 00.400 |
| Jan Postma | 40 | | | | | | | 324,580 | 0 | 69,186 |
| Chief Financial Officer | 0 | | | | v | | | 325,997 | اه | EE COT |
| Ann Temkin | 40 | | | | - | <u> </u> | | 323,391 | 0 | 55,605 |
| Chief Curator - Painting and Sculpture | 0 | 1 | | | V | | | 317,216 | اه | 78,937 |
| Klaus Biesenbach | 0 | | | | - | | Η- | 317,210 | | 70,937 |
| Chief Curator at Large | 40 | | | | V | | | 0 | 517.259 | 32,602 |
| Tunji Adeniji | 40 | | | | | | | | 317,239 | 32,002 |
| Director of Facilities and Security | 0 | | | | V | | | 261,616 | ol | 30,316 |
| Rajendra Roy | 40 | | | | | | | 201,010 | | |
| Chief Curator - Film | 0 | | | | 1 | | | 276,267 | ol | 57,715 |
| Christophe Cherix | 40 | | <u> </u> | | | | | | | |
| Chief Curator - Prints & Illustrated Books | 0 | | | | V | | | 312,381 | ol | 59,226 |
| Quentin Bajac | 40 | | | | | 1 | | | | |
| Chief Curator - Photography | 0 | 1 | | | V | | | 259,602 | o | 19,377 |
| Stuart Comer | 40 | | | | | | | | | |
| Chief Curator-Media & Performance Art | 0 | 1 | | | V | | | 236,217 | ol | 15,204 |
| Martino Stierli | 40 | | | | | | | | | |
| Chief Curator-Arch. and Design started 3/2015 | T o | | | | V | | ļ | 221,441 | o | 13,175 |
| Anthony Wai | 40 | | | | | | - | | | <u>, </u> |
| Director of Investments | 0 | | | | | 1 | | 396,609 | o | 228,785 |
| Thomas Randon | 40 | | | | | | | | | |
| General Mgr - Retail | 0 | | | | | ~ | | 426,533 | | 26,180 |
| Jean Savinsky | 40 | | | | | | | | | |
| Dir. Real Estate Expansion | 0 | | | | | ~ | L | 398,607 | 0 | 77,434 |
| Ruth Shapiro | 40 | | | | | - | | | | |
| Director, Business Development | 0 | | | | | 1 | | 268,284 | o | 156,509 |

| and the other transfer and the state of | *************************************** | | | | | | | | | | | | 9 |
|---|--|-------------------------------|--------------------------------|-----------------------|------------|--------------|---------------------------------|----------|----------------------|-------------------------|-----------|---|-------------------|
| Part VII Section | on A. Officers, Directors, Trus | tees, Key E | mplo | yees | s, aı | nd F | lighe | st C | ompensated E | mployees | (continu | ıed) | |
| | | | | | • | C) | | | | (| | | |
| | (A) | (B) | (do n | nt ch | | ition | e than o | 200 | (D) | (E) | 1 | (| F) |
| | Name and title | Average | | | | | is both | | Reportable | Reportal | | Estin | nated |
| | | hours per week (list any | office | er and | dad | irect | or/trus | tee) | compensation | compensation related | | | ant of |
| | | hours for | 유표 | Ins | 읓 | ₹ G | 멸등 | Fg | the | organizati | | | ner nsation |
| | | related | l Fraid | litut | Officer | Key employee | ploy | Former | organization | (W-2/1099-I | | fron | ı the |
| | | organizations below dotted | 호트 | ions | | 턿 | ecc | `` | (W-2/1099-MISC) | | | | ization elated |
| | | line) | Individual trustee or director | 其 | | yee | m pe | | | | | | zations |
| | | | 8 | Institutional trustee | | | Highest compensated employee | | | | | | |
| | | | | е | | | ed. | | | | | | |
| Christopher Hudso | <u>n</u> | 40 | | | | | | | | | | | |
| Publisher | *************************************** | 0 | | | | | ~ | | 331,237 | | 0 | | 87,646 |
| 4444444 | | | | | | | | | | | | | |
| | *************************************** | <u> </u> | | | | <u> </u> | ļ | <u> </u> | | | | | |
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| *************************************** | WWW. | | | | | ļ | | | | | | | |
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| | *************************************** | <u> </u> | | | | | | | | | | | |
| ZI. 0.3.1.1.1 | | | | | | | | <u> </u> | | 7.0.00 | | | |
| 1b Sub-total . | | | | • | • | | • | ▶ | 9,160,310 | 51 | 7,259 | *** | 3,426,484 |
| | continuation sheets to Part | • | | ٠ | • | | • | P | | | | | |
| | lines 1b and 1c) | | | | | | • | <u> </u> | 9,160,310 | | 7,259 | | 3,426,484 |
| 2 Total number | er of individuals (including bu compensation from the organi | t not limited | i to th | ose | list | ed a | above | e) W | ho received m | ore than \$1 | 00,000 |) of | |
| reportable c | compensation nom the organ | ization - 1 | 58 | | | | | | | | | | |
| 3 Did the ord | ganization list any former of | ficar direc | tor o | | unte | 20 | kov. s | | dougo or bigh | aat aamaa | | | Yes No |
| | n line 1a? If "Yes," complete | | | | | | | 2111 | noyee, or mgn | est compe | ensalet | 800009800000 | |
| · - | · | | | | | | | | | | | 3 | · / |
| | ividual listed on line 1a, is the n and related organizations | | | | | | | | | | | | |
| individual . | | greater the | مالیت | JU, | 000 | : 11 | 16 | ٥, | complete Sch | eddie 3 ic | n suci | 200010000000000000000000000000000000000 | |
| | son listed on line 1a receive of | , , , | | 2001 | Ion | · · | | | roloted eranni- | | · · | 4 | <u> </u> |
| | rendered to the organization | | | | | | | | | | | ADDRESS (1) | |
| | | : 11 163, 0 | iompi | GIG. | ر زیا ب | ,eut | 110 0 1 | OI S | sucii persori | | • • | 5 | · / |
| | ndent Contractors | | 1 7 | | 1 | | | | | | *** | | |
| 1 Complete the | his table for your five highest | compensati | ea inc | epe | ena | ent | contr | acto | ors that receive | ed more tha | an \$100 | J,000 of | |
| year. | on from the organization. Rep | our compe | nsanc | ж | JI LI | ie c | alerio | ar y | ear ending wit | n or within | the org | ganizatio | n's tax |
| year. | | | | | | | | | | | 1 | | |
| | (A) Name and business add | łress | | | | | | | (B) Description of s | envines | | (C) Compensa | tion |
| Diff 0 41-1111 | | | | | | | | ļ | | ei vices | | • | |
| | Renfro, 601 West 26 Street, Nev | | | | | | | | chitect | | | • | 0,172,087 |
| | 419 Park Avenue South, New Y | | 16 | | | | | | ategic Planning | | 1,709,774 | | |
| | Park Avenue South, New York, I | | | | | | | - | rketing | | 366,233 | | |
| • | , Eleven Time Square, New Yor | | | | | | | _ | gal Services | | | | 356,382 |
| | opers LLP, 300 Madison Avenu er of independent contracto | | | | | imit | od +- | | dit Fees | 21.0/ 11.60 | | | 341,142 |
| | ore than \$100,000 of compens | | | | | | | , in | | ove) who | | | |
| 10001100 1110 | a. + (ao)aaa al combens | ALION HOIN I | * 10 OI | ဗျပျ | ، د. ابا ا | | ~ | | 13 | | | | |

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Part VIII Statement of Revenue

| radiosas | 500000000000000 | Check if Schedule C | contains a i | respons | se or note to | | | | |
|---------------------------|-----------------|---|-----------------|-------------|---------------|----------------------|--|---|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ıts | 1a | Federated campaigns | S | 1a | 0 | | | | |
| | þ | Membership dues . | | 1b | 3,914,250 | | | | |
| ا تج ر | C | Fundraising events . | 🗔 | 1c | 8,285,026 | | | | |
| ar / | d | Related organizations | | 1d | 0 | 0.00000 | | | |
| ν Ε L | е | Government grants (con | | 1e | 142,384 | | | | |
| and Other Similar Amounts | | All other contributions, g and similar amounts not inc | ifts, grants, | | | | | | |
| 된 | | | L | | 289,482,929 | | | | |
| <u> </u> | g | Noncash contributions include | | | 34,392,142 | | | | |
| | h | Total. Add lines 1a-1 | f | | ▶ | 301,824,589 | E-160 No. 100 CO 100 E8 | | |
| 을 | | | | Bus | siness Code | | | | |
| Program Service Revenue | 2a | Admissions | | | 712100 | 29,414,572 | 29,414,572 | 0 | |
| 윤 | b | Exhibition Tour Incom | e | | 712100 | 805,530 | 805,530 | 0 | |
| <u>Ş</u> | C | | | | | | | | |
| je l | d | | | | | | | | |
| Ë | е | | | | | | | | |
| gra | f | All other program ser | vice revenue | | | 3,738,219 | 3,738,219 | 0 | |
| Š | g g | Total. Add lines 2a-2 | | | • | 33,958,321 | 0,700,213 | <u> </u> | <u> </u> |
| | 3 | Investment income | | | | 33,330,321 | | | |
| | • | and other similar amo | | | | 10 000 004 | ام | 000.000 | 40,000,40 |
| | 4 | | , | | L | 13,368,391 | 0 | 968,968 | 12,399,42 |
| | 4 | Income from investmen | • | • | roceeds | 0 | 0 | 0 | |
| | 5 | Royalties | (i) Real | | P | 0 | 0 | 0 | |
| | _ | _ | (i) neai | , (I | i) Personal | | | | |
| | 6a | Gross rents | 1,815,9 | | 0 | | | | |
| | b | Less: rental expenses | 213,9 | 920 | 0 | | | | |
| | C | Rental income or (loss) | 1,602,0 | 023 | 0 | | The last transport of the last transport | | en anno anno anno anno anno anno anno an |
| | d | Net rental income or (| | <u> </u> | ► | 1,602,023 | 0 | 0 | 1,602,02 |
| | 7a | Gross amount from sales of | (i) Securities | <u> </u> | (ii) Other | | | | |
| | | assets other than inventory | 228,192,0 | 000 | 17,228,694 | | | | |
| | b | Less: cost or other basis | | - | | | | | |
| | | and sales expenses . | 219,510,2 | 234 | o | | | | |
| | C | Gain or (loss) | 8,681,7 | | 17,228,694 | | | | |
| | d | Net gain or (loss) . | | | | 25,910,460 | 17,228,694 | 0 | 8,681,76 |
| ene | - 8a | Gross income from fu | ındraising | | | 20,010,700 | 11,220,007 | | 0,001,70 |
| Other Reven | | events (not including \$ | 8,285,026 | | | | | | |
| E G | | of contributions reporte | ed on line 1c). | | | | | | |
| <u>-</u> | | See Part IV, line 18 . | | a | 383,030 | | | | |
| 妄 | b | Less: direct expenses | 3 | b | 1,526,214 | | | | |
| 0 | C | Net income or (loss) f | | | | -1,143,184 | | 0 | -1,143,18 |
| | _ | Gross income from ga | | | | -1,140,104 | | U | -1,140,10 |
| | - | | | | اء | | | | |
| | h | | | | 0 | 0.0 9 6 6 2 | | | |
| | b | Less: direct expenses | | | <u>0</u> | | | | |
| ١. | - 10- | Net income or (loss) f | | | 5 🚩 | 0 | 0 | 0 | |
| | 10a | Gross sales of in | | | | | | | |
| | | returns and allowance | | a | 57,139,574 | | | | 100 000 000 000 |
| | b | Less: cost of goods s | | b | 28,067,850 | | | | |
| <u></u> | С | Net income or (loss) f | | | | 29,071,724 | 25,966,863 | 3,104,861 | |
| | | Miscellaneous F | Revenue | Bu | siness Code | | | | |
| Γ. | 11a | Museum Restaurants | | | 722100 | 1,160,644 | 0 | 0 | 1,160,64 |
| | b | Corporate Events | | | 900099 | 2,655,464 | | 841,773 | |
| | C | | | | | | , , , . , . , . , . , . , . , . | | |
| | d | All other revenue . | | · | | 0 | 0 | 0 | 1 |
| | e | Total. Add lines 11a- | | | > | 3,816,108 | | | |
| 1 | 12 | Total revenue. See in | | | } | 408,408,432 | | 4,915,602 | 22,700,67 |
| 1 ' | | | | | | 700,700,706 | , ,,,,,,,,,,, | 7.313.002 | . 44.100.07 |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| <u>oecuc</u> | Check if Schedule O contains a respons | · | | | |
|-----------------|---|---|------------------------------|-------------------------------------|--------------------------|
| Do no 8b, 9t | of include amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 964,000 | 964,000 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | o | 0 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 10,193,062 | 0 2,857,317 | 6,850,793 | 484,952 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | 10,133,002 | 2,007,017 | 0,030,733 | 404,602 |
| _ | persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 59,975,052 | 50,532,764 | 5,265,226 | 4,177,062 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 8,575,398 | 6,524,918 | 1,480,725 | 569,755 |
| 9 | Other employee benefits | 12,791,809 | 9,733,135 | 2,208,778 | 849,896 |
| 10 | Payroll taxes | 4,865,227 | 4,017,929 | 560,133 | 287,165 |
| 11 | Fees for services (non-employees): | | _ | | |
| a L | Management | 0 | 0 | 0 | |
| b | Legal | 940,907 | 0 | 940,907 452,284 | |
| d | Lobbying | 452,284 50,000 | 0 | 50,000 | |
| e | Professional fundraising services. See Part IV, line 17 | 100,000 | U | 30,000 | 100,000 |
| f | Investment management fees | 8,019,997 | 0 | 8,019,997 | 100,000 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | *************************************** | | | 0.004.540 |
| 12 | Advertising and promotion | 16,478,383 5,725,363 | 11,327,127 3,616,928 | 2,889,738 | 2,261,518 |
| 13 | Office expenses | 13,219,755 | 11,500,201 | 1,089,566 | 2,108,435 629,988 |
| 14 | Information technology | 1,146,056 | 11,500,201 | 1,146,056 | 029,900 |
| 15 | Royalties | 136,485 | 136,485 | 1,140,030 | 0 |
| 16 | Occupancy | 14,498,264 | 11,522,183 | 1,140,949 | 1,835,132 |
| 17 | Travel | 3,439,659 | 3,193,770 | 185,504 | 60,385 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | n | 0 |
| 19 | Conferences, conventions, and meetings . | 1 | - | - | |
| 20 | Interest | 9,759,050 | 9,210,110 | 365,960 | 182,980 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 27,076,003 | 21,255,091 | 5,633,802 | 187,110 |
| 23 | Insurance | 2,323,102 | 2,248,145 | 49,971 | 24,986 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Acquisition of Art | 40,624,564 | 40,624,564 | 0 | 0 |
| b | Membership Dues & Subscriptions | 344,524 | 219,412 | 121,533 | 3,579 |
| ч С | Administrative and Other Expenses | 7,315,929 | 6,794,363 | 256,102 | 265,464 |
| d e | All other expenses | 0 | 0 | 0 | ^ |
| 25 | Total functional expenses. Add lines 1 through 24e | 249,014,873 | 196,278,442 | | 14 028 407 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 243,U14,0/3 | 130,270,442 | 38,708,024 | 14,028,407 |
| | | | | | Form 990 (2015) |

Part X Balance Sheet

| | | Check if Schedule O contains a response or r | note to any lir | ne in this Pa | rt X | | |
|-----------------------------|----------|---|-----------------|----------------------------|--------------------------|------|------------------------|
| | · | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 8,810,455 | 1 | 10,475,508 |
| | 2 | Savings and temporary cash investments | | | 75,028,374 | 2 | 141,460,950 |
| | 3 | Pledges and grants receivable, net | | | 190,257,879 | 3 | 280,050,261 |
| | 4 | Accounts receivable, net | | | 7,851,836 | 4 | 4,994,855 |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | | trustees, key employees, and highest con | | | | | |
| | | Complete Part II of Schedule L | | | 0 | 5 | 0 |
| ts | 6 | Loans and other receivables from other disqualified person 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volunta organizations (see instructions). Complete Part II of Schedul | contributing em | ployers and beneficiary | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 0 | 7 | 0 |
| As | 8 | Inventories for sale or use | | | 12,680,114 | 8 | 13,830,505 |
| | 9 | | | 1 | 9,007,607 | 9 | 12,346,824 |
| | 10a | Land, buildings, and equipment: cost or | | Ì | | 7.00 | , |
| | | other basis. Complete Part VI of Schedule D | 10a | 827,092,820 | | | |
| | b | Less: accumulated depreciation | 10b | 339,975,617 | 468,980,429 | 10c | 487,117,203 |
| | 11 | Investments—publicly traded securities | | | 589,904,848 | 11 | 546,639,594 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 317,341,740 | 12 | 291,713,615 |
| | 13 | Investments-program-related. See Part IV, line 1 | | | 0 | 13 | 0 |
| | 14 | Intangible assets | | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | | 38,083,331 | 15 | 35,455,220 |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | | 1,717,946,613 | | 1,824,084,535 |
| | 17 | Accounts payable and accrued expenses | | | 46,857,126 | 17 | 61,927,568 |
| | 18 | Grants payable | | | 0 | | 0 |
| | 19 | Deferred revenue | | | 2,309,589 | | 7,346,633 |
| | 20 21 | Tax-exempt bond liabilities | | | 247,765,857 | 20 | 244,606,291 |
| " | 22 | Escrow or custodial account liability. Complete Pa Loans and other payables to current and for | | | 0 | 21 | 0 |
| Liabilities | 22 | trustees, key employees, highest compensational disqualified persons. Complete Part II of Schedule | ated employ | ees, and | 5,756,699 | 22 | 7.045.440 |
| | 23 | Secured mortgages and notes payable to unrelate | | L | 5,756,699 | 23 | 7,345,413 |
| | 24 | Unsecured notes and loans payable to unrelated t | | | 17,800,000 | | 18,000,000 |
| | 25 | Other liabilities (including federal income tax, pa | | | 17,000,000 | | 10,000,000 |
| | | parties, and other liabilities not included on lines | 17-24). Comp | ete Part X | 59,749,540 | | 70,976,498 |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 380,238,811 | 26 | 410,202,403 |
| seo | | Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and | 34. | | | | |
| lan | 27 | Unrestricted net assets | | | 762,987,442 | 27 | 661,282,112 |
| Ba | 28 | Temporarily restricted net assets | | | 326,845,293 | 28 | 472,211,028 |
| nd | 29 | Permanently restricted net assets | | | 247,875,067 | 29 | 280,388,992 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34. | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds . | | | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equ | | | | 31 | |
| it A | 32 | Retained earnings, endowment, accumulated inco | | | | 32 | |
| ž | 33 | Total net assets or fund balances | | | 1,337,707,802 | 33 | 1,413,882,132 |
| | 34 | Total liabilities and net assets/fund balances | | | 1,717,946,613 | 34 | 1,824,084,535 |
| | | | | | | | Form 990 (2015) |

| Parl | XI Reconciliation of Net Assets | | | | |
|------|--|---------|-------------|--------------|-----------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | V |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4 | 08,408 | 3,432 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2 | 49,014 | 4,873 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1 | 59,393 | 3,559 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,3 | 37,707 | 7,802 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 74,888 | 3,108 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -8,33 | 1,121 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 1,4 | 13,882 | 2,132 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain i | n | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 30013250133 | V |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | oiled c | ır | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | - | | |
| b | | | . <u>2b</u> | V | nicon neces |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: | ea on | a | | |
| | · | | | | |
| _ | Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | oroiah | 14 | 24 (5) (6) | .855.853 |
| С | of the audit, review, or compilation of its financial statements and selection of an independent account | | | ارا | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | X51055555 | 1000000 |
| | Schedule O. | ріанті | " | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth i | n | | William Control |
| va | the Single Audit Act and OMB Circular A-133? | | . 3a | | v |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | | |
| - | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | 3b | | |
| | | | Forr | n 990 | (2015) |
| | | | . • | | ,, |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

| | EUM OF MODERN ART | | | | | 13-16 | |
|-------|--|---|--|------------------------------------|--------------------------------------|---|---|
| Par | ' <u> </u> | | | | | | ns. |
| | rganization is not a private founda | | • | | • | • | |
| | A church, convention of church | | | | | | |
| | A school described in section | | | | | | |
| | ☐ A hospital or a cooperative ho☐ A medical research organization | | | | | | IIII Entartha |
| 4 | hospital's name, city, and stat | | mjunction with a nost | Jital desc | nbea in s | section (70(b)(1)(A)(| iii). Enter the |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | the benefit of a | college or university | owned o | r operate | ed by a government | al unit described in |
| | ☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1) | receives a subs | tantial part of its sup | | | | n the general public |
| 8 | A community trust described i | n section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | An organization that normally receipts from activities related support from gross investment acquired by the organization as | receives: (1) mo d to its exempt ent income and | re than 331/3% of its functions—subject to unrelated business | support i certain taxable ii | exception ncome (l | ns, and (2) no more ess section 511 ta | than 331/3% of its |
| 10 | ☐ An organization organized and | operated exclus | sively to test for public | safety. | See sect i | ion 509(a)(4). | |
| | An organization organized and one or more publicly supported the box in lines 11a through 11 | operated exclusi d organizations d | vely for the benefit of, escribed in section 50 | to perfor 09(a)(1) o | m the fun r section | ctions of, or to carry 509(a)(2). See secti | on 509(a)(3). Check |
| а | ☐ Type I. A supporting organize the supported organization(sorganization. You must con the support of the | s) the power to re | gularly appoint or ele | led by its ct a majo | supporterity of the | ed organization(s), ty e directors or trustee | pically by giving as of the supporting |
| þ | ☐ Type II. A supporting organic control or management of the organization(s). You must control to the organization organization organization. ☐ Type II. A supporting organization organization organization. ☐ Type II. A supporting organization organization organization. ☐ Type II. A supporting organization organization. ☐ Type II. A supporting organization organization. ☐ Type II. A supporting organization organization. ☐ Type II. A supporting organization organization. ☐ Type II. A supporting organization. | e supporting org | anization vested in th | | | | |
| С | Type III functionally integral its supported organization(s) | | | | | | y integrated with, |
| d | ☐ Type III non-functionally in that is not functionally integr requirement (see instructions) | ated. The organi | zation generally must | satisfy a | distributi | on requirement and | |
| е | Check this box if the organiz functionally integrated, or Ty | ation received a | written determination | from the | IRS that | it is a Type I, Type I | I, Type III |
| f | Enter the number of supported | organizations . | | | | | [|
| g | Provide the following informatio | n about the supp | orted organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | listed in you | rganization or governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | 1 | |
| A) | | | | | | | |
| B) | | | | | | | |
| C) | | | | | | | |
| D) | | , | | | | | |
| E) | _ | | | | | | |
| Total | | | | | | | *************************************** |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts. grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 99,837,516 88,978,253 123,940,602 135,284,742 301,824,589 749,865,702 2 levied revenues organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge n n 0 0 0 0 4 Total. Add lines 1 through 3. . . . 99,837,516 88,978,253 123,940,602 135,284,742 301,824,589 749,865,702 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 749,865,702 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 7 99,837,516 88,978,253 123,940,602 135,284,742 301,824,589 749,865,702 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 15,783,171 15,630,866 16,484,359 13.641.465 15,184,334 76,724,195 Net income from unrelated business activities, whether or not the business is regularly carried on 1,159,754 1,735,350 999,201 789,462 0 4,683,767 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 4,744,645 4,259,230 4,399,438 4,287,220 4,199,138 21,889,671 Total support. Add lines 7 through 10 11 853,163,335 12 12 41,613,848 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 2015 (line 6, column (f) divided by line 11, column (f)) 14 87.89 % Public support percentage from 2014 Schedule A, Part II, line 14 15 15 % 331/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this $\overline{\mathbf{v}}$ 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

| Sect | ion A. Public Support | under the te | zata iisted bei | ow, please co | ompiete Part | 11.) | |
|-------------|---|--|---|---------------------------------------|---|---|---|
| | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (0) = 0 / 1 | (2) 2012 | (0) 2010 | (4) 2014 | (6) 2010 | (i) Total |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | *************************************** | ***** | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | l | |
| | 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 . | | | | | ĺ | |
| b | Amounts included on lines 2 and 3 | | | | | *************************************** | *************************************** |
| | received from other than disqualified | _ | | | | | |
| | persons that exceed the greater of \$5,000 | | | 1 | *************************************** | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Soot: | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (-) 0011 | (h) 0010 | (-) 0040 | (0044 | | |
| 9 | Amounts from line 6 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties and income from similar sources . | - потем на | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | - | | | | |
| | acquired after June 30, 1975 | | *************************************** | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | ****** | | | *************************************** |
| | activities not included in line 10b, whether | | j | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | , |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | | | | | | |
| | organization, check this box and stop he | | · · · · · | | | | <u> </u> |
| | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2015 (line 8 | | | | | | % |
| 16 Secti | Public support percentage from 2014 Sci on D. Computation of Investment In | nedule A, Part | III, line 15 . | | | 16 | % |
| 17 | | | | | (0) | 1 4 - 1 | |
| 18 | Investment income percentage for 2015 (Investment income percentage from 2014) | me ruc, colur 1 Schodulo A | nn (i) uivided b Dart III lica 17 | iy ime 13, colul | nn (I)) | 17 | <u>%</u> |
| 19a | 33 ¹ / ₃ % support tests—2015. If the organ | r Scriedule A, ization did not | ranin, iiile I/ t check the box | von line 14 e | | 18 | % and line |
| 100 | 17 is not more than 331/3%, check this box | and ston here | . The organizati | on mualifice se | nu me 10 IS II a nublich euss | orted organizati Orted organizati | |
| b | 33 ¹ / ₃ % support tests—2014. If the organiz | | | | | | |
| | line 18 is not more than 331/3%, check this | box and stop i | here. The organ | ization qualifies | s as a publicly s | upported organi | zation 🕨 🥅 |
| 20 | Private foundation. If the organization di | | | | | | |

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 |
|----|--|--------|
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | 30.033 |

- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| | e A (Form 990 or 990-EZ) 2015 | | } | age 5 |
|---------|---|-----------------------|---------------------|---|
| Part | Supporting Organizations (continued) | | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 05045504 | Yes | No |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| ū | below, the governing body of a supported organization? | 11a | Same and | 13076517650 |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | 8.6 | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | • | 22//27/08: | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | iionados com |
| Secti | on C. Type II Supporting Organizations | | | |
| | | property (COM) | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | | | |
| Section | on D. All Type III Supporting Organizations | 1 | | L |
| OCCU | on D. All Type III oupporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | ester i ester i ves | Validinations |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 190 (65) | | 100 |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | 2000000 4.466045 | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | *************************************** |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 36750 | 4,32,33 | 4,55,45,53 |
| Sacti | on E. Type III Functionally-Integrated Supporting Organizations | 3 | | <u> </u> |
| | | | | _ \ |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | nstru | ction | s): |
| a | ☐ The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | <i>.</i> | | · |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | see ins | structi | ons). |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 30 (32) | 1 | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 50000000 212000000 | | |
| | · | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | 1 | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | クト | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | 2b | 1000000 | |
| о a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | trustees of each of the supported organizations? Provide details in Part VI. | За | | 2500000 |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | - promonated (SEC) |

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

| بالتعا | 1 ype III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organ | i zations (continued) | |
|--------|---|--|--|---|
| Sect | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | orted | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | *************************************** |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | ****** |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | sponsive | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | T |
| Sı | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| i | Carryover from 2010 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2015 from Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2015 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| С | Excess from 2013 | | | |
| d | Excess from 2014 | | | |
| е | Excess from 2015 | | | |
| | | The state of the s | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, |
|---|---|
| | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| | A, Part II, Line 10 - Other income includes gross income from fundraising and corporate events and ancillary revenue from the |
| restaurant | |
| | |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

| | ection 501(c)(4), (5), or (6) orga | anizations: Complete Part III. | | | |
|------|---------------------------------------|--|---------------------|--------------------------|---|
| Name | of organization | | | Employer ide | ntification number |
| | UM OF MODERN ART | | | | 13-1624100 |
| Part | · · · · · · · · · · · · · · · · · · · | e organization is exempt und | | | organization. |
| 1 | | the organization's direct and indire | | | |
| 2 | | | | |) |
| 3 | Volunteer hours | | | | |
| Part | • | e organization is exempt und | | | |
| 1 | Enter the amount of any | excise tax incurred by the organiza | ition under section | n 4955 ▶ 🥞 |) |
| 2 | Enter the amount of any | excise tax incurred by organization | ı managers under | section 4955 ▶ \$ | |
| 3 | | ed a section 4955 tax, did it file For | | | |
| 4a | | | · · · · · · | | Yes 🗌 No |
| b | If "Yes," describe in Part | | | | |
| Part | | e organization is exempt und | | | (c)(3). |
| 1 | | ly expended by the filing organiz | | | i |
| 2 | | filing organization's funds contrib | | |) |
| 2 | | vities | | | |
| 3 | | expenditures. Add lines 1 and 2. | | | |
| Ŭ | | | | | \ |
| 4 | | file Form 1120-POL for this year | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 5 | = = | ses and employer identification nur | | | |
| v | | ents. For each organization listed, | | | |
| | | ontributions received that were pro | | | |
| | | fund or a political action committee | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (a) Amount of political |
| | fat wattie | (b) Address | (C) ENV | filing organization's | (e) Amount of political contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly delivered to a separate |
| | | | | | political organization. If |
| | | | | | none, enter -0 |
| (1) | | | | | |
| | | | | - | |
| (2) | | | | | |
| (3) | | | | | |
| (0) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| | | | | | |
| (6) | | L | 1 | 1 | I |

d Grassroots nontaxable amount

Grassroots ceiling amount

(150% of line 2d, column (e)) f Grassroots lobbying expenditures

| Sched | ule C (Form 990 or 990-EZ) 2015 | | | | | Page 2 |
|-------|---|---------------------------------------|----------------------|--------------------------------------|----------------------------------|--------------------------------|
| | II-A Complete if the organization section 501(h)). | - | | | • | ction under |
| | Check ► ☐ if the filing organization be name, address, EIN, expension of the filing organization of | nses, and shar | e of excess lobb | ying expenditur | es). | oup member's |
| R C | Check ► ☐ if the filing organization ch | | | roi provisions a | рріу. | |
| | Limits on Lob (The term "expenditures" n | bying Expenditu leans amounts (| | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence | e public opinion (| grass roots lobbyi | ng) | 0 | |
| b | Total lobbying expenditures to influence | e a legislative boo | dy (direct lobbying | 1) | 50,000 | |
| С | Total lobbying expenditures (add lines | a and 1b) | | | 50,000 | |
| d | | , | | | 248,864,873 | |
| е | Total exempt purpose expenditures (ad | | | | 248,914,873 | |
| f | Lobbying nontaxable amount. Enter columns. | | | | 1,000,000 | |
| | If the amount on line 1e, column (a) or (b) is | : The lobbying r | nontaxable amount | is: | | |
| | Not over \$500,000 | 20% of the am | ount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess of | over \$500,000. | | |
| | Over \$1,000,000 but not over \$1,500,000 | | 10% of the excess of | | | |
| | Over \$1,500,000 but not over \$17,000,000 | | 5% of the excess ov | | | |
| | Over \$17,000,000 | \$1,000,000. | | | | |
| g | Grassroots nontaxable amount (enter 2 | 5% of line 1f) . | | | 250,000 | |
| h | | • | | | 0 | |
| i | Subtract line 1f from line 1c. If zero or le | ess, enter -0 | | | 0 | |
| i | If there is an amount other than zero | on either line | 1h or line 1i, did | the organization | file Form 4720 | |
| | reporting section 4911 tax for this year | ? | | | | Yes No |
| | (Some organizations that made a se See the | ction 501(h) ele e separate instru | uctions for lines 2 | e to complete all 2a through 2f.) | of the five column | ns below. |
| | Lobbyin | g Expenditures | During 4-Year Av | eraging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (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 |
| С | Total lobbying expenditures | 90,000 | 60,000 | 60,000 | 50,000 | 260,000 |

250,000

0

250,000

0

250,000

0

Schedule C (Form 990 or 990-EZ) 2015

0

1,000,000

1,500,000

0

250,000

| Part | Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | iled | Forn | 1 5768 | |
|-----------|---|---------------------------------------|-----------|---------------|------------|
| For | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | (; | a) | | (b) |
| desc | iption of the lobbying activity. | Yes | No | Aı | mount |
| 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 | Volunteers? | | | | |
| c d | Media advertisements? | | | | |
| e | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| j | Total. Add lines 1c through 1i | V (2000) | (56) (C) | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | Latina in inc. | 24661.CSC | Service (SSV) | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | 0.0830-31 | 68.78 | ESSENCEN GOVE | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | 3 (6) | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | i i i i i i i i i i i i i i i i i i i | | 24,0227,033.0 | |
| Part | Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6). | (5), (| or se | ction | |
| | | | | , | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | <u> </u> |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | |
| 3 Part | Did the organization agree to carry over lobbying and political expenditures from the prior year? . | | | 3 | |
| o circ | Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." | | | | line 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| С | Total | | 2c | | |
| 3 | $Aggregate\ amount\ reported\ in\ section\ 6033(e) (1) (A)\ notices\ of\ nondeductible\ section\ 162(e)\ dues\ .$ | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbe | | | | |
| | and political expenditure next year? | , | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | • | 5 | | |
| Par | | | | | |
| Provid | e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro | up lis | t); Pai | t II-A, Ii | nes 1 and |
| 2 (see | instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| | *************************************** | | | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name o | f the organization | | Employer identification number |
|--------|---|--|--|
| MUSE | UM OF MODERN ART | | 13-1624100 |
| Par | Organizations Maintaining Donor Adv Complete if the organization answered ' | | ds or Accounts. |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) . | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor | advisors in writing that the assets h | eld in donor advised |
| | funds are the organization's property, subject to th | e organization's exclusive legal contro | ol? 🗌 Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit? | fit of the donor or donor advisor, or f | nt funds can be used or any other purpose |
| Par | Conservation Easements. | | |
| | Complete if the organization answered ' | | |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (e.g., recreated | tion or education) 🔲 Preservation o | f a historically important land area |
| | Protection of natural habitat | ☐ Preservation o | f a certified historic structure |
| _ | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conservation contribution | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| a | | | |
| b | Total acreage restricted by conservation easement | | |
| C | Number of conservation easements on a certified h | | |
| d | Number of conservation easements included in historic structure listed in the National Register . | | |
| 3 | Number of conservation easements modified, trans | cforred relegand extinguished extern | |
| • | tax year ► | sierred, released, extiligaistied, or terr | timated by the organization during the |
| 4 | Number of states where property subject to conse | rvation easement is located > | |
| 5 | Does the organization have a written policy reg | | pection handling of |
| | violations, and enforcement of the conservation ea | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspect | | |
| | > | | 5 , |
| 7 | Amount of expenses incurred in monitoring, inspectin | g, handling of violations, and enforcing | conservation easements during the year |
| | ▶ \$ | _ | • |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | section 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | · · · · · · |
| 9 | In Part XIII, describe how the organization reports of | conservation easements in its revenue | and expense statement, and |
| | balance sheet, and include, if applicable, the text of | | ancial statements that describes the |
| | organization's accounting for conservation easeme | | |
| Part | | | |
| | Complete if the organization answered ' | | |
| 1a | If the organization elected, as permitted under SF | | |
| | works of art, historical treasures, or other similar | | |
| | public service, provide, in Part XIII, the text of the f | | |
| b | If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati | assets held for public exhibition, eding to these items: | ducation, or research in furtherance of |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ |
| 2 | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, following amounts required to be reported under S | FAS 116 (ASC 958) relating to these it | tems: |
| а | Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X | | ▶ \$o |
| b | Assets included in Form 990, Part X | | > \$ |

| Pari | | | | | | | | | |
|--------|--|-----------------------------|---------------------------------------|--------------------------|------------|-------------------------|---------------------------------------|--|------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | her records, che | ck any of th | e follow | ving that are a | significa | nt use | of its |
| а | ✓ Public exhibition | | d 🗹 Loar | or exchang | e progr | rams | | | |
| b | Scholarly research | | | | | | | | |
| С | ☑ Preservation for future generations | 3 | | | | | | | |
| 4 | Provide a description of the organiza | | and explain how | thev further | the ora | anization's exe | mot pur | oose | in Part |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization | solicit or receive | donations of art | historical to | reasures | s or other simil | ar | | |
| • | assets to be sold to raise funds rather | | | | | | | /aa | ☑ No |
| Part | | | , , , , , , , , , , , , , , , , , , , | | | | | <u> </u> | <u>• 140</u> |
| B.M.LA | Complete if the organization 990, Part X, line 21. | • | ' on Form 990, | Part IV, line | e 9, or | reported an ar | nount o | n Fo | rm |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | Yes [| □No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the following t | able: | | | | | |
| | | , | J | | | | mount | | |
| С | Beginning balance | | | | 1c | " | | | • |
| d | Additions during the year | | | | 1d | | | | |
| е | Distributions during the year | | | | 1e | | | | |
| f | Ending balance | | | | 1f | | | | |
| 2a | Did the organization include an amoun | | | | | <u> </u> | v? 🗆 ' | /es | No |
| | If "Yes," explain the arrangement in P | | | | | | - | | |
| Par | | art / time of foot from | J II G OXPIGITATE | 111100 00011 | promot | | · · · · · · · · · · · · · · · · · · · | | |
| | Complete if the organization | answered "Yes" | on Form 990. | Part IV. line | e 10. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two yea | | (d) Three years bac | k (e) Fo | ur year | s back |
| 1a | Beginning of year balance | 605,972,000 | 542,464,000 | | 91,000 | 438,939,00 | | | 92,000 |
| b | Contributions | 254,380,000 | 86,184,000 | | 582,000 | 37,247,00 | _ | | 54,000 |
| c | Net investment earnings, gains, and | 254,360,000 | 00,104,000 | 70,5 | 362,000 | 37,247,00 | ,0 | 41,2 | 34,000 |
| Ū | losses | 20 450 000 | 0.000.000 | 07, | -00 000 | 00.400.00 | | | 47 000 |
| a | | -30,458,000 | 8,285,000 | | 63,000 | 30,123,00 | | -2,9 | 47,000 |
| d | Grants or scholarships Other expenditures for facilities and | 0 | 0 | | 0 | ***** | 0 | | 0 |
| е | programs | | | | | | | | |
| | - | 45,573,000 | 30,961,000 | · · | 372,000 | 46,618,00 | | 29,3 | 60,000 |
| f | Administrative expenses | 0 | | · | 0 | | 0 | | 0 |
| g | End of year balance | 784,321,000 | | | 164,000 | | 10 | 438,9 | 39,000 |
| 2 | Provide the estimated percentage of t | | | g, column (a | i)) held a | as: | | | |
| a | Board designated or quasi-endowmen | | <u>.</u> % | | | | | | |
| b | | 5.8 % | | | | | | | |
| C | Temporarily restricted endowment ▶ | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and | | | | | | | | |
| За | Are there endowment funds not in the | e possession of th | e organization th | at are held | and ad | ministered for t | he | | |
| | organization by: | | | | | | _ | Yes | No_ |
| | (i) unrelated organizations | | | | | | 3a(i |) | V |
| | (ii) related organizations | | | | | | 3a(i | i) | V |
| b | If "Yes" on line 3a(ii), are the related o | rganizations listed | as required on S | chedule R? | | | 3b | • | |
| 4 | Describe in Part XIII the intended uses | s of the organization | n's endowment i | unds. | | | | | |
| Pari | VI Land, Buildings, and Equip | oment. | | | | | | | |
| | Complete if the organization | answered "Yes' | on Form 990, | Part IV, lin | e 11a. 🤄 | See Form 990 | , Part X | , line | 10. |
| | Description of property | (a) Cost or ot (investme | 1 ' ' | or other basis other) | | Accumulated epreciation | (d) B | ook val | ne |
| | Land | | 0 | 91,352,129 | | | | 91.2 | 52,129 |
| b | Buildings | | | 543,004,838 | | 259,715,603 | | | 89,235 |
| C | Leasehold improvements | - | 0 | 4,312,260 | t | 4,293,489 | | | 18,771 |
| d | Equipment | • | 0 | 82,795,107 | | 75,966,525 | | | |
| e | Other | | | 105,628,486 | | 75,966,525 | | | 28,582 |
| | Add lines 1a through 1e. (Column (d) r. | nust equal Form 0 | | | | | | | 28,486 17,203 |
| | | | ,, 0010111 | 1-// 11110 11 | , - | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 11,500 |

| Part VII | Investments-Other Securities | | | | |
|--------------------------|---|--------------------------------|---|---|--|
| | Complete if the organization ans | wered "Yes" on Form 9 | 90, Part IV, lin | ie 11b. See Form | n 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | | (b) Book value | | thod of valuation: I-of-year market value |
| (1) Financial | | | 1,215,461 | End-of-Year Marke | et Value |
| (2) Closely-h | eld equity interests | | 0 | | |
| | uity long/short | | 22,919,966 | End-of-Year Marke | et Value |
| (A) Credit | | | 93,146,263 | End-of-Year Marke | et Value |
| | trat & other | | 66,833,277 | End-of-Year Marke | et Value |
| (C) Event | | | 25,125,611 | End-of-Year Marke | et Value |
| (D) Private | | | 73,518,753 | End-of-Year Marke | et Value |
| (E) Real A (F) (G) | ssets | | 8,954,284 | End-of-Year Marke | et Value |
| (H) | | | | | |
| |) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | 291,713,615 | | |
| Part VIII | Investments - Program Related | | | | |
| | Complete if the organization answ | vered "Yes" on Form 99 | 90, Part IV, lin | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | | b) Book value | (c) Met | thod of valuation: -of-year market value |
| _(1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | ****** |
| _(7) | | | NIFE W | | |
| (8) | *************************************** | | | | |
| (9) | 15 | | *************************************** | | |
| | must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | Other Assets. | | NO D-4 N4 15- | | 000 B |
| | Complete if the organization answ | Description | o, Part IV, III | e 11a. See Form | |
| (1) | · · | , Description | | | (b) Book value |
| (2) | | | *************************************** | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | ****** | | a |
| (8) | | | | *************************************** | |
| (9) | | | | | *************************************** |
| | nn (b) must equal Form 990, Part X, co | l. (B) line 15.) | | | |
| Part X | Other Liabilities. | | | | |
| | Complete if the organization answline 25. | vered "Yes" on Form 99 | 00, Part IV, line | e 11e or 11f. See | e Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | | |
| (1) Federal inc | ome taxes | 0 | 1 | | |
| (2) Pension | and post retirement benefits | 70,976,498 | - | | |
| (3) | | | | | |
| (4) | | , mm | | | |
| (5) | | | 1 | | |
| (6) | *************************************** | | 1 | | |
| (7) | S11110 | | | | |
| (8) | | | 1 | | |
| (9) | 7,477,487,484 | | 1 | | |
| Total. (Column (b) | must equal Form 990, Part X, col. (B) line 25.) ▶ | 70,976,498 | 1 | | |
| | uncertain tax positions. In Part XIII, provid | de the text of the footnote to | the organization | n's financial stateme | nts that reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Part | | | | Retu | n. |
|---------|---|----------|---|----------|---|
| **** | Complete if the organization answered "Yes" on Form 990, | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 351,452,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | *************************************** |
| а | Net unrealized gains (losses) on investments | 2a | -74,888,108 | | |
| b | Donated services and use of facilities | 2b | 0 | | |
| C | Recoveries of prior year grants | 2c | 0 | | |
| d | Other (Describe in Part XIII.) | 2d | -8,695,585 | | |
| е | Add lines 2a through 2d | | | 2e | -83,583,693 |
| 3 | Subtract line 2e from line 1 | | | 3 | 435,035,693 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 11,053,786 | | |
| b | Other (Describe in Part XIII.) | 4b | -37,681,047 | | |
| С | Add lines 4a and 4b | | | 4c | -26,627,261 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | | 5 | 408,408,432 |
| Part | | | | | urn_ |
| | Complete if the organization answered "Yes" on Form 990, | Part I | V. line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 273,915,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | 270,010,000 |
| а | Donated services and use of facilities | 2a | 0 | | |
| b | Prior year adjustments | 2b | 0 | | |
| C | Other losses | 2c | 0 | | |
| d | Other (Describe in Part XIII.) | 2d | 9,544.875 | | |
| e | Add lines 2a through 2d | L | | 2e | 0.544.075 |
| 3 | Subtract line 2e from line 1 | | | 3 | 9,544,875 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | į . | | | 264,370,125 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 11 050 700 | | |
| b | Other (Describe in Part XIII.) | 4b | 11,053,786 | | |
| c | A statistics are designed with | | -26,409,038 | 4- | 45.055.050 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir | | | 4c 5 | -15,355,252 |
| Part | | 0 10.7 | | <u> </u> | 249,014,873 |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an | d 4∙ Þ | art IV lines 1h and 2h | · Part | V line 4: Part V line |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to pro | ovide any additional inf | format | ion |
| | ule D, Part III, Line 1 - The Museum's collections, acquired through purchase | | | | |
| conso | lidated statements of financial position. Purchases of collection items are rec | ardod | in the user in which the | gilize | u as assets on the |
| | uses in unrestricted net assets. Contributed collection items are not reflected | | | | |
| | | | | | |
| collect | essions, which are reflected as increases in temporarily restricted net assets, | are us | ed exclusively to acqui | re otne | er items for the |
| Collect | IIOII. | | *************************************** | | |
| Calaad | ole D. Davilli Line 4. The Missauri is structured as a second of the structure | | | | |
| | ule D, Part III, Line 4 - The Museum is chartered as an educational institution | | | | |
| | available to its members and the public to encourage an ever-deeper understa | | | | |
| | al, and international audiences that it serves. In pursuit of this goal, the Muse | | | | |
| | ure, drawing, printmaking, photography, film, performance, media, architectu | | | | |
| | ship of its Board of Trustees and staff, the Museum strives to establish, reser | | | | |
| | hat reflects the vitality, complexity and unfolding patterns of modern and con | | | | |
| progra | ms of unparalleled significance; sustain a library, archives and conservation | labora | tory that are recognized | l as in | ternational centers of |
| resear | ch; and support scholarship and publications of preeminent intellectual merit | · | | | |
| | | | | | |
| | ule D, Part V, Line 4 - The Museum's endowment funds consist of approximat | | | | |
| | ses, including art acquisitions, exhibitions, publications, educational and ope | | | | |
| | ted endowment funds and funds designated by the Board to function as endo | | | | |
| | oles, net assets associated with endowments funds, including funds designat | | | | |
| | led and reported based on the existence or absence of donor-imposed restric | | | | |
| | io is to support the Museum's mission by providing a reliable source of funds | | | | |
| | | | | | |
| Sched | ule D, Part XI, Line 2d - Primarily defined benefit plan changes other than net | period | ic benefit costs (\$8.695) | 585). | |
| | | ~~~~~~~~ | | | , |
| Sched | ule D, Part XI, Line 4b - Primarily consists of cost of goods sold on retail oper | ations | (\$28,067,850), amounts | relate | d to special events |

Part XIII - Supplemental Information (Continued)

| \$1.526.214, and related organizations which file a separate return (\$11,272,949). |
|---|
| Schedule D, Part XII, Line 2d - Primarily related to organizations which file a separate return \$9,544,875 and change in swap valuation (\$364,466). |
| |
| Schedule D, Part XII, Line 4b - Primarily consists of cost of goods sold on retail operations (\$28,067,850), amounts related to special events \$1,526,214, expenses related to traveling exhibitions \$448,534. |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

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

Employer identification number

| MUSEUM OF MODERN ART 13- | | | | | | | | | | | |
|--------------------------|---|---|---|---|---|---|--|--|--|--|--|
| Par | General Information Form 990, Part IV, line | | es Outside t | the United States. Comp | lete if the organization | answered "Yes" on | | | | | |
| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | | | | | | | | |
| | grants or assistance: | | | | | · Lites Lino | | | | | |
| 2 | For grantmakers. Describe assistance outside the Unite | | he organizati | on's procedures for monit | oring the use of its g | rants and other | | | | | |
| 3 | Activities per Region. (The fo | llowing Part I | , line 3 table o | can be duplicated if addition | al space is needed.) | | | | | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | expenditures for | | | | | |
| (1) | Central America and the Caribb | 0 | 0 | Investments | | 121,581,455 | | | | | |
| (2) | Europe (including Iceland and C | 0 | 0 | Investments | | 52,075,355 | | | | | |
| (3) | North America (including Canad | 0 | 0 | Investments | | 7,340,647 | | | | | |
| (4) | East Asia and the Pacific | 0 | 0 | Investments | | 3,250,747 | | | | | |
| (5) | Middle East and North Africa | 0 | 0 | Investments | | 966,917 | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |
| (15) | | | ****** | | | | | | | | |
| (16) | | | | | TOTAL CONTROL OF THE | *************************************** | | | | | |
| (17) | | | | | | | | | | | |
| 3a | Sub-total | | , | | | | | | | | |
| b | Total from continuation sheets to Part I | | | | | | | | | | |
| c | Totals (add lines 3a and 3b) | 0 | 0 | | | 185,215,121 | | | | | |

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| (16) | (15) | (14) | (13) | (12) | (11) | (10) | (9) | 8 | 3 | 6 | (5) | £ | <u>@</u> | 2 | 3 | _ |
|------|------|------|------|---|--|------------------------|-----|--|--|---|-------------------------|---|--|--|---|---|
| | | | | | | | | | | | | | | | | (a) Name of organization |
| | | | | | | | | | | | | | | | | (b) IRS code section and EIN (if applicable) |
| , | | | | | | | | | | | | | | | | IRS code (c) Region on and EIN pplicable) |
| | | | | | | | | | | | | | | | | (d) Purpose of grant |
| | | | | | | | | | | | | | | | | (e) Amount of cash grant |
| | | | | | | | | | - The state of the | | | | 2.01100 | | AdvirtancemorPAVA* - 1 | (f) Manner of cash disbursement |
| | | | | - v - s + 14440/min | | | | | | a-v-peanoonmoon, voir-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p | | | ************************************** | · · · · · · · · · · · · · · · · · · · | | (g) Amount of non-cash assistance |
| | | | | | and the state of t | | | - Commission of the Commission | | | | | Taransa and Tarans | | demonstrative and the state of | (h) Description of non-cash assistance |
| | | **** | | - 1-04441-000411414-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7 | одинилиморент | and de recommensorer e | | Average and Average | Ladouversidad Pre- | | - Ad-Assessa diseases - | -direction to the state of the | | - Fallenting Agenting at the Control of the Control | 3 | (i) Method of valuation (book, FMV, appraisal, other) |

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Enter total number of other organizations or entitles

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

N

Schedule F (Form 990) 2015

Fair IIII Grants ar Page 3

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

Part III can be duplicated if additional space is needed.

| Lair III call be aublice | air iii cair be dubiicated ii addiiioliai space is lieeded. | יים מכנים. | | | | | |
|---------------------------------|---|---|---|----------------------------------|-----------------------------------|---|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash clisbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | - LANGE CONTRACTOR OF THE PARTY |
| (2) | | | | , | | | |
| (3) | | | | | | | ****** |
| (4) | | | | | | | Administrator and the second s |
| (5) | | | | | | | |
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| (17) | T PARAMETERS OF | | | | | V | VOIDEMAN ANN ANN ANN ANN ANN ANN ANN ANN ANN |
| (18) | | | | | | | |

| Part | IV Foreign Forms | | |
|------|--|-------|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ✓ Yes | □ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | ✓ Yes | □ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | | □ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | | □ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | | ☑ No |

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

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

| Schedule F, Part I, Line 1 - The Museum of Modern Art invests in domestic and foreign limited partnerships that may own an interest in a foreign corporation, passive foreign investment company, or foreign partnership. Nevertheless, the Museum's investment activities may not reach the thresholds required for filing the Forms 926, 5471, 8621 or 8865. To the extent such a form was completed, it has been filed with |
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| the Museum's Form 990-T. |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Name of the organization | | | | | Employer Identific | |
|--|--------------------|----------------|--------------------------|---|---|---|
| MUSEUM OF MODERN ART | Onnelste if th | | .1: | | | 624100 |
| Part I Fundraising Activities. Form 990-EZ filers are n | | | | vered Yes on | Form 990, Part IV, I | ine 17. |
| 1 Indicate whether the organization | n raised funds | through any | of the foll | owing activities. (| Check all that apply. | |
| a <a>Mail solicitations | | e 🗹 |] Solicitat | ion of non-goverr | nment grants | |
| b 🗹 Internet and email solicitation | ns | f ₽ |] Solicitat | ion of governmer | nt grants | |
| c Phone solicitations | | | | fundraising event | - | |
| d 🗹 In-person solicitations | | _ | • | ŭ | | |
| 2a Did the organization have a writ | ten or oral agre | ement with | any indivi | dual (including of | ficers, directors, trust | ees |
| or key employees listed in Form | 990, Part VII) o | r entity in co | onnection | with professional | fundraising services? | ✓ Yes ☐ No |
| b If "Yes," list the ten highest paid | l individuals or e | entities (fun | draisers) p | ursuant to agreer | ments under which the | e fundraiser is to be |
| compensated at least \$5,000 by | the organization | on. | | _ | | |
| | 1 | 1 | | ì | | |
| (i) Name and address of individual | FIEL A maticalism | | draiser have | (iv) Gross receipts | (v) Amount paid to (or retained by) | (vi) Amount paid to |
| or entity (fundraiser) | (ii) Activity | | r control of outions? | from activity | fundraiser listed in col. (i) | (or retained by) organization |
| | | Yes | No | | coi, (i) | |
| 1 See Schedule G, Part IV, Statement | | | | — | | |
| 1 | | | 1 | *************************************** | | |
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| 10 | | | | | | |
| | | } | <u> </u> | | | |
| Total | | | 🕨 | 0 | 100,000 | -100,000 |
| 3 List all states in which the orga | | | | solicit contribution | ns or has been notifie | ed it is exempt from |
| registration or licensing. | | | | | | |
| AL, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL | ., IN, KS, KY, LA, | , MA, MD, MI | E, MI, MN, N | /IS, MT, NC, ND, NI | H, NJ, NM, NV, NY, OH, | OK, OR, PA, RI, SC, |
| SD, TN, TX, UT, VA, VT, WA, WI, WV, WY | | | | | | |
| | | | | | | |
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| ************************************** | | | | | | *************************************** |
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| | | | | | *************************************** | |
| | | | | ******* | | |
| | | | | | | |

| Pa | art II | than \$15,000 of fundraisir | ng event contributions | | | |
|-----------------|----------|--|----------------------------|--|--------------------------|---|
| | | gross receipts greater tha | n \$5,000. (a) Event #1 | (b) Event #2 | (c) Other events | /A) Y-4-1 |
| | | | Party in the Garden | DR Luncheon | 2 | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| ne | | | | | | |
| Revenue | 1 | Gross receipts | 4,196,026 | 2,824,794 | 1,647,236 | 8,668,056 |
| ц_ | 2 | Less: Contributions Gross income (line 1 minus | 4,012,336 | 2,771,594 | 1,501,096 | 8,285,026 |
| | | line 2) | 183,690 | 53,200 | 146,140 | 383,030 |
| | 4. | Cash prizes | 0 | 0 | 0 | 0 |
| | 5 | Noncash prizes | 0 | 0 | 0 | 0 |
| sesue | 6 | Rent/facility costs | 51,777 | 7,694 | 66,369 | 125,840 |
| Direct Expenses | 7 | Food and beverages | 216,173 | 46,025 | 86,971 | 349,169 |
| Direc | 8 | Entertainment | 145,751 | 2,980 | 22,955 | 171,686 |
| | 9 | Other direct expenses . | 673,243 | 69,573 | 136,703 | 879,519 |
| | 10 11 | Direct expense summary. Ad Net income summary. Subtra | | | > | 1,526,214 -1,143,184 |
| Pa | rt III | Gaming. Complete if the | | | | |
| | | than \$15,000 on Form 99 | 90-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)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | | | | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | ☐ Yes% ☐ No | |
| | 7 | Direct expense summary. Ad | ld lines 2 through 5 in c | olumn (d) | | |
| | 8 | Net gaming income summar | y. Subtract line 7 from li | ne 1, column (d) | > | |
| | a Is | nter the state(s) in which the or the organization licensed to co "No," explain: | - • | s in each of these states | | 🗌 Yes 🗌 No |
| | | | | | | *************************************** |
| 10 | | /ere any of the organization's g | aming licenses revoked | i, suspended or termina | ited during the tax year | |
| | | | | | | |

| Schedu | ule G (Form 990 or 990-EZ) 2015 |
|----------|--|
| 11 12 | Does the organization conduct gaming activities with nonmembers? |
| 13 | Indicate the percentage of gaming activity conducted 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? |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the |
| С | amount of gaming revenue retained by the third party ► \$ |
| | Name ▶ |
| | Address ► |
| 16 | Gaming manager information: |
| | Name ► |
| | Gaming manager compensation ► \$ |
| | Description of services provided ▶ |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor |
| 17 a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? |
| 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 > \$ |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
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Schedule G, Part IV, Statement 1

Form: Schedule G (2015)

MUSEUM OF MODERN ART

EIN: 13-1624100

Page: 1

Fundraiser Activity Information

Part I, Line 2b

| Name and Address | Activity | C1 | Gross | C2 | C3 |
|-------------------------|--|----|----------|---------|----------|
| | | | Receipts | | |
| John Brown Limited Inc | Develop and strategize for Museum building | No | 0 | 100,000 | -100,000 |
| PO Box 296 | project. | | | | |
| Petersborough, NH 03458 | | | | | |
| Total: | | | 0 | 100.000 | -100.000 |

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | | ▶ Informa | ation about Sche | ≠ Attach to dule I (Form 990) ar | Attach to Form 990. orm 990) and its instructions is | ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. | m990. | | Inspection |
|---|--|---|---|--|--|---|--|--|--|
| Name of the organization | | | | | | | | Employer identification number | ation number |
| MUSEUM OF MODERN ART | ART | | | | | | | 13-16 | 13-1624100 |
| Part I General | General Information on Grants and Assistance | rants and A | ssistance | | | | | | |
| Does the organ the selection c | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' the selection criteria used to award the grants or assistance? | ords to substa the grants or | assistance? | unt of the grants or | assistance, the g | rantees' eligibility fo | eligibility for the grants or assistance, and | | √Yes No |
| Describe in Par | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | 's procedures | for monitoring | the use of grant fu | nds in the United | States. | | | |
| Part III Grants a 990, Pan | Grants and Other Assistance to Domestic Organizations and Domestic Governments. 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplica | nce to Dom / recipient th | estic Organiz at received m | ations and Domore than \$5,000. | nestic Governm Part II can be di | | Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | answered "Ye ded. | s" on Form |
| 1 (a) Name and address of organization or government | of organization nt | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | | (h) Purpose of grant or assistance |
| (1) Sch I, Stmt 1 | | | T I I I I I I I I I I I I I I I I I I I | r i rywydiinoodau y gwedi | | T T T T T T T T T T T T T T T T T T T | пелинический передальный перед | MANUL. | |
| (2) | 1 | | 777000000000000000000000000000000000000 | | T T T T T T T T T T T T T T T T T T T | | The second secon | | |
| (3) | | | | ~~~~ | and the second s | | * * * Total * * ******************************** | | es er en en en en en en en en en en en en en |
| (4) | | | | | : | | | | |
| (5) | | | | | | | | **** | |
| (6) | 1 | *************************************** | | | | | | | |
| (7) | 1 | | | | | | | | |
| (8) | # # # # # # # # # # # # # # # # # # # | | | | | | | | |
| (9) | 1 | 100 | | | | | | TO THE CONTRACT OF THE CONTRAC | |
| (10) | | | TAINING IN | THE PROPERTY OF THE PROPERTY O | THAN I MAN AND AND AND AND AND AND AND AND AND A | | , p. 4100 | | |
| (11) | 1 1 1 1 1 7 7 7 7 7 8 4 5 5 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | *160* | |
| (12) | 1 | | | | | - OOO SHEELEYA | T PERFORMANTINA PARA PARA PARA PARA PARA PARA PARA PA | | |
| 2 Enter total num3 Enter total num | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table | (3) and goverrations listed in | nment organizat the line 1 table | tions listed in the li | ne I table | | | • • |) |

Page 2

| the Museu information | educationa Museum h | Schedule I | Part IV | 7 | 6 | CTI | 4 | ဒ | 2 | | | Part III |
|--|---|--|---|---|--|--|--|--|--|--|---|--|
| the Museum provides management assistance and service to MoMA PS1 in certain areas, including accounting and pay information technology, insurance and legal affairs. | educational and curatorial activities. MoMA PS1 retained its separate corporate status and is a support corporation of the Museum with the Museum as its sole corporate member. The Museum has the right to appoint all members of the MoMA PS1 board of Directors. MoMA PS1 and the Museum entered into a management assistance and services agreement whereby | Schedule I, Part I, Line 2 - The Museum as sole Member of PS1 Contemporary Art Center, Inc (DBA MoMA PS1). In 2000 MoMA PS1 and the Museum entered into an affiliation to promote the study knowledge enjoyment and appreciation of modern and confemporary art through a collaborative program of exhibitions, research, special projects and other programs. | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | | (a) Type of grant or assistance | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. |
| ice to MoMA PS1 in c | Its separate corpor | of PS1 Contemporar | the information re | | | | | | | | (b) Number of recipients | mestic Individua |
| certain areas, includi | ate status and is a su actors. MoMA PS1 an | y Art Center, Inc (DB | equired in Part I, li | | | | mind-balance and demonstrate the mind of the second of the | | | mmer/Adddry 1965 | (c) Amount of cash grant | ils. Complete if th |
| ng accounting and pay | pport corporation of the Museum entered | A MoMA PS1). In 2000 | ne 2, Part III, colum | | | | | Acceptance of the state of the | " a see the discontinuous contrary on a very | and the same of th | (d) Amount of non-cash assistance | e organization ansv |
| | ne Museum with the Museum a Into a management assistance | MoMA PS1 and the Museum e | n (b), and any other addit | | | AND THE PARTY OF T | | - CANADA MANAGATA | T T T T T T T T T T T T T T T T T T T | | (e) Method of valuation (book, FMV, appraisal, other) | vered "Yes" on Form 990, |
| roll, fundraising and development, coordination of MoMA PS1's | into a management assistance and services agreement whereby | ntered into an affiliation to 1. special projects and other | ional information. | | TAXABLE PARTY OF THE PARTY OF T | and the state of t | AND THE PROPERTY OF THE PROPER | and the state of t | - Approximately and the second | C C C C C C C C C C C C C C C C C C C | (f) Description of non-cash assistance | , Part IV, line 22. |

Form: Schedule I (2015) EIN: 13-1624100

Page: 1 Part II, Line 1

| Desc | cription of Grants and Other Assistance to Governmen | nts and Organizations in the United | States | |
|-------------------------|--|-------------------------------------|-----------------------|----------------------------|
| | | Recipient EIN | Amt. of cash grant | Amt. of non- cash asst. |
| Name and address | PS1 Contemporary Art Center Inc 46-01 21st Street Long Island City, NY 11101 | 23-7379091 | 964,000 | 0 |
| IRC code section | 501c(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Operating Support | | | |

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

2015

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

MUSEUM OF MODERN ART

Inspection Employer identification number

13-1624100

| | Questions Regarding Compensation | | | Yes | No |
|----|---|--|------------|--|-----------------|
| 1a | | rovided any of the following to or for a person listed on Form 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 hoxes on line 1a are checked, did t | the organization follow a written policy regarding payment | 000000 | 00,000 | l |
| | | penses described above? If "No," complete Part III to | 1600000000 | COLUMN TO THE PARTY OF THE PART | i ayanana |
| | | | 1b | V | |
| | · | | 05000000 | | 11/2/2/2010 |
| 2 | directors, trustees, and officers, including the CE | or to reimbursing or allowing expenses incurred by all EO/Executive Director, regarding the items checked in line | Alexandra | ~ | Strains is also |
| | 1a? | | 2 | Toward Science | Messens |
| _ | Indicate original transport of the form the 20 | and the state of t | | | |
| 3 | | ganization used to establish the compensation of the that apply. Do not check any boxes for methods used by a | | | |
| | related organization to establish compensation of | | | | |
| | | • | | | |
| | Compensation committee | Written employment contract | | | |
| | ✓ Independent compensation consultant✓ Form 990 of other organizations | ✓ Compensation survey or study✓ Approval by the board or compensation committee | | | |
| | Form 990 of other organizations | Approval by the board of compensation committee | | | |
| 4 | | 0, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | | |
| а | Receive a severance payment or change-of-control | | 4a | | <u> </u> |
| b | Participate in, or receive payment from, a supplem | · · · · · · · · · · · · · · · · · · · | 4b | ~ | <u> </u> |
| С | Participate in, or receive payment from, an equity- | · · · · · · · · · · · · · · · · · · · | 4c | 89.88988.83 | <u> </u> |
| | it "Yes" to any of lines 4a-c, list the persons and p | provide the applicable amounts for each item in Part III. | | 8.689.6 | |
| | Only posting 501/5/(0) 501/5/(4) and 501/5/(00) | - incominations are at a complete lines 5.0 | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) For persons listed on Form 990, Part VII, Section A | | | | |
| 3 | compensation contingent on the revenues of: | A, line Ta, did the organization pay of accrde any | | | |
| _ | | | | | |
| a | The organization? | | 5a | | V |
| þ | If "Yes" to line 5a or 5b, describe in Part III. | | 5b | | V |
| | if res to line da or do, describe in Part III. | | | | |
| | For persons listed on Form 990, Part VII, Section A | A line to did the organization now or george one | | | |
| O | compensation contingent on the net earnings of: | 4, line ra, did the organization pay or accrde any | 60 66 | | |
| _ | - | | 28.08.1 | 30000 | |
| a | 9 | | 6a | - | V |
| b | • | | 6b | r desayes | V |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed on Form 000 Part VIII Social | on A, line 1a, did the organization provide any non-fixed | | | |
| 1 | | " describe in Part III | _ | V | |
| o | | | 7 | | - |
| 8 | | , paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | ````` | | | 1 |
| | mir within a second second | | 8 | - | - |
| 9 | If "Yes" to line 8 did the organization also fo | ollow the rebuttable presumption procedure described in | | | |
| J | | | 9 | | |

Schedule J (Form 990) 2015

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

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

| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (11) | 16 |
|--|-----------------------|----------------------|--------------------------------|---|---|--------------------------|---------|--|
| 0 | 251,421 | 15,204 | 0 | 323 | 0 | 235,894 | 3 | Stuart Comer, Chief Curator- |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (ii) | 15 Fire Ography |
| 0 | 278,979 | 19,377 | 0 | 555 | 0 | 259,047 | 3 | Quentin Bajac, Chief Curator - |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (3) | 14 runis & illustrated books |
| 0 | 371,607 | 28,113 | 31,113 | 5,662 | 0 | 306,719 | | Christophe Cherix, Chief Curator |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (E) | 13 |
| 0 | 333,982 | 31,509 | 26,206 | 251 | 111111111111111111111111111111111111111 | 276,016 | 3 | Rajendra Roy, Chief Curator - |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (E) | 12 Facilities and Security |
| 0 | 291,932 | 14,416 | 15,900 | 18,595 | 0 | 243,021 | = | Facilities and Security |
| 0 | 549,861 | 2,602 | 30,000 | 630 | 0 | 516,629 | (ii) | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (3) | Klaus Biesenbach, Chief Curator |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 10 fairting and sculpture |
| 0 | 396,153 | 25,707 | 53,230 | 19,320 | 1 | 297,896 | 3 | Ann Temkin, Chief Curator - |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (ii) | 9 0111001 |
| 0 | 381,602 | 37,272 | 18,333 | 313 | 0 | 325,684 | 3 | Jan Postma, Chief Financial |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 8 reputy priector for eximplinous |
| 0 | 393,766 | 31,909 | 37,277 | 773 | 0 | 323,807 | 3 | Ramona Bannayan, Senior |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 7 Director for Curatorial Atlants |
| 0 | 526,376 | 27,096 | 123,721 | 2,578 | 0 | 372,981 | 3 | Peter Reed, Senior Deputy |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (ii) | 6 Director of External Atlanta |
| 50,000 | 594,267 | 25,704 | 140,933 | 18,464 | 50,000 | 359,166 | 3 | Todd Bishop, Senior Deputy |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 5 Director |
| 0 | 545,117 | 14,042 | 66,935 | 20,285 | 0 | 443,855 | 3 | Kathy Halbreich, Associate |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (ii) | 4 CHICE |
| 310,328 | 1,278,889 | 25,693 | 369,454 | 18,130 | 310,328 | 555,284 | | Frank Ahlmaz, Chief Investment |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (ii) | 3 Counsersecretary |
| 0 | 592,087 | 31,047 | 144,092 | 20,772 | 0 | 396,176 | 3 | Patty Lipshutz, General |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (ii) | 2 Onicer/Assistant freasurer |
| 518,446 | 1,486,670 | 30,498 | 435,097 | 20,772 | 518,446 | 481,857 | 3 | James Gara, Chief Operating |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | (E) | 1 officio Frustee |
| 0 | 2,198,904 | 351,047 | 633,228 | 12,636 | 381,924 | 820,069 | (3) | Glenn D Lowry, Director/Ex- |
| in column (B) reported as deferred on prior Form 990 | (B)(i)-(D) | benefits | other deferred compensation | (iii) Other reportable compensation | (ii) Bonus & incentive compensation | (i) Base compensation | | (A) Name and Title |
| (F) Compensation | (E) Total of columns | (D) Nontaxable | (C) Retirement and | C compensation | (B) Breakdown of W-2 and/or 1099-MISC | (B) Breakdown of | | |
| s for that individual. | n (D) and (E) amounts | a, applicable column | t VII, Section A, line 1 | unt of Form 990, Pa | st equal the total amo | h listed individual mu | for eac | Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. |

Schedule J (Form 990) 2015 Page 3

| Part III | |
|--------------------------|--|
| Supplemental Information | |
| | |

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, for any additional information -40 ر. 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part

Museum's operations and mission and for the convenience of the Museum. Health club membership dues of the Director are paid for by the Museum and included in the Director's Schedule J, Part I, Line 1a - As a condition of employment, the Museum requires the Director to reside in the Museum's apartment on the premises in Museum Tower in furtherance of the

retirement plan. Schedule J, Part I, Line 4 - Commencing with Fiscal Year 2014 and included in column B for Glenn Lowry, Director, is an accrual of \$560,261, for a multi-year supplemental employee

performance requirements. Klaus Biesenbach - Director of MoMA PS1 Biesenbach receives compensation from MoMA PS1. He also serves as MoMA's Chief Curator at Large. performance bonus was paid in 2015 and is included in compensation. Todd Bishop - Senior Deputy Director - External Affairs Full-time employee but not Trustee. Included in column Anthony Wai - Director of Investments Full-time employee but not Trustee. Eligible for retention and annual bonus based on achievement of performance measures. An annual Trustee, Eligible for retention and annual bonus based on achievement of performance measures. An annual performance bonus plan was paid in 2015 and is included in compensation. and investments. Patty Lipshutz - General Counsel and Secretary Full-time employee and officer but not a trustee. Frank Ahimaz - Chief Investment Officer Full-time employee but not performance-based bonus. The performance bonus was awarded based on the achievement by Mr. Gara of certain service and performance requirements in areas such as in operations Operating Officer and Assistant Treasurer Full-time employee and officer, but not a trustee. Included in column B(ii), are amounts attributable to earned and paid portions of a \$560,261, for a multi-year supplemental employee retirement plan. The cumulative accrual through June 30, 2016 for Fiscal Year 2014, 2015 and 2016 is \$1,680,783. James Gara - Chief bonus of \$381,924 included in column B. These numbers compare to \$828,710 and \$370,800 in 2015. Commencing with Fiscal Year 2014 and included in column C, is an accrual of Schedule J, Part I, Line 7 - Glenn Lowry - Director Full-time employee, officer and ex-officio trustee. In 2016 Glenn Lowry earned \$820,069 in base compensation as well as (ii) an annual (B)(II) is a performance bonus. A portion of the performance bonus plan was paid in 2015 and is included in compensation. The plan was subject to the achievement of service and

SCHEDULE J-1 (Form 990)

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

20**1**5

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

Employer identification number Open to Public Inspection

| | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Concession of the contract | () () () () () () () () () () | | |
|---|---|-------|---|---|---|---|---|---|---|
| Department of the Treasury Internal Revenue Service | | | | | | | | | Inspection |
| Name of the organization | | - | | | | | | Employer identification number | ation number |
| MUSEUM OF MODERN ART | ART | | | | | | | 13 | 1624100 |
| Part Continua | ation of Office | ers, | Directors, Trust | Continuation of Officers, Directors, Trustees, Key Employees, and Highest | ees, and Highes | Compensated | Employees (Schedule J, Part II) | dule J, Part II) | |
| | | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Naı | (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(I)-(D) | Form 990 or Form 990-EZ |
| Martino Stierli, Chief Curator - Architecture and Design started | urator - | Ξ | 221,275 | 0 | : <u>⇒</u> | 0 | 13,175 | 234,616 | 0 |
| 2/201E | 300 | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Anthony Wai, Director of | of | 3 | 296,231 | 100,000 | 378 | 208,900 | 19,885 | 625,394 | 100,000 |
| investments | | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thomas Randon, General Mgr | ral Mgr - | 8 | 308,963 | 100,000 | 17,570 | 10,788 | 15,392 | 452,713 | |
| Retail | | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jean Savinsky, Dir. Real Estate | al Estate | 9 | 347,641 | 50,000 | 986 | 57,437 | 19,997 | 476,041 | 0 |
| Expansion | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ruth Shapiro, Director, Business | , Business | 3 | 241,666 | 25,000 | 1,618 | 121,799 | 34,710 | 424,793 | 0 |
| | | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Christopher Hudson, Publisher | ublisher | 3 | 311,433 | 0 | 19,804 | 68,179 | 19,467 | 418,883 | 0 |
| | | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 38 | | | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | 1 | 5 5 4 4 7 1 1 1 1 1 1 1 1 1 |
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| CONTRACTOR OF THE PROPERTY OF | | (11) | | | | | | | |
| | | | | | | | | | |

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047 201 5

| Name | Name of the organization | | | | | | | | Emp | loyer ide | entification | Employer identification number |
|----------|--|--|---|-----------------|-----------------|--|---|--|---|----------------|-------------------------------|--|
| MUS | MUSEUM OF MODERN ART | | | | | | | | | 13- | 13-1624100 | |
| Part I | Bond Issues | | | | | | | | | | | - |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issue price | | (f) Description of purpose | of purpose | (g) D | (g) Defeased | (h) On behalf of issuer | (i) Pooled financing |
| | The Trust for Cultural Resources of City of | 91-1882413 | 649717PC3 | 07/23/2008 | 202,520,188 | | Refund various Bonds of Issuer | s of Issuer | Yes | N _o | Yes No | Yes No |
| A | New York Series 2008 TA | | | | | | | | | ۲ | ۲ | • |
| B | The Trust for Cultural Resources of City of New York Series 2010 1A | 91-1882413 | 649717QL2 | 07/29/2010 | 64,582,831 | | Refund Issuer's 2008 One-A and pay costs of Issuance | One-A and p | ay | ۲ | ۲ | < |
| ი | The Trust for Cultural Resources of City of NY Series 2012 1D and Series 2012A | 91-1882413 | 649717RM9 | 05/01/2012 | 104,770,510 | $\overline{}$ | Refund Issuer's 1996A, 2001A, 2001-One -D, and pay costs of Issuance | A, 2001A, 200 ssuance |)1-One | ` | ۲ | ۲ |
| ם | | | | | | | | | *************************************** | | | |
| Part II | II Proceeds | | | | | | | | | | | |
| 1 | Amount of hands ratived | | | | A | | В | 0 | 2000 | | D | |
| 2 | Amount of bonds legally defeased | | | | 0 | | 0 | | 0 | | | Colores |
| ယ | Total proceeds of issue | | | • | 202,818,443 | | 64,593,399 | _ | 104,778,309 | | | |
| 4 | Gross proceeds in reserve funds | | | • | 0 | | 0 | | 0 | | | |
| თ | Capitalized interest from proceeds | | | • | 0 | | 0 | | 0 | | | |
| 6 | Proceeds in refunding escrows | | | • | 0 | | 0 | -a-040000000000000000000000000000000000 | 0 | | | |
| 7 | Issuance costs from proceeds | | | • | 1,080,188 | | 433,188 | | 733,735 | | | |
| 8 | Credit enhancement from proceeds | | | | 0 | | 0 | PACE-PACE-PACE-PACE-PACE-PACE-PACE-PACE- | 0 | | | |
| 9 | Working capital expenditures from proceeds | The state of the s | *************************************** | | | | 0 | | 0 | | | - Company |
| 70 | Capital expenditures from proceeds | | | | 0 | | 0 | | 0 | | | |
| 크 | Other spent proceeds | | | • | 201,738,255 | ************************************** | 64,160,211 | ٠. | 104,033,045 | | | |
| 12 | Other unspent proceeds | ATTENDAMENTAL TO THE PARTY OF T | | • | 0 | | 0 | MANAGAT TITLE TO | 11,529 | | | |
| ವ | Year of substantial completion | | | ٠ | | | | | | | | |
| | - THE THE MANAGEMENT AND THE THE THE THE THE THE THE THE THE THE | | | Yes | No | Yes | N _O | Yes | No | Yes | | No |
| 4 | Were the bonds issued as part of a current refunding issue? | efunding issue? | | | | < | | • | | | | |
| ᇙ | Were the bonds issued as part of an advance refunding issue? | e refunding issue | 3? | • | < | | • | | < | | | WE COMMENT OF THE PERSON OF TH |
| 16 | Has the final allocation of proceeds been made? | ıde? | | | | ~ | | · | | | | |
| 17 | Does the organization maintain adequate books and records to support the | ooks and record | s to support | the | | | | | | | | |
| | final allocation of proceeds? | | | | | • | | ۲ | | | | |
| Part III | Ⅲ Private Business Use | WHO THE THE THE THE THE THE THE THE THE THE | | | | | | | | | | |
| | | | | | Α | | В | C | | | ם | |
| _ | Was the organization a partner in a partnership, or a member of an LLC | nip, or a member | of an LLC, | Yes | No | Yes | No | Yes | No | Yes | | No |
| | which owned property financed by tax-exempt bonds? | ipt bonds? | , | | < | | ς. | | < | | | |
| N | Are there any lease arrangements that may result in private business use bond-financed property? | result in private | business use | . <u>°</u> | < | | ς. | | ς. | | | |
| | | | | _ | _ | | | | < | | | |

| Private Business Use (Continued) A | | | | | | | | | | , |
|--|---|--|--|--|-------------|----|-----|--|--|----------|
| Sortificued) A B C D Service contracts that may result in private Ves No Yes No Yes No Yes No Yes No Yes Surject contracts sating to the financed property? Its that may result in private business use of the agreements relating to the financed property? Its that may result in private business use of the agreements relating to the financed property? Its that may result in private business use of the agreements relating to the financed property? Its that may result in private business use of the agreements relating to the financed property of the financed property seed in a private business use as a rest action or a state or local government. Improved the state of the private business use as a set and or local government. In a contract the property seed in a private business use as a rest and or local government. In a contract the property seed in a private business use as a rest and the contract that the property seed in a private business use as a rest and the contract that the property seed or seed the proper | | | | | | | | | ted? | |
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| itinued) A B C D Obe contracts that may result in private | | | | | | | | | | 4 |
| ## A B C D No contracts that may result in private Yes No Yes No Yes No No | | W Committee of the Comm | < | WWW.Middle. | ς. | | ۲ | | tion or the governmental issuer entered into a to the bond issue? | 4a |
| thrued) Idea contracts that may result in private reality not be interested by the contracts reality to the interest property? Interest may result in private business use of the register on a state of local government. In contracts reality carried on by your organization, or a state of local government. In private business use as a pertry used in a private business use as a reality carried on by your organization, or a state of local government. In private business use as a pertry used in a private business use as a reality carried on by your organization, or a state of local government. In private business use as a pertry used in a private business use as a reality carried on by your organization, or a state of local government. In private business use as a pertry used in a private business use by entities on one state of local government. In private business use by entities on one of the government test? In private business use by entities on one of the government test? In private business use by entities on one of the government test? In private business use by entities on one of the government test? In private business use by entities on one of the government test? In private business use by entities on one of the government test? In private business use by entities on one of the government test? In private business use by entities on the reality of the government test? In private business use by entities on the reality of the government test? In private business use by entities on the reality of the government test? In private business use by entities on the reality of the government test? In private business use by entities on the government test? In private business use by entities on the government test? In private business use by entities on the government test? In private business use by entities on the government test? In private business use by entities on the government test? In private business use of the government test? In private business use of the government test? In | - statement to | | < | | • | | • | | Is the bond issue a variable rate issue? | ω |
| tinued) In occurrants that may result in private reality? In outlinely engage bond counsel or other outside like contracts helding to the financed property? In outlinely engage bond counsel or other outside like contracts helding to the financed property? In outlinely engage bond counsel or other outside like outsides leading to the financed property? In outlinely engage bond counsel or other outside like outsides such as a set of the financed property? In outlinely engage bond counsel or other outside or other outside or other outsides of the financed property? In outlinely engage bond counsel or other outside or other outside or other outsides or other outsides or other outsides or other outsides or other outsides or other outsides or other outsides on by your organization. In outlinely engage bond counsel or other outsides or other outsides or other outsides or other outsides of the financed property? In outside or other outsides on by your organization, a cativity carried on by your organization. In outside or other outsides on the financed property to a cativity carried on by your organization. In outside or other outsides on the financed property or gatheration. In outside or other outsides on the financed property or gatheration. In outside or other outsides on the financed property or gatheration. In outside or other outsides on the financed property or gatheration. In our other outsides of the financed property or gatheration. In our other outsides of the financed property or gatheration. In our other outsides of the financed property or gatheration. In our other outsides of the financed property or gatheration. In our other outsides of the financed property or gatheration. In our other outsides of the financed property or gatheration. In our other outsides of the financed property or gatheration. In our other outsides of the financed property or gatheration. In our other outsides of the financed property or outsides of the financed property or outsides outsides of the financed p | - Andrews | | · · · · · · · · · · · · · · · · · · · | | | | | | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | |
| ide contracts that may result in private ves No Yes No Yes No Yes No Ordiney engage band counsel or other outside live contracts relating to the financed property? That may result in private business use of No Indianal Property and Indianal Property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property? The transport of the financed property of the bond-financed property to a color taken pursuant to Regulations The property sold or 96 The transport of the financed pr | | | < | | < | | ς. | | No rebate due? | ြင |
| itinued) A B C D Ordice contracts that may result in private Pres No Yes No Yes No Yes No Ordice on the counse of the contracts relating to the financed property? That may result in private business use of No Ordice on counsel or other outside No Ordice on the financed property? The many result in private business use of No Ordice or other ordice or other ordice ordice or other ordice ordical ordice ordical ordice ordical ordice ordical | | | - Lacous Andrews | ۲ | | < | | < | Exception to rebate? | 0 |
| ince contracts that may result in private vicinely engage bond counsel or other outside foe contracts relating to the financed property? That may result in private business use of in a private business use of vicinely engage bond counsel or other greements relating to the financed property? Ty used in a private business use as a sativity carried on by your organization, or a state or local government | - | | < | | < | | _ | | Rebate not due yet? | a |
| Per | | | THE PARTY OF THE P | | | | | | ply? | 2 |
| ice contracts that may result in private entry? Interval yeary page bond counsel or other outside for contracts relating to the financed property? Interval yeary result in private business use of in or notifiety engage bond counsel or other greenments relating to the financed property? In on routinely engage bond counsel or other greenments relating to the financed property? In or or a state or local government. In or or or a state or local government. In or or or a state or | | | < | | < | | ۲ | | Penalty in Lieu of Arbitrage Rebate? | |
| A B C D No Yes No Yes No Yes No No Yes No No Yes No No No No No No No N | | Yes | | | | | ļ | | Has the issuer filed Form 8038-T. Arbitrage Rebate. Yield Reduction and | -4 |
| Vate Yes No Yes No Yes No Yes No side V V V V V V V No Yes No | D | | | | | 77 | | | Г | Falls IV |
| A B C D No Yes No Yes No Yes No No Yes No Yes No No Yes No Yes No No Yes No Yes No No Yes No Yes No No Yes No Yes No No Yes No Yes No No No Yes | | | | | | | , | | V Arhitrago | U 14 |
| Vate Ves No Yes No Yes No 1side anty? V V V V V No 1ther anty? 0% 0% 0% 0% 0% 0% 1ther ther anty? 0% 0% 0% 0% 0% 0% 1ther ther anty? 0% | ************ | | ς | | ς | | ς | | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-27 | 9 |
| No Yes | | | | eawhite e | | | | | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | ი |
| Yes No Yes No Yes No No Yes No No No Yes No No No No No No No N | 9 | | % | | % | | % | | | b |
| No Yes No Yes No Yes No No No No No No No N | | | < | | ۲ | | • | | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | 8a |
| No Yes No Yes No No Yes No No No No No No No N | | | | < | ۲ | | ς. | | | 7 |
| No Yes No Yes No Yes No No No No No No No N | 9, | | 0 % | | 0 % | | 0 % | | | 6 |
| Ves No Yes No Yes No Yes No V V V V V No No <td>%</td> <td></td> <td>0 %</td> <td></td> <td>0%</td> <td></td> <td>0%</td> <td></td> <td>ss use as organizatio</td> <td>σı</td> | % | | 0 % | | 0% | | 0% | | ss use as organizatio | σı |
| Yes No Yes No Yes V Yes | 9 | | 0 % | | 0 % | | 0% | The second secon | 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 ▶ | 4 |
| A B C D Yes No Yes No Yes V Yes V Yes V | | | MARKY PT | | entity pro- | | | | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | <u>a</u> |
| Yes No Yes No Yes D | L. C. | | | | • | | 9 | | Are there any research agreements that may result in private business use of bond-financed property? | ဂ |
| A B C D Yes No Yes No Yes | | | | - Commonwealth | | | | | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | ٥ |
| Yes No Yes No Yes D | | | _ | ************************************** | < | | ۲ | | business use of bond-financed property? | |
| A B C | No | Yes | No | Yes | | | | | Are there any management or service contracts that may result in private | ယ္က |
| rivate Rusiness (Ise (Continued) | ס | | | 0 | | B | | *************************************** | Γ | |
| 130/5010 | | | | | | | | | | |

| | Part | | 7 | 6 | þ | င | b | 5a | | | Part I |
|----------|--|------------------------------|--|--|---|-------------|--------------------|---|-----|------|--|
| | Part V Procedures To Undertake Corrective Action | requirements of section 148? | Has the organization established written procedures to monitor the | Were any gross proceeds invested beyond an available temporary period? . | d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | Term of GIC | b Name of provider | 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? . | | | Part IV Arbitrage (Continued) |
| _ | | V | | | | | 1 | *************************************** | Yes | , | |
| | | | | < | | | | < | No | | |
| m | | v | | | | | | | Yes | 1701 | A constitution of the cons |
| ω | | | | | | | MARKET | < | No | 8 | |
| _ | | ς | | - TANKIII WALLET | dentity : | | | - Common of the | Yes | | A CHANGE OF THE CASE OF THE CA |
| n | AMET | | | < | | | | < | No | | Jawww |
| | | | | | | | | | Yes | | |
| J | *************************************** | | | - ALECTIONS - | | - Constant | | - Line and the second | No | | |

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the under applicable regulations? voluntary closing agreement program if self-remediation is not available Yes S Yes ۲ N_o Yes No Yes ö

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

completion is not applicable. Schedule K, Part I-07/23/2008 202,520,188 The Trust for Cultural Resources of - Part II, line 13 - Since the proceeds of all Bonds are used to refunding purposes, the year of substantial

completion is not applicable. Schedule K, Part I-07/29/2010 64,582,831 The Trust for Cultural Resources of - Part II, line 13 - Since the proceeds of all Bonds are used fo refunding purposes, the year of substantial

completion is not applicable. Schedule K, Part I-05/01/2012 104,770,510 The Trust for Cultural Resources of - Part II, line 13 - Since the proceeds of all Bonds are used fo refunding purposes, the year of substantial

CUSIP number for the Bonds. The final CUSIP number is 649717PD1 corresponding to the final maturity of 4/1/31. Schedule K, Part I, Column c-07/23/2008 202,520,188 The Trust for Cultural Resources of - CUSIP listed matches the one listed on the Issuer's Form 8038. However, this is not the final

CUSIP number for the Bonds. The final CUSIP number is 649717RM9 corresponding to the final maturity of 4/1/23. Schedule K, Part I, Column c-05/01/2012 104,770,510 The Trust for Cultural Resources of - CUSIP listed matches the one listed on the Issuer's Form 8038. However this is not the final

(issued 3/14/00), 2001-One-A (issued 12/13/01), 2001-One-B (issued 12/13/01), 2001-One-C (issued 12/13/01). Schedule K, Part I, Column f-07/23/2008 202,520,188 The Trust for Cultural Resources of - Bonds refunded by 2008-One-A Bonds: Issuer's 2000-One-A (Issued 3/14/00), 2000-One-B

Schedule K, Part I, Column f-07/29/2010 64,582,831 The Trust for Cultural Resources of - The 2010-One-A Bonds refunded a portion of the Issuer's 2008-One-A Bonds (issued 7/23/08)

Schedule K, Part I, Column f-05/01/2012 104,770,510 The Trust for Cultural Resources of - Bonds refunded by 2012 Bonds: Issuer's 1996A (issued 11/20/96), 2001A (12/13/01), and 2001-One-D (Issued 12/31/01)

Schedule K, Part II, Line 3-07/23/2008 202,520,188 The Trust for Cultural Resources of - Amount listed differs from the Issue price in Part I, (e), due to investment earnings from refunding escrows.

Part VI - Supplemental Information (Continued)

| escrows. |
|--|
| Schedule K, Part II, Line 3-05/01/2012 104,770,510 The Trust for Cultural Resources of - Amount listed differs from the issue price in Part I, |
| (e), due to investment earnings from refunding escrows. |
| Schedule K, Part IV, Line 2b-07/23/2008 202,520,188 The Trust for Cultural Resources of - The issue qualified for a spending exception to |
| rebate. No rebate claculation has been or will ever be made, before or after the due date of an 8038-T |
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(10)

| MUSEUM OF MODERN A | RT | | | | | | Emplo | yer ide. | | | | | |
|--|---|---|-------------------|----------------------------|----------------------------|----------|-----------------------|------------|--------------|----------|---|------------|-------------|
| | nefit Transaction | ns (section 501 | (c)(3) | section | 501(c)(4) a | nd 50 |)1(c)(29) organiz | ations | | 6241 | 00 | | |
| Complete if | the organization | answered "Ye | s" on f | Form 99 | 0, Part IV, I | ine 2 | a or 25b, or Fo | rm 99 | 0-EZ, | Part ' | V, line | 40b. | |
| 1 (a) Name of disqualifi | od narcon | (b) Relationship be | etween d | disqualified | person and | | (a) Dagazintin | a a | | | | (d) Con | ected? |
| 1 (a) Name of disquality | eu person | | organiza | ation | | | (c) Descriptio | ii Oi liai | ISACTION | 1 | | Yes | No |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
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| (5) | | | | | | | | | | | | | |
| (6) | | 1 1 71 | | | | <u> </u> | | | | | | | |
| 2 Enter the amoun under section 49: | | | | | | | | | he ye | _ | | | |
| | | | | | | | | | ! | \$ | | | |
| 3 Enter the amount | or tax, if any, or | i line 2, above, | reimbi | ursea by | tne organ | ızatıoı | n | • • | ! | ▶ \$ | · | | |
| Port II Leans to a | ad/or Erom Into | rested Bersey | | | | | | | | | | | |
| | nd/or From Inter the organization | | | Form 99 | N-E7 Part | V line | 38a or Form 0 | an Da | rt IV I | lina 9 | 6: or i | f tha | |
| organization | reported an am | ount on Form 9 | 990, Pa | art X, line | e 5, 6, or 2 | 2. | 5 500 01 1 01111 5 | 50, 1 8 | , | 11116 2 | O, Or 1 | 11110 | |
| - | | 1 | T | | | | | 1 | | | | I | |
| (a) Name of interested perso | n (b) Relationship with organization | (c) Purpose of loan | | oan to or m the | (e) Origir principal an | | (f) Balance due | (g) in c | iefault? | | proved pard or | (i) Wi | |
| | With Organization | l loan | | nization? | principal an | iount | | | | | nittee? | ayree | ileit: |
| | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | - | | | | | |
| (2) | | | | | | | | | | | | | |
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| (9) | | | | | | | | | | | ļ | | |
| (10) Tabel | | | <u> </u> | | | | Φ. | 1233.3333 | | | X 25 (27 x 10 2 | 2014053440 | Section Co. |
| | | | | | | . ▶ | \$ | 939,000 | | 10000000 | (FB) (B) | 30.58.0 | |
| | ssistance Bene the organization | answered "Ye | ea Per s" on F | r sons. Form 991 | Ω Part IV I | ine 27 | 7 | | | | | | |
| | | | | | | | | | Ι | _ | | | |
| (a) Name of interested pers | | ship between inter and the organizatio | | (c) Amount | of assistance | ' | (d) Type of assistant | e | (e) | Purpo | se of a | ssistan | ce |
| (1) | , | | | | | | | | | | | | |
| (2) | *************************************** | | | | | <u> </u> | | | | | | | |
| (3) | | | | | | - | | | | | | | |
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| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |

| | Mile E (FOITH 050 OF 050-12), 2010 | | | | ŀ | Page 4 |
|-------|---|---|---------------------------|---|----------|--------------------------------|
| Par | Business Transactions Invol Complete if the organization a | inswered "Yes" on Form 990 |), Part IV, line 28a, 2 | 28b, or 28c. | | |
| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of ization's nues? |
| | | | **** | | Yes | No |
| (1) | Top of the Rock LLC | Trustee | 216,510 | see comment | | 1 |
| (2) | Deluxe Media Services LLC | Trustee | 141,527 | see comments | | ~ |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | *************************************** | i | |
| Par | tV Supplemental Information | | | | | |
| | Provide additional information | for responses to questions | on Schedule L (see | instructions). | | |
| Sche | dule L, Part IV - The Museum has an ag | reement with Top of the Rock. | LLC which provides | s for each of the Museum and To | n of the | |
| | to sell "combo packages" of admission | | | | | f the |
| | each remit funds to the other for admis | | | | | |
| | Speyer, have direct or indirect financia | | | | | |
| | ther in entities that own real estate inves | | | | | |
| | lman, owns a controlling interest. MoMA | | | | | |
| busir | | | | | | · |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service \blacktriangleright Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Name of the organization

MUSEUM OF MODERN ART

Employer identification number 13-1624100

| Part | Types of Property | | | | | | |
|----------|---|-------------------------------|--|---|--------------|--------------------------------------|--------------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method on | (d) of determinir tribution am | |
| 1 | Art-Works of art | V | 676 | 0 | not applicab | le | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| | | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | ····· |
| 9 | Securities—Publicly traded | <u> </u> | 46 | 34,392,142 | settlement | | |
| 10 | Securities — Closely held stock . | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | |
| 12 | Securities-Miscellaneous | | | | | | |
| 13 | Qualified conservation | | *************************************** | | | | |
| | contribution - Historic | | | | | | |
| | structures | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | |
| | | | | | | | |
| 15 | Real estate—Residential Real estate—Commercial | | | | | | |
| 16 | | | | | | | |
| 17 18 | Real estate—Other | | | | | | |
| | | | | | | | |
| 19 20 | Food inventory | | | | | | |
| 21 | Taxidermy | | | ************************************** | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | *************************************** | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other • () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other (| | | | | | |
| 29 | Number of Forms 8283 received | by the or | uanization during the tax v | ear for contributions for | <u> </u> | | |
| | which the organization completed | | | | 29 | | 30 |
| | , | | | Ü | | Yes | |
| 30a | During the year, did the organiza | tion receive | e by contribution any prope | erty reported in Part I lines | : 1 through | | |
| | 28, that it must hold for at least the | | | | | | 600 |
| | to be used for exempt purposes | | | | | 30a | \ \ |
| b | If "Yes," describe the arrangemen | | 0. | | | | |
| 31 | Does the organization have a | | stance policy that require | s the review of any no | n-standard | | |
| | = | | | - | | 31 🗸 | - 0000000000 |
| 32a | Does the organization hire or us | | | | | - | † |
| | | | | | | 32a V | - |
| b | If "Yes," describe in Part II. | | | | | V | |
| 33 | If the organization did not report a | n amount ir | n column (c) for a type of pro | perty for which column (a) | is checked | | |
| • | describe in Part II. | | (-) | , , , , , , , , , , , , , , , , , , , | , | | |

Schedule M (Form 990) (2015) Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I - Nonmonetary contributions are recorded at estimated fair value at date of receipt if the Museum received certain goods and services that meet criteria under generally accepted accounting principles for recognition as contributions. In accordance with Accounting Standards Codification (formally FASB Statement of Financial Accounting Standards 116), the Museum does not treat donations of art as revenue or record these art works on the Statement of Financial Position as these art works are used to support the Museum's educational mission. Proceeds from the deaccession of artwork are used solely to acquire other items for the collection

| Schedule M, Part I, Line 1 - Loans of art work to the Museum - From time to time Trustees of the Museum may loan artworks to the Museum |
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| for a limited duration of time for specific exhibitions. |
| ior a minieu duration of time for specific exhibitions. |
| Calcadata M. Dank J. Charles of and consider an annual data of the National Cons |
| Schedule M, Part I, Line 3 - Gifts of art work are considered by individual item. |
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| Schedule M, Part I, Line 9 - Gifts of stock from the same person, on the same trade date, are considered in the aggregate as one gift. |
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| Schedule M, Part I, Line 32b - A third party bank is authorized to sell donated securities as soon as possible upon confirmation by the |
| Museum. The Museum also contracts periodically with various auction houses to facilitate approved deaccessioned of art work. |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MUSEUM OF MODERN ART

Employer identification number

13-1624100

Form 990, Part III, Line 1 - The Museum of Modern Art is a private, nonprofit educational institution chartered by the State of New York in 1929 to foster public awareness of modern and contemporary art. In pursuit of this goal, the Museum has collected over 195,000 works of art, including works of paintings, sculpture, drawing, printmaking, photography, film, media, performance, architecture, and industrial and graphic design. The Museum also operates a publishing program, conducts an extensive educational program, and maintains a major library and archives. Its exhibitions are circulated nationally and internationally. The Museum's primary sources of support are admissions fees and membership dues, grants from individuals, foundations, and corporations, endowment income and revenue from retail sales of Museum related products. The Museum is managed by a Board of Trustees, consisting of 46 voting members. A Director and an administrative and curatorial staff oversee its operations and implement policy set by the board. Each year the Museum acquires through donation or purchase, in each of its curatorial departments, numerous works for its permanent collection. Acknowledged worldwide for its collection of 20th and 21st century art, the Museum has been instrumental in introducing the art of this period into the mainstream of modern life. The range of the museum's program of temporary exhibitions extends from retrospective studies of the work of major modern and contemporary artists to examinations of the cultural and aesthetic contexts of major historical moments, and also supports the work of less well known living artists through continuing exhibitions to review the latest trends in contemporary art. The Museum's programs are organized through six curatorial (Drawings & Prints, Paintings & Sculptures, Architecture & Design, Film, Photographs, Media & Performance Art) and a number of curatorial support departments. The curatorial support departments include collection care, collection exhibition technology, conservation, exhibition administration, exhibition design and production, film operations and preservation, imaging, digital media, outgoing loans, provenance, and registrar. In addition, the quality and depth of the Museum's collection enable the Museum to maintain an extensive loan program, which serves institutions both in the United States and abroad. Each year the Museum lends numerous works beyond those exhibited in its own galleries. The Museum was founded in 1929 as an educational institution and maintains a vast breadth of educational programming, which increased in the years after the opening of the renovated and expanded main facility in 2004. An estimated one million individuals participate in targeted educational programs onsite, online, and in our community each year and all Museum visitors have access to many forms of educational resources that complement the collection and exhibitions. These resources include information labels public tours and audio tours in ten languages as well as visual description tours for the blind and partially sighted and others with disabilities. The Education Center provides a central location for a wide array of educational resources including three classrooms, a theater, a publicly accessible library, an archive reading room, and three curatorial study centers, and MoMA's online self guided courses. Educational programs take place throughout the week. In recent years, the Museum has strengthened efforts of engaging a global community and now provides a wealth of educational resources to individuals around the world, including free online courses and live streamed public programs, among others.

Form 990, Part VI, Section A, Line 2 - Other than in the ordinary course of business, two trustees of the Museum have direct or indirect financial interests in Top of the Rock, an observation deck in Rockefeller Center. The Museum has an agreement with Top of the Rock, LLC which provides for each of the Museum and Top of the Rock to sell "combo packages" of admission tickets at a discount, to each of the Museum and Top of the Rock. In addition, these Trustees also have direct and indirect interests together in entities that own real estate investment properties around the world.

Form 990, Part VI, Section B, Line 11b - The Museum's form 990 is drafted by the Museum's Controller's Office with input from many

Museum departments. It is then reviewed by Museum senior staff including the Director, the Chief Operating officer, the Chief Financial

Officer, and the General Counsel, as well as by external tax advisors. The 990 is then presented to the Museum's Audit Committee of the

Board of Trustees for review and approval. A copy of the 990 is provided to each member for the Board of Trustees electronically or in

printed copy prior to filing the return. The 990 is available to the public through the Museum's website www.moma.org.

Form 990, Part VI, Section B, Line 12c - On an annual basis, the Museum distributes its Code of Conduct and form 990 questionnaire to all

Trustees and designated employees and requires that Conflict of Interest Questionnaires be completed and returned for initial review by the
Office of the General Counsel and the Director of Human Resources respectively. Amongst other things, the Conflict of Interest
Questionnaire requires the responder: confirm that he or she has read and understands the Code of Conduct, agree to abide by it, identify
whether he or she or a family member has any relationship with the Museum that may represent a conflict of interest as defined by the Code
and report any knowledge of a transaction which should be reported under the Code, etc. When potential employee conflicts of interest are
reported or identified, when necessary, an investigation is conducted to determine the facts and circumstances and recommendation of
action, if warranted. Such action may include, but is not limited to, prohibiting the individual from participating in deliberations and decisions
regarding the transaction in question, or taking disciplinary action, which in appropriate circumstances may include suspension or
termination. The employee's supervisor is notified of an employee with identified conflicts and the action to be taken, if any. When potential
Trustee conflicts of interest are reported or identified, the General Counsel's office makes a report to a committee of the Board of Trustees

Supplemental Information (Continued)

| with a recommendation for action, if warranted, including but not limited to disclose to the Board of Trustees, prohibiting the Trustee from participating in and/or voting on the transaction in question, resignation from the Board of Trustees, etc. The Code of Conduct further provides that the committee make a recommendation to the Chairman of the Board for decision by the Board. |
|--|
| Form 990, Part VI, Section B, Line 15. The process for determining the compensation for the Museum Director and certain key employees includes reviews and approval by the Board of Trustees' Compensation Subcommittee of the Executive Committee (the "committee") a committee of the governing body consisting of independent trustees, and not including the Director or other staff members. In making its determination, the Committee obtains and reviews comparability data with respect to compensation levels paid for comparable job positions obtained through the assistance of an expert compensation consultant which, in appropriate instances, includes survey data regarding compensation levels paid by similarly situated organizations for comparable employment positions, form 990 data from other leading museums and cultural and education institutions, as well as for profit institutions which may be interested in recruiting the Museum staff. 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 periodically meets and reviews, the last meeting was held in October, 2016. |
| Form 990, Part VI, Section C, Line 19 - The Museum's governing documents are available for review. Conflict of Interest policy, Code of Conduct policy, prior years Audited Financial Statements and prior years 990 are available to the public through the Museum's website www.moma.org. |
| Form 990, Part VIII, Line 1f - Included in all other contributions, gifts and grants is \$222M designated for a multi-year project comprised of development, construction and integration of a to-be-constructed Museum-owned condominium unit (part of a mixed use facility adjacent to the Museum) into the current galleries of the Museum's main facility, construction and equipping new galleries at an adjacent property, and planning and design renovation changes to the Museum's main facility. |
| Form 990, Part IX, Line 25 - For FY2016, fundraising expenses totaled \$14,028,407. Fundraising activities included membership, development and cultivation expenses encompassing all costs attributable to a complete range of fundraising activities including museum operations, endowment and art acquisitions. These costs also include current and future donor cultivation, acquisition and retention of membership, membership fulfillment costs, fundraising events for the benefit of the Museum and contribution processing and acknowledgement. |
| Form 990, Part XI, Line 9 - Other changes in net assets include defined benefit plan changes other than periodic benefit costs \$8,695,585, changes in valuation of interest rate swap \$364,466. |
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Schedule O, Statement 1 MUSEUM OF MODERN ART

Form: 990 (2015) EIN: 13-1624100

Page: 2 Part III, Line 4a

First Program Service Accomplishments Description

Visions of the Great Movement North, Yoko Ono: One Woman Show, 1960-1971, Joaquín Torres-García: The Arcadian Modern, Walid Raad, Picasso Sculpture, Andy Warhol: Campbell's Soup Cans and Other Works, 1953-1967.

Description

Schedule O, Statement 2 MUSEUM OF MODERN ART

Form: 990 (2015) EIN: 13-1624100

Page: 5 Part V, Line 4b

Name Of Foreign Country

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

Name

EIN: 13-1624100

Form: 990 (2015) Page: 6

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

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Open to Public

20 1545-0047

Employer identification number 13-1624100

| MUSEUM OF | MUSEUM OF MODERN ART | | | | | 13-1 | 13-1624100 | |
|-----------------------------|---|---|---|---|--|--|---|----------|
| Part I | Identification of Disregarded Entities Complete if the organization answered "Yes" on For | e if the organization | າກ answered "Yes" | on Form 990, Part IV, line 33 | IV, line 33. | | | |
| | (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income Er | (e) End-of-year assets | (f) Direct controlling entity | ylling |
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| Part II | Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | i tions Complete i ring the tax year. | f the organization a | nswered "Yes" on | Form 990, Part IV | /, line 34 becau | se it had | |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | Section 512(b)(13) controlled entity? Yes No | 2(b)(13) |
| (1) Modern a | (1) Modern and Contemporary Art Support Corp (13-3910972) 11 West 53rd Street, New York, NY 10019 | Receive, acquire & hold title in ppty | DE | 501 (c) 3 | 11 - Type 1 | N/A | ۲ | |
| (2) MoMA A | (2) MoMA Auxiliaries (13-3975341) 11 West 53rd Street, New York, NY 10019 | Manage Retail Operations | DE | 501 (c) 3 | 11 - Type 1 | N/A | < | |
| (3) PS1 Con 46-01 21st S | (3) PS1 Contemporary Art Center Inc (23-7379091) 46-01 21st Street, Long Island City, NY 11101 | Contemporary Art Exhibitions | NY | 501 (c) 3 | 7 | N/A | < | |
| (4) The Inter | (4) The International Council of The Museum of Modern Art (13-61437 11 West 53rd Street, New York, NY 10019 | Support Corporation | NY | 509 (a) 3 | | N/A | | ۲ |
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| | | | * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | ************************************** | N/A, Various, NY 10019 | (2) 5 Charitable Trusts | 11 West 53rd Street, New York, NY 10019 | (1) Alta Cultura (13-4114902) | | (a) Name, address, and EIN of related organization | Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | | | | 111111111111111111111111111111111111111 | | | | | 11 West 53rd Street, New York, N | (1) AFE LLC (20-2379359) | | Name, address, and EIN of related organization | (a) | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. |
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| | | | | | | | | | | 857,198 | | (g) Share of end-of-year assets | "Yes" on F | | | | | | Later Administra | | | | | | Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | 3 | Form 990, |
| | | , , , , , , , , , , , , , , , , , , , | | | | | | | | 100% | _ | (h) Percentage Se | orm 990, P | | | | | | L | | | | ς | Yes No | General or managing partner? | | Part IV, line |
| | | | | | | | 7 | | < | | Yes No | (i) Section 512(b)(13) controlled entity? | art IV, | - | | | | | | | | | 100% | | ownership | | 34 |

| Note, Complete line if any entity is listed in Parts II, III, or IV of this schedule. Noting the tax year did the organization organizations of the following transcations with one or more related organizations listed in Parts III-N/? A Receipt of (i) interest, (ii) annutities, (iii) royalites, or (iv) rent from a controlled entity B Gitt, grant, or capital contribution to related organization(s) G Coffit, grant, or capital contribution from related organization(s) C Coens or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) C Loans or loan guarantees by related organization(s) Dividends from related organization(s) Salo of assets from related organization(s) Salo of assets to related organization(s) F Dividends from related organization(s) Salo of assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, and in the provinces or membership or fundrising solicitations by related organization(s) R Pedromance of services or membership or fundrising solicitations by related organization(s) Sharing of load employees with related organization(s) Sharing of load employees with related organization(s) Sharing of paid employees with related organization(s) Sharing of load to related organization(s) for expenses G Reimbursement paid by related organization(s) for expenses G Reimbursement paid by related organization(s) for expenses G Reimbursement paid by related organization(s) for expenses G Reimbursement paid by related organization(s) for expenses G Reimbursement paid by related organization(s) for expenses G Reimbursement paid by related organization(s) for expenses G Reimbursement paid by related organization(s) Name or related organization(s) Annount imovied Mathematical for the Museum of Modern Art O B Stanton |
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| ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. B Giff, grant, or capital contribution to related organization(s) |
| ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |
| ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |
| ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) |
| lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |
| ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with c |
| |

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

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

| (16) | (15) | (14) | (13) | (12) | (11) | (10) | (9) | (8) | (7) | (6) | (5) | (4) | (3) | (2) | (1) | | |
|------|--|------|--|------|---|--|---|-----------------|-----|--------------------------------|---------------|-----------|---|--|--|-------------------|---|
| | | | (13) | | | | | | | | | | | | | | (a) Name, address, and EIN of entity |
| | | | | | | | | | | | | | | | | | (b) Primary activity |
| | - | | | | | | | | • | | | | | | | | (c) Legal domicile (state or foreign country) |
| | | | | | | | | | | | | | | | | Sections 512-514) | Predominant income (related, unrelated, excluded from tax under |
| | | | | | | ···· | | | | | | | *************************************** | | | Yes No | (e) Are all partners section 501(c)(3) organizations? |
| | | | | | | | | | | | | | | | | | (f) Share of total income |
| | ************************************** | | | | A Paragraphic Administration of the Control of the | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | (g) Share of end-of-year assets |
| | | | | | | | *************************************** | | | | | | | | | Yes No | (h) Disproportionate allocations? |
| | - CONTANTANT OF THE CONTANT OF THE C | | T A COLUMN AND THE STATE OF THE | | | **** | | | | A COLUMN TO THE TAXABLE PARTY. | | | | | a service and a | | (i) e Code V—UBI amount in box 20 of Schedute K-1 (Form 1065) |
| ì | - Lawrence | | | | | | | | | | | | | | - Landers of the Control of the Cont | Yes No | (i) General or managing partner? |
| | | | White or to | | | - THE STATE OF THE | *************************************** | - issuerman and | | | - Case Winner | AMARITY . | A. C. | - International Control of the Contr | | | (k) Percentage ownership |

| ···· | Form 990) 2015 Supplemental Information | Page 5 |
|------------|---|---|
| Part VII | Provide additional information for responses to questions on Schedule R (see instructions). | |
| Schedule I | R, Part V, Line 1d - There is a \$2 million line of credit guaranteed by MoMA. | |
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Schedule R, Part VII, Statement 1

MUSEUM OF MODERN ART

Form: Schedule R (2015)

EIN: 13-1624100

Page: 3

Description of Covered Relationships and Transaction Thresholds

Part V, Line 2

| | | Amt. involved |
|-------------------------------------|---|---------------|
| Name | The International Council of The Museum of Modern Art | 19,413 |
| Transaction type | q | |
| Method of determining amt, involved | cost method | |
| Name | MoMA Auxiliaries | 3,293,823 |
| Transaction type | p | , , |
| Method of determining amt, involved | cost method | |
| Name | Modern and Contemporary Art Support Corp | 381,721 |
| Transaction type | р | · |
| Method of determining amt. involved | cost method | |
| Name | Modern and Contemporary Art Support Corp | 25,431,311 |
| Transaction type | S | • • |
| Method of determining amt, involved | cost method | |