

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2012, or tax year beginning 07/01, 2012, and ending 06/30, 2013

2012

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

MUSEUM OF MODERN ART

13-1624100

Part I Type of Return and Return Information (Whole Dollars Only)

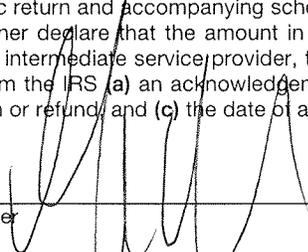
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | | | |
|----|--------------------------|-------------------------------------|---|--|----|--------------------|
| 1a | Form 990 check here | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>214,122,158</u> |
| 2a | Form 990-EZ check here | <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here | <input type="checkbox"/> | b | Balance due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  Signature of officer

15/14/2014 Date

James Gara, Chief Operating Officer Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|----------------|--|------|--|---|-------------------|
| ERO's Use Only | ERO's signature | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code | | | | EIN Phone no. |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

| | | | | | |
|------------------------|----------------------------|----------------------|------|---|------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | | | | Firm's EIN |
| | Firm's address | | | | Phone no. |

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning **07/01**, 2012, and ending **06/30**, 20**13**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **MUSEUM OF MODERN ART**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
11 West 53rd Street
 City, town or post office, state, and ZIP code
New York, NY 10019

D Employer identification number
13-1624100

E Telephone number
212-708-9801

G Gross receipts \$ **660,727,589**

F Name and address of principal officer: **Marie-Josée Kravis**
11 West 53rd Street, New York, NY 10019

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.moma.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1929** **M** State of legal domicile: **NY**

H(c) Group exemption number ▶

Part I Summary

| | | | | |
|-----------------------------|------------|--|---|-------------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>The Museum of Modern Art establishes, preserves, and documents a permanent collection of modern and contemporary art, presents exhibitions and educational programs, sustains a library, archives, and conservation laboratory and supports scholarship and publications.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 41 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 39 |
| | 5 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 1,209 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 402 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 4,274,651 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -300,708 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 99,837,516 | Current Year 88,978,253 |
| | 9 | Program service revenue (Part VIII, line 2g) | 34,934,150 | 36,801,669 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 72,703,723 | 58,540,049 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 30,341,970 | 29,802,187 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 237,817,359 | 214,122,158 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,042,568 | 1,067,150 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 79,104,586 | 84,974,132 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 50,000 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,036,828 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 139,859,319 | 134,751,650 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 220,006,473 | 220,842,932 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 17,810,886 | -6,720,774 |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 1,458,459,054 | End of Year 1,511,429,623 |
| | 21 | Total liabilities (Part X, line 26) | 433,444,754 | 424,623,285 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,025,014,300 | 1,086,806,338 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____
James Gara, Chief Operating Officer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

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 prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the 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.

4a (Code:) (Expenses \$ 102,874,671 including grants of \$ 1,067,150) (Revenue \$ 38,893,026)

Museum Operations - Curatorial and curatorial support departments include conservation, education, exhibitions, publications, library and archives. The Museum was founded in 1929 as an educational institution and maintains a vast breadth of educational programming, which increased in the years after the opening of the renovated and expanded main facility in 2004. In FY 2013, over 4 million children, students, and adults, of all abilities, were served by the Education Department: over 2.9 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 million who used online educational resources; and over 100,000 who participated in educational programs. MoMa's online following continues to flourish, reaching an extensive global audience. The Museum's 2012-13 special exhibition schedule showcased a broad range of modern and contemporary art, performance and film. Noteworthy exhibitions included Alighiero Boetti: Game Plan (7/1/2012-10/1/2012); Century of the Child: Growing by Design, 1900-2000 (7/29/2012-11/5/2012); The Scream (10/24/12-4/29/13); Meta-Monumental Garage Sale (11/17/12-11/30/12); Tokyo 1955-1970 (11/18/12-2/25/13); Christian Marclay: The Clock (12/21/12-1/21/13); Inventing Abstraction (12/24/12-4/15/2013); Wolfgang Laib (1/23/13-3/11/13); Labrouste (3/10/13-6/24/2013) and Claes Oldenburg (4/14/2013-8/5/2013).

4b (Code:) (Expenses \$ 33,879,008 including grants of \$ 0) (Revenue \$ 3,847,117)

Art Acquisitions: Notable acquisitions in FY 2013 included Paul Gauguin's The Creation of the Universe (1894, printed in 1921) from the Noa Noa series of woodcuts, of which the Museum now owns six of ten; Robert Rauschenberg's Canyon (1959), Ellsworth Kelly's Orange Green (1964), a gift that coincided with the Museum's celebration of the artist's 90th birthday; David Hammons's Untitled (Night Train) (1989) and Charles White's Black Pope (Sandwich Board Man) (1973), works by two artists central to the exhibition Now Dig This! Art and Black Los Angeles 1960-1980 at MoMA PS1 last year; and Mike Kelley's Deodorized Central Mass with Satellites (1991-1999), a major work featured in Mike Kelley (displayed at MoMA PS1), the largest exhibition to-date of one of the most prominent contemporary artists identified with Los Angeles and the first comprehensive survey since 1993. In keeping with the Museum's mission, these new acquisitions reinforce MoMA's commitment to establishing a collection of the highest order that reflects the vitality, complexity, and unfolding patterns of modern and contemporary art. For more information, visit Moma.org/explore/collection and search by "recent acquisitions."

4c (Code:) (Expenses \$ 25,802,300 including grants of \$ 0) (Revenue \$ 0)

Security operation and maintenance of exhibition galleries and art collection.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 162,555,979

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | ✓ | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | ✓ | |
| 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 | | ✓ |
| 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 | ✓ | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | ✓ |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | ✓ |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | ✓ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | ✓ | |
| 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 | | ✓ |
| 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 | ✓ | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | ✓ | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | ✓ | |
| c 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 | | ✓ |
| 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 | | ✓ |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | ✓ | |
| 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 | | ✓ |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | ✓ |
| 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 | ✓ | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | ✓ |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? | | ✓ |
| 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 | ✓ | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | | ✓ |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | | ✓ |
| 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) | ✓ | |
| 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 | ✓ | |
| 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 | | ✓ |
| 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | ✓ |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | ✓ |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign country information, and various organizational requirements.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 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. | | |
| 1a | 41 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 1b | 39 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | ✓ | |
| 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? | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | ✓ |
| 6 | Did the organization have members or stockholders? | ✓ | |
| 7a | 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? | ✓ | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | ✓ |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | ✓ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | ✓ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | ✓ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | ✓ | |
| c | 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 | Did the organization have a written whistleblower policy? | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? | ✓ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | ✓ | |
| b | Other officers or key employees of the organization | ✓ | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | ✓ |
| 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 | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 2
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► John C Bailey - Controller, (212)708-9801

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| David Rockefeller ----- Honorary Chairman/Life Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Ronald S Lauder ----- Honorary Chairman/Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Robert B Menschel ----- Chairman Emeritus/Life Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Agnes Gund ----- President Emerita/Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Donald B Marron ----- President Emeritus/Life Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Jerry I Speyer ----- Chairman/Trustee | 10 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Marie-Josée Kravis ----- President /Trustee | 10 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Sid R Bass ----- Vice Chairman/Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Leon D Black ----- Vice Chairman/Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Mimi Haas ----- Vice Chairman/Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Richard E Salomon ----- Vice Chairman/Treasurer/Trustee | 1 0 | | ✓ | ✓ | | | | 0 | 0 | 0 |
| Wallis Annenberg ----- Trustee | 0.5 0 | | ✓ | | | | | 0 | 0 | 0 |
| Lawrence B Benenson ----- Trustee | 1 0 | | ✓ | | | | | 0 | 0 | 0 |
| Clarissa Alcock Bronfman ----- Trustee | 0.5 0 | | ✓ | | | | | 0 | 0 | 0 |

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) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Patricia Phelps de Cisneros | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Paula Crown | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| David Dechman | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Glenn Dubin | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| John Elkann | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Laurence D Fink | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Kathleen Fuld | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Howard Gardner | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Vartan Gregorian | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Anne Dias Griffin | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Alexandra A Herzan | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Marlene Hess | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| AC Hudgins | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Jill Kraus | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |

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) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Thomas H Lee | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Michael Lynne | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Philip S Niarchos | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| James G Niven | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Peter Norton | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Maja Oeri | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Michael S Ovitz | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Richard D Parsons | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| David Rockefeller JR | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Sharon Percy Rockefeller | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Ronald O Perelman | 1 | | | | | | | | | |
| Trustee as of February 5, 2013 | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Marcus Samuelsson | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Anna Deavere Smith | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Ricardo Steinbruch | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |

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) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Alice M Tisch | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Edgar Wachenheim III | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Gary Winnick | 1 | | | | | | | | | |
| Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Celeste G Bartos | 1 | | | | | | | | | |
| Life Trustee thru January 4, 2013 | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Eli Broad | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Thomas S Carroll | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Douglas S Cramer | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Joel S Ehrenkranz | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Gianluigi Gabetti | 0.5 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Barbara Jakobson | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Werner H Kramarsky | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| June Noble Larkin | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Peter G Peterson | 0.5 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Gifford Phillips | 1 | | | | | | | | | |
| Life Trustee thru April 17, 2013 | 0 | ✓ | | | | | 0 | 0 | 0 | |

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) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Emily Rauh Pulitzer | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Jeanne C Thayer | 0.5 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Anna Marie Shapiro | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Joan Tisch | 1 | | | | | | | | | |
| Life Trustee | 0 | ✓ | | | | | 0 | 0 | 0 | |
| Glenn D Lowry | 40 | | | | | | | | | |
| Director/Ex-Officio Trustee | 0 | | | ✓ | | | 1,079,632 | 0 | 777,322 | |
| James Gara | 40 | | | | | | | | | |
| Chief Operating Officer/Assistant Treasurer | 0 | | | ✓ | | | 659,014 | 0 | 456,722 | |
| Patty Lipshutz | 40 | | | | | | | | | |
| General Counsel/Secretary | 0 | | | ✓ | | | 370,410 | 0 | 87,605 | |
| Frank Ahimaz | 40 | | | | | | | | | |
| Chief Investment Officer | 0 | | | | ✓ | | 559,844 | 0 | 332,045 | |
| Kathy Halbreich | 40 | | | | | | | | | |
| Associate Director | 0 | | | | ✓ | | 422,759 | 0 | 91,877 | |
| Todd Bishop | 40 | | | | | | | | | |
| Senior Deputy Director of External Affairs | 0 | | | | ✓ | | 296,404 | 0 | 171,828 | |
| Peter Reed | 40 | | | | | | | | | |
| Senior Deputy Director for Curatorial Affairs | 0 | | | | ✓ | | 339,863 | 0 | 90,796 | |
| Ramona Bannayan | 40 | | | | | | | | | |
| Senior Deputy Director for Exhibitions | 0 | | | | ✓ | | 258,424 | 0 | 133,097 | |
| Jan Postma | 40 | | | | | | | | | |
| Chief Financial Officer | 0 | | | | ✓ | | 294,807 | 0 | 41,528 | |
| Ann Temkin | 40 | | | | | | | | | |
| Chief Curator - Painting and Sculpture | 0 | | | | ✓ | | 248,270 | 0 | 74,885 | |

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) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Barry Bergdoll | 40 | | | | | | | | | |
| Chief Curator - Architecture and Design | 0 | | | | ✓ | | 229,266 | 0 | 79,801 | |
| Klaus Biesenbach | 0 | | | | | | | | | |
| Chief Curator at Large | 40 | | | | ✓ | | 0 | 287,958 | 7,676 | |
| Tunji Adeniji | 40 | | | | | | | | | |
| Director of Facilities and Security | 0 | | | | ✓ | | 237,020 | 0 | 46,637 | |
| Rajendra Roy | 40 | | | | | | | | | |
| Chief Curator - Film | 0 | | | | ✓ | | 222,397 | 0 | 51,962 | |
| Christophe Cherix | 40 | | | | | | | | | |
| Chief Curator - Prints & Illustrated Books | 0 | | | | ✓ | | 220,184 | 0 | 52,604 | |
| Sabine Breitwieser | 40 | | | | | | | | | |
| Chief Curator, Media & Performance Art thru January 2013 | 0 | | | | ✓ | | 224,213 | 0 | 38,898 | |
| Cornelia Butler | 40 | | | | | | | | | |
| Chief Curator- Drawings | 0 | | | | ✓ | | 210,068 | 0 | 32,266 | |
| Quentin Bajac | 40 | | | | | | | | | |
| Chief Curator - Photography as of January 3, 2013 | 0 | | | | ✓ | | 0 | 0 | 0 | |
| Tony Wai | 40 | | | | | | | | | |
| Director of Investments | 0 | | | | | ✓ | 291,871 | 0 | 176,198 | |
| Kathy Thornton-Bias | 40 | | | | | | | | | |
| General Mgr -Retail thru February 20, 2013 | 0 | | | | | ✓ | 407,849 | 0 | 42,017 | |
| Christopher Hudson | 40 | | | | | | | | | |
| Publisher | 0 | | | | | ✓ | 303,341 | 0 | 96,814 | |
| Patricia Jeffers | 40 | | | | | | | | | |
| Director of Human Resources | 0 | | | | | ✓ | 257,514 | 0 | 68,996 | |
| Juan Montes | 40 | | | | | | | | | |
| Chief Technology Officer | 0 | | | | | ✓ | 265,138 | 0 | 41,818 | |

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|---|--|----------------------|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a 0 | | | | | |
| | b Membership dues | 1b 3,013,454 | | | | | |
| | c Fundraising events | 1c 5,140,565 | | | | | |
| | d Related organizations | 1d 0 | | | | | |
| | e Government grants (contributions) | 1e 177,829 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 80,646,405 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 5,982,276 | | | | | |
| | h Total. Add lines 1a-1f | | 88,978,253 | | | | |
| Program Service Revenue | Business Code | | | | | | |
| | 2a Admissions | 712100 | 27,507,101 | 27,507,101 | 0 | 0 | |
| | b Exhibition Tour Income | 712100 | 6,504,362 | 6,504,362 | 0 | 0 | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | 2,790,206 | 2,790,206 | 0 | 0 | |
| g Total. Add lines 2a-2f | | 36,801,669 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 14,101,841 | 0 | -1,120,863 | 15,222,704 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | 0 | 0 | 0 | |
| | 5 Royalties | | 0 | 0 | 0 | 0 | |
| | 6a Gross rents | (i) Real | 1,529,025 | | | | |
| | | (ii) Personal | 0 | | | | |
| | | b Less: rental expenses | 235,857 | | | | |
| | c Rental income or (loss) | 1,293,168 | | | | | |
| | d Net rental income or (loss) | | 1,293,168 | 0 | 0 | 1,293,168 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 460,625,000 | | | | |
| | | (ii) Other | 3,847,117 | | | | |
| | | b Less: cost or other basis and sales expenses | 420,033,909 | | | | |
| | c Gain or (loss) | 40,591,091 | | | | | |
| | d Net gain or (loss) | | 44,438,208 | 3,847,117 | 0 | 40,591,091 | |
| | 8a Gross income from fundraising events (not including \$ 5,140,565 of contributions reported on line 1c). See Part IV, line 18 | a | 524,500 | | | | |
| | | b Less: direct expenses | 1,831,451 | | | | |
| c Net income or (loss) from fundraising events | | | -1,306,951 | | 0 | -1,306,951 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | 0 | | | | | |
| | b Less: direct expenses | 0 | | | | | |
| | c Net income or (loss) from gaming activities | | 0 | 0 | 0 | 0 | |
| 10a Gross sales of inventory, less returns and allowances | a | 50,585,454 | | | | | |
| | b Less: cost of goods sold | 24,504,214 | | | | | |
| | c Net income or (loss) from sales of inventory | | 26,081,240 | 22,664,070 | 3,417,170 | 0 | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Museum Restaurants | 722100 | 1,162,919 | 0 | 0 | 1,162,919 | | |
| b Corporate Events | 900099 | 2,571,811 | 593,467 | 1,978,344 | 0 | | |
| c _____ | | | | | | | |
| d All other revenue | | 0 | 0 | 0 | 0 | | |
| e Total. Add lines 11a-11d | | 3,734,730 | | | | | |
| 12 Total revenue. See instructions. | | 214,122,158 | 63,906,323 | 4,274,651 | 56,962,931 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 1,067,150 | 1,067,150 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 6,988,777 | 2,685,487 | 3,903,290 | 400,000 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 53,740,841 | 41,620,506 | 8,401,262 | 3,719,073 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 10,790,346 | 7,872,221 | 2,186,254 | 731,871 |
| 9 | Other employee benefits | 9,220,131 | 6,726,654 | 1,868,109 | 625,368 |
| 10 | Payroll taxes | 4,234,037 | 3,376,287 | 597,989 | 259,761 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 1,127,336 | 49,301 | 1,078,035 | 0 |
| c | Accounting | 301,260 | 0 | 301,260 | 0 |
| d | Lobbying | 90,000 | 0 | 90,000 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 50,000 | | | 50,000 |
| f | Investment management fees | 5,054,555 | 0 | 5,054,555 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 14,144,625 | 9,359,290 | 2,377,695 | 2,407,640 |
| 12 | Advertising and promotion | 6,409,835 | 4,415,807 | 0 | 1,994,028 |
| 13 | Office expenses | 13,388,508 | 11,478,980 | 1,451,328 | 458,200 |
| 14 | Information technology | 998,314 | 82,025 | 916,289 | 0 |
| 15 | Royalties | 101,489 | 101,489 | 0 | 0 |
| 16 | Occupancy | 14,478,204 | 6,574,648 | 5,774,909 | 2,128,647 |
| 17 | Travel | 3,473,667 | 3,127,909 | 266,616 | 79,142 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 10,352,439 | 8,745,286 | 1,209,813 | 397,340 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 26,168,177 | 17,717,799 | 8,267,846 | 182,532 |
| 23 | Insurance | 2,135,672 | 1,509,854 | 401,711 | 224,107 |
| 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.) | | | | |
| a | Acquisition of Works of Art | 33,879,008 | 33,879,008 | 0 | 0 |
| b | Membership Dues and Subscriptions | 455,517 | 171,518 | 276,000 | 7,999 |
| c | Administrative & Other Expenses | 2,193,044 | 1,994,760 | -172,836 | 371,120 |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 220,842,932 | 162,555,979 | 44,250,125 | 14,036,828 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|---------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | 8,755,947 | 1 | 13,425,669 |
| | 2 Savings and temporary cash investments | 20,102,068 | 2 | 19,886,660 |
| | 3 Pledges and grants receivable, net | 172,550,781 | 3 | 170,063,190 |
| | 4 Accounts receivable, net | 1,398,710 | 4 | 4,867,160 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 9,321,088 | 8 | 11,777,030 |
| | 9 Prepaid expenses and deferred charges | 8,670,434 | 9 | 10,249,446 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 771,616,360 | | |
| | b Less: accumulated depreciation | 10b 267,707,337 | 525,612,260 | 10c 503,909,023 |
| | 11 Investments—publicly traded securities | 349,351,508 | 11 | 380,168,166 |
| | 12 Investments—other securities. See Part IV, line 11 | 322,815,865 | 12 | 330,438,488 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 39,880,393 | 15 | 66,644,791 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,458,459,054 | 16 | 1,511,429,623 | |
| Liabilities | 17 Accounts payable and accrued expenses | 37,396,833 | 17 | 43,274,576 |
| | 18 Grants payable | | 18 | 0 |
| | 19 Deferred revenue | 39,882,368 | 19 | 51,599,763 |
| | 20 Tax-exempt bond liabilities | 256,644,554 | 20 | 253,684,988 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 5,245,220 | 22 | 4,314,247 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 33,000,000 | 24 | 21,000,000 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 61,275,779 | 25 | 50,749,711 |
| | 26 Total liabilities. Add lines 17 through 25 | 433,444,754 | 26 | 424,623,285 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 618,451,113 | 27 | 659,774,226 |
| | 28 Temporarily restricted net assets | 162,903,061 | 28 | 181,752,059 |
| | 29 Permanently restricted net assets | 243,660,126 | 29 | 245,280,053 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 1,025,014,300 | 33 | 1,086,806,338 | |
| 34 Total liabilities and net assets/fund balances | 1,458,459,054 | 34 | 1,511,429,623 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|-----------|--|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 214,122,158 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 220,842,932 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -6,720,774 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,025,014,300 |
| 5 | Net unrealized gains (losses) on investments | 5 | 49,488,050 |
| 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 | 19,024,762 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,086,806,338 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | ✓ | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | ✓ | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | ✓ |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

| | Yes | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 62,933,969 | 67,986,812 | 91,348,611 | 99,837,516 | 88,978,253 | 411,085,161 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Total. Add lines 1 through 3 | 62,933,969 | 67,986,812 | 91,348,611 | 99,837,516 | 88,978,253 | 411,085,161 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 411,085,161 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|------------|------------|------------|------------|-------------|--------------------------|
| 7 Amounts from line 4 | 62,933,969 | 67,986,812 | 91,348,611 | 99,837,516 | 88,978,253 | 411,085,161 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 8,903,526 | 13,664,078 | 17,076,148 | 15,783,171 | 15,630,866 | 71,057,789 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 307,814 | 0 | 132,868 | 1,159,754 | 0 | 1,600,436 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 2,668,570 | 4,654,878 | 4,839,958 | 4,744,645 | 4,259,230 | 21,167,281 |
| 11 Total support. Add lines 7 through 10 | | | | | | 504,910,667 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | 12 | 140,186,345 | |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 81.42 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 81.83 % |
| 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | _____ | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ | _____ |
| (4) | _____ | _____ | _____ | _____ |
| (5) | _____ | _____ | _____ | _____ |
| (6) | _____ | _____ | _____ | _____ |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 0 | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 90,000 | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 90,000 | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 220,752,932 | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 220,842,932 | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000 | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 42,000 | 78,500 | 134,000 | 90,000 | 344,500 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 |

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

MUSEUM OF MODERN ART

13-1624100

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, 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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ 0

b Assets included in Form 990, Part X ▶ \$ 0

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 438,939,000 | 429,992,000 | 356,715,000 | 324,195,000 | 384,845,000 |
| b Contributions | 37,247,000 | 41,254,000 | 48,006,000 | 34,778,000 | 28,593,000 |
| c Net investment earnings, gains, and losses | 30,123,000 | -2,947,000 | 23,497,000 | 16,174,000 | -42,626,000 |
| d Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 46,618,000 | 29,360,000 | -1,774,000 | 18,432,000 | 46,617,000 |
| f Administrative expenses | 0 | 0 | 0 | 0 | 0 |
| g End of year balance | 459,691,000 | 438,939,000 | 429,992,000 | 356,715,000 | 324,195,000 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 6.4 %
- b** Permanent endowment 53.4 %
- c** Temporarily restricted endowment 40.2 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|------------------------------------|-----|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 91,352,129 | | 91,352,129 |
| b Buildings | 0 | 535,541,925 | 193,255,837 | 342,286,088 |
| c Leasehold improvements | 0 | 4,407,316 | 4,285,619 | 121,697 |
| d Equipment | 0 | 77,934,101 | 70,165,881 | 7,768,220 |
| e Other | 0 | 62,380,889 | 0 | 62,380,889 |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **503,909,023**

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|--|
| (1) Financial derivatives | 0 | |
| (2) Closely-held equity interests | 0 | |
| (3) Other Equity Long/Short | 33,561,340 | End-of-Year Market Value |
| (A) Credit | 66,897,018 | End-of-Year Market Value |
| (B) Multi-Strategy & Other | 104,183,237 | End-of-Year Market Value |
| (C) Private Equity | 83,517,986 | End-of-Year Market Value |
| (D) Real Assets | 10,127,907 | End-of-Year Market Value |
| (E) Fixed Income (Level 3) | 15,000,000 | End-of-Year Market Value |
| (F) Equity (long-only, Level 3) | 17,151,000 | End-of-Year Market Value |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 330,438,488 | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|-------------------|
| (1) Federal income taxes | 0 |
| (2) Pension | 46,380,057 |
| (3) Funds held on behalf of others | 4,369,654 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 50,749,711 |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | | | |
|---|--|-----------|------------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 301,528,713 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | 49,488,050 | | |
| b | Donated services and use of facilities | 2b | 0 | | |
| c | Recoveries of prior year grants | 2c | 0 | | |
| d | Other (Describe in Part XIII.) | 2d | 44,891,281 | | |
| e | Add lines 2a through 2d | | | 2e | 94,379,331 |
| 3 | Subtract line 2e from line 1 | | | 3 | 207,149,382 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 6,972,776 | | |
| b | Other (Describe in Part XIII.) | 4b | 0 | | |
| c | Add lines 4a and 4b | | | 4c | 6,972,776 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | | 5 | 214,122,158 |

| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | | | |
|--|---|-----------|------------|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 241,778,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | 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 | 27,907,844 | | |
| e | Add lines 2a through 2d | | | 2e | 27,907,844 |
| 3 | Subtract line 2e from line 1 | | | 3 | 213,870,156 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 6,972,776 | | |
| b | Other (Describe in Part XIII.) | 4b | 0 | | |
| c | Add lines 4a and 4b | | | 4c | 6,972,776 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | 5 | 220,842,932 |

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part III, Line 1 - The Museum's collections, acquired through purchase and contributions, are not recognized as assets on the consolidated statements of financial position. Purchases of collection items are recorded in the year in which the items were acquired as decreases in unrestricted net assets. Contributed collection items are not reflected in the consolidated financial statements. Proceeds from deaccessions, which are reflected as increases in temporarily restricted net assets, are used exclusively to acquire other items for the collection.

Schedule D, Part III, Line 4 - The Museum is chartered as an educational institution whose collection of modern and contemporary art is made available to its members and the public to encourage an ever-deeper understanding and enjoyment of such art by the diverse local, national, and international audiences that it serves. In pursuit of this goal, the Museum has collected over 150,000 works of painting, sculpture, drawing, printmaking, photography, film, performance, media, architecture, and industrial and graphic design. Through the leadership of its Board of Trustees and staff, the Museum strives to establish, reserve, and document a permanent collection of the highest order that reflects the vitality, complexity and unfolding patterns of modern and contemporary art; present exhibitions and educational programs of unparalleled significance; sustain a library, archives and conservation laboratory that are recognized as international centers of research; and support scholarship and publications of preeminent intellectual merit.

Part XIII - Supplemental Information (Continued)

Schedule D, Part V, Line 4 - The Museum's endowment funds consist of approximately 150 individual funds established for a variety of purposes, including art acquisitions, exhibitions, publications, educational and operating support. Its endowment includes both donor restricted endowment funds and funds designated by the Board to function as endowments. As required by Generally Accepted Accounting Principles, net assets associated with endowments funds, including funds designated by the board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The long term focus of the Museum's investment portfolio is to support the Museum's mission by providing a reliable source of funds for current and future use.

Schedule D, Part XI, Line 2d - Primarily consists of cost of goods sold on retail operations (\$24,504,214), defined benefit plan changes other than net periodic benefit costs (\$18,134,713), amounts related to special events and exhibitions \$1,646,043, interest income related to development rights \$3,520,000 and related organizations that file separate returns (\$7,759,750).

Schedule D, Part XII, Line 2d - Primarily consists of cost of goods sold on retail operations (\$24,504,214), amounts related to special events and exhibitions \$1,646,043, interest income related to development rights \$3,520,000 and related organizations that file separate returns (\$9,801,010).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

▶ Attach to Form 990. ▶ See separate instructions.

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MUSEUM OF MODERN ART

Employer identification number

13-1624100

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional 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 | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) Central America and the Ca | 0 | 0 | Investments | | 102,312,608 |
| (2) Europe (including Iceland | 0 | 0 | Investments | | 11,675,972 |
| (3) North America (including C | 0 | 0 | Investments | | 10,093,999 |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | | | | |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 124,082,579 |

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
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| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
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| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (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 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)* 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)* Yes 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)* Yes 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

MUSEUM OF MODERN ART

Employer identification number

13-1624100

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 See Schedule G, Part IV, Statement 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 0 | 50,000 | -50,000 |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|-------------------------------------|-----------------------------|---------------------|--|
| | | Party in the Garden (event type) | DR Luncheon (event type) | 3 (total number) | |
| Revenue | 1 Gross receipts | 3,093,850 | 1,180,000 | 1,391,215 | 5,665,065 |
| | 2 Less: Contributions | 2,860,030 | 1,134,000 | 1,146,535 | 5,140,565 |
| | 3 Gross income (line 1 minus line 2) | 233,820 | 46,000 | 244,680 | 524,500 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 82,632 | 13,900 | 78,530 | 175,062 |
| | 7 Food and beverages | 190,663 | 39,557 | 165,177 | 395,397 |
| | 8 Entertainment | 52,500 | 0 | 38,070 | 90,570 |
| | 9 Other direct expenses | 694,521 | 52,948 | 422,953 | 1,170,422 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | (1,831,451) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | -1,306,951 |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|--|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | () | |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | | |

- 9** Enter the state(s) in which the organization operates gaming activities: _____
- a** Is the organization licensed to operate gaming activities in each of these states? Yes No
- b** If "No," explain: _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b** If "Yes," explain: _____
- _____

Fundraiser Activity Information

| Name and Address | Activity | C1 | Gross Receipts | C2 | C3 |
|--|---|----|-------------------|--------|---------|
| John Brown Limited Inc PO Box 296 Peterborough, NH 03458 | Develop, strategize and fund-raise for Museum expansion project. | No | 0 | 50,000 | -50,000 |
| Total: | | | 0 | 50,000 | -50,000 |

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MUSEUM OF MODERN ART

Employer identification number

13-1624100

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (1) Name and address of organization or government | (2) EIN | (3) IRC section if applicable | (4) Amount of cash grant | (5) Amount of non-cash assistance | (6) Method of valuation (book, FMV, appraisal, other) | (7) Description of non-cash assistance | (8) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) Sch I, Stmt 1 | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

Schedule I, Part I, Line 2 - The Museum as sole Member of PS1 Contemporary Art Museum (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 contemporary art through a collaborative program of exhibitions, research, special projects and other 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 the Museum provides management assistance and service to MoMA PS1 in certain areas, including amongst other areas, accounting and payroll, fundraising and development, coordination of MoMA PS1's information technology, insurance and legal affairs.

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

| | | 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 | 1,067,150 | 0 |
| EIN | 23-7379091 | | |
| IRC code section | 501c(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Operating Support | | |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

MUSEUM OF MODERN ART

Employer identification number

13-1624100

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Glenn D Lowry, Director/Ex-Officio Trustee | (i) | 719,013 | 358,813 | 1,806 | 426,888 | 350,434 | 1,856,954 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 James Gara, Chief Operating Officer/Assistant Treasurer | (i) | 426,478 | 213,660 | 18,875 | 425,194 | 31,528 | 1,115,735 | 213,660 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Patty Lipshutz, General Counsel/Secretary | (i) | 350,785 | 0 | 19,625 | 57,671 | 29,934 | 458,015 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Frank Ahimaz, Chief Investment Officer | (i) | 401,076 | 158,076 | 691 | 299,268 | 32,777 | 891,888 | 150,000 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 Kathy Halbreich, Associate Director | (i) | 419,933 | 0 | 2,825 | 59,744 | 32,133 | 514,635 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Todd Bishop, Senior Deputy Director of External Affairs | (i) | 295,933 | 0 | 471 | 138,195 | 33,633 | 468,232 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Peter Reed, Senior Deputy Director for Curatorial Affairs | (i) | 338,338 | 0 | 1,524 | 54,911 | 35,885 | 430,658 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Ramona Bannayan, Senior Deputy Director for Exhibitions | (i) | 257,829 | 0 | 596 | 100,068 | 33,029 | 391,522 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 Jan Postma, Chief Financial Officer | (i) | 294,533 | 0 | 274 | 8,720 | 32,808 | 336,335 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Ann Temkin, Chief Curator - Painting and Sculpture | (i) | 247,717 | 0 | 553 | 40,248 | 34,637 | 323,155 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Barry Bergdoll, Chief Curator - Architecture and Design | (i) | 228,312 | 0 | 954 | 45,164 | 34,637 | 309,067 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Klaus Biesenbach, Chief Curator at Large | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 287,525 | 0 | 433 | 0 | 7,676 | 295,634 | 0 |
| 13 Tunji Adeniji, Director of Facilities and Security | (i) | 236,487 | 0 | 533 | 12,000 | 34,637 | 283,657 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 Rajendra Roy, Chief Curator - Film | (i) | 222,185 | 0 | 212 | 16,076 | 35,886 | 274,359 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 Christophe Cherix, Chief Curator - Prints & Illustrated Books | (i) | 219,974 | 0 | 210 | 21,429 | 31,175 | 272,788 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 Sabine Breitwieser, Chief Curator, Media & Performance Art thru January 31, 2012 | (i) | 223,457 | 0 | 757 | 6,090 | 32,808 | 263,112 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 1a - As a condition of employment, the Museum requires the Director to reside in the Museum's apartment on the premises in Museum Tower in furtherance of the Museum's operations and mission and for the convenience of the Museum. Health club membership dues of the Director are paid for by the Museum and included in the Director's compensation. Business class travel was in accordance with the Museum's Travel and Expenditure guidelines which allows the highest level of travel, business class, on flights longer than nine hours.

Schedule J, Part I, Line 7 - The Museum provides bonus and incentive compensation based on measured performance objectives described in schedule J, Part II note.

Schedule J, Part II - Glenn D Lowry - Director and Chief Executive Officer. Full-time employee, officer and ex-officio trustee. Included in bonus and incentive compensation for 2012 is an annual bonus of \$358,813 The Director was eligible for a long term performance bonus related to accomplishments of certain performance objectives over the period 2009-2013. As a condition of employment and for the Museum's convenience, the Director is required to reside on the museum's premises. The estimated value of his housing approximates \$318,000 per annum, included in column D. James Gara - Chief Operating Officer and Assistant Treasurer. Full-time employee and officer but not Trustee. Included in bonus and incentive compensation is a performance bonus plan. A portion of the multi-year bonus plan was paid in 2012 and is included in compensation. The plan was subject to the achievement of multi-year service and performance requirements. Frank Ahimaz - Chief Investment Officer. Full-time employee but not Trustee. Eligible for annual bonus based on achievement of performance measures. Todd Bishop - Senior Deputy Director of External Affairs. Full-time employee but not Trustee. Eligible for annual bonus based on achievement of performance measures. Klaus Biesenback is the Director of MoMA PS1 and receives compensation from that entity. He also serves as MoMA's Chief Curator at Large.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

MUSEUM OF MODERN ART

Employer identification number

13-1624100

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|--|----------------|-------------|-----------------|-----------------|---|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | The Trust for Cultural Resources of the City of New York, Series 2008 One-A | 91-1882413 | 649717PC3 | 07/23/2008 | 202,520,188 | Refund various Bonds of Issuer | | | | | | |
| | | | | | | | | ✓ | | ✓ | | ✓ |
| B | The Trust for Cultural Resources of the City of New York, Series 2010 One-A | 91-1882413 | 649717QL2 | 07/29/2010 | 64,582,831 | Refund Issuer's 2008 One-A and pay costs of issuance | | | | | | ✓ |
| | | | | | | | | ✓ | | ✓ | | ✓ |
| C | The Trust for Cultural Resources of the City of New York, Series 2012 One-D & Series 2012A | 91-1882413 | 649717RM9 | 05/01/2012 | 104,770,510 | Refund Issuer's 1996A, 2001A, 2001-One-D, and pay costs of issuance | | | | | | ✓ |
| | | | | | | | | ✓ | | ✓ | | ✓ |
| D | | | | | | | | | | | | |

Part II Proceeds

| | A | B | C | D |
|---|-------------|------------|-------------|----|
| 1 Amount of bonds retired | 64,210,000 | 0 | 2,980,000 | |
| 2 Amount of bonds legally defeased | 0 | 0 | 0 | |
| 3 Total proceeds of issue | 202,818,443 | 64,593,399 | 104,778,309 | |
| 4 Gross proceeds in reserve funds | 0 | 0 | 0 | |
| 5 Capitalized interest from proceeds | 0 | 0 | 0 | |
| 6 Proceeds in refunding escrows | 0 | 0 | 0 | |
| 7 Issuance costs from proceeds | 1,080,188 | 433,188 | 733,735 | |
| 8 Credit enhancement from proceeds | 0 | 0 | 0 | |
| 9 Working capital expenditures from proceeds | 0 | 0 | 0 | |
| 10 Capital expenditures from proceeds | 0 | 0 | 0 | |
| 11 Other spent proceeds | 201,738,255 | 64,160,211 | 104,033,045 | |
| 12 Other unspent proceeds | 0 | 0 | 11,529 | |
| 13 Year of substantial completion | | | | |
| | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | ✓ | | ✓ | |
| 15 Were the bonds issued as part of an advance refunding issue? | | ✓ | | ✓ |
| 16 Has the final allocation of proceeds been made? | ✓ | | ✓ | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | ✓ | | ✓ | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶ | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶ | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T? | | ✓ | | ✓ | | ✓ | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | ✓ | | ✓ | | ✓ | | |
| b Exception to rebate? | ✓ | | ✓ | | ✓ | | | |
| c No rebate due? | | ✓ | | ✓ | | ✓ | | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | ✓ | | ✓ | | ✓ | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | ✓ | | ✓ | | ✓ | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | ✓ | | ✓ | | ✓ | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | ✓ | | ✓ | | ✓ | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | ✓ | | ✓ | | ✓ | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | ✓ | | ✓ | | ✓ | | | |

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part I - Part II, Question 13, Columns A, B & C: Since the proceeds of all Bonds are used for refunding purposes, the year of substantial completion is not applicable.

Schedule K, Part I, Column c - 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 649717PD1 corresponding to the final maturity of 4/1/31.

Schedule K, Part I, Column f - A - Bonds refunded by 2008-One-A Bonds: Issuer's 2000-One-A (issued 3/14/00), 2000-One-B (issued 3/14/00), 2001-One-A (issued 12/31/01), 2001-One-B (issued 12/31/01), 2001-One-C (issued 12/31/01). B - The 2010-One-A Bonds refunded a portion of the Issuer's 2008 One-A Bonds (issued 7/23/08). C - Bonds refunded by 2012 Bonds: Issuer's 1996A (issued 11/20/96), 2001A (12/31/01), and 2001-One-D issued 12/31/01.

Schedule K, Part II, Line 3 - Columns A,B, and C: Amount listed differs from the issue price listed in Part 1, (e) due to investment earnings from refunding escrows.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

MUSEUM OF MODERN ART

Employer identification number

13-1624100

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | Yes | No | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

MUSEUM OF MODERN ART

13-1624100

Part I 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 | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art | ✓ | 1270 | 0 | not applicable |
| 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 | ✓ | 60 | 5,982,276 | 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 | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (.) | | | | |
| 26 Other ▶ (.) | | | | |
| 27 Other ▶ (.) | | | | |
| 28 Other ▶ (.) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | ✓ |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | ✓ | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | ✓ | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I - Nonmonetary contributions are recorded at the 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.

Schedule M, Part I, Line 1 - Loans of art work to the Museum - From time to time Trustees of the Museum may loan artworks to the Museum for a limited duration of time for specific exhibitions.

Schedule M, Part I, Line 9 - Gifts of stock from the same person, on the same trade date, are considered in the aggregate as one gift.

Schedule M, Part I, Line 32b - A third party bank is authorized to sell donated securities as soon as possible upon confirmation by the Museum.

Schedule M, Part I, Line 33 - In accordance with 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 deaccessions of artwork are used solely to acquire other items for the collection.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

MUSEUM OF MODERN ART

Employer identification number

13-1624100

Form 990, Part III - The Museum of Modern Art is a private, nonprofit institution chartered by the State of New York in 1929 to foster public awareness of modern and contemporary art. In pursuit of this goal, the Museum has collected over 150,000 works of art, including works of 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 40 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 now 21st century art, the Museum has been instrumental in introducing the art of this period into the mainstream of modern life. The range of the museum's program of temporary exhibitions extends from retrospective studies of the work of major modern and contemporary artists to examinations of the cultural and aesthetic contexts of major historical moments, and also supports the work of less well known living artists through continuing exhibitions to review the latest trends in contemporary art. The Museum's programs are organized through seven curatorial and a number of curatorial support departments. The curatorial support departments include collection care, collection exhibition technology, conservation, exhibition administration, exhibition design and production, film operations and preservation, imaging, outgoing loans, provenance, and registrar. In addition, the quality and depth of the Museum's 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 100,000 individuals participate in targeted educational programs on and off site 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 seven 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. Educational programs take place throughout the week.

Form 990, Part VI, Section A, Line 2 - The Museum's Board of Trustees includes two members from the same family - David Rockefeller, who is not a voting trustee and David Rockefeller, Jr. Robert B Menschel, a non voting trustee as well, is a Senior Director of Goldman Sachs. He refrains from any decision-making or transactions between the Museum and Goldman Sachs. 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 A, Line 6 - The Museum's Bylaws provide that the Members of the Corporation shall consist of members of the Board of Trustees, all persons who on November 1, 1939 were Patrons, Contribution Members or Sustaining Members, and all other persons who, subsequent to November 1, 1939, have been or shall be designated by the Board of Trustees as members of the Corporation. Members have equal voting rights.

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

Form 990, Part VI, Section B, Line 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.

Supplemental Information (Continued)

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

Form 990, Part VI, Section B, Line 15 - The process for determining the compensation for the Museum director and other 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 participation, the compensation terms approved, the data relied upon and how it was obtained. The Committee periodically meets and reviews, the last meeting was held in July, 2013.

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 Financial Statements and prior years 990 are available to the public through the Museum's website www.moma.org.

Form 990, Part XI, Line 9 - Primarily defined benefit plan changes other than net periodic benefit costs \$18,134,713, change in swap valuation \$890,049.

Name Of Foreign Country

Name

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

States Where Copy Of Return Is Filed

States

AK

AL

AR

AZ

CA

CO

CT

FL

GA

HI

IL

KS

KY

MA

MD

ME

MI

MN

MS

NC

ND

NH

NJ

NM

NY

OH

OK

OR

PA

RI

SC

TN

UT

VA

WA

WI

WV

Contractor Compensation

| Name and address: | Description Of Services | Compensation |
|---|--------------------------------|---------------------|
| Bluewater Communication Group LLC 110 Parkway Drive South Hauppauge, NY 11788 | Information Technology | 1,150,212 |
| Diller Scofidio and Renfro 601 West 26 Street New York, NY 10001 | Architect | 1,002,969 |
| Proskaur Rose LLP Eleven Time Square New York, NY 10036 | Legal Services | 447,863 |
| PricewaterhouseCoopers LLP 300 Madison Avenue New York, NY 10017 | Audit Fees | 348,760 |
| Paulette Giguere 303 7th Street Brooklyn, NY 11215 | Graphics | 152,445 |
| Total: | | 3,102,249 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

MUSEUM OF MODERN ART

13-1624100

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part 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 | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (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 | (g) Section 512(b)(13) controlled entity? | |
|---|---------------------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (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 | ✓ | |
| (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 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) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) AFE LLC (20-2379359) 11 West 53rd Street, New York, NY | Real Estate | NY | N/A | Related | 299,342 | 4,623,923 | | ✓ | | ✓ | | 100% |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|------------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) Alta Cultura (13-4114902) 11 West 53rd Street, New York, NY 10019 | General Business Corporation | DE | N/A | C | 0 | 857,198 | 100% | | ✓ |
| (2) 5 Charitable Trusts N/A, Various, NY 10019 | Trust | NY | N/A | T | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) PS1 Contemporary Art Center Inc | l | 705,040 | cost method |
| (2) PS1 Contemporary Art Center Inc | b | 1,067,150 | cost method |
| (3) Modern and Contemporary Art Support Corp | p | 599,301 | cost method |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|---|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

