| | 000 |
|------|------------|
| Form | 990 |

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

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

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.



| Α | For the | e 2021 calendar year, or tax year beginning JUL 1, 2021 and e | ending JT | JN 30, 2022 | | | | |
|-------------------------|--------------------------|--|---------------|-----------------------------|---|--|--|--|
| | Check if applicabl | C Name of organization D Employer identification number | | | | | | |
| | Addre chang | | | | | | | |
| | Name chang | | 13-1624100 | | | | | |
| | Initial return | | Room/suite | E Telephone numbe | er | | | |
| | Final return | | | 212-708-9400 | | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 411,659,786. | | | |
| | Amen return | New IOIK, NI 10019 | | H(a) Is this a group r | eturn | | | |
| | Applic tion pendir | F Name and address of principal officer. | | for subordinates | s? Yes X No | | | |
| | | Same as C above | | H(b) Are all subordinates i | | | | |
| | | empt status: X 501(c)(3) 501(c) () | r 527 | 1 ' | list. See instructions | | | |
| | | ee www.moma.org | | H(c) Group exemption | | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1929 | W State of legal domicile: NY | | | |
| | art I | Summary | F 14 | tadaana bark | | | | |
| ė | 1 | Briefly describe the organization's mission or most significant activities: The Mus connects people from around the world (Continued in Schedule | | lodern Art | | | | |
| anc | | | | | 1- | | | |
| 'ern | 2 | Check this box if the organization discontinued its operations or dispose | | I | 52 | | | |
| 205 | 3 | | | | 52 | | | |
| ~ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 912 | | | |
| ties | 6 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | 270 | | | | |
| Activities & Governance | 72 | Total number of volunteers (estimate if necessary) | | | | | | |
| Ac | h h | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | , , , , | | | |
| | | | | Prior Year | Current Year | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 98,780,348. | 94,737,177. | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 5,545,899. | 25,223,210. | | | |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 123,469,866. | 112,477,511. | | | |
| ũ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 23,827,366. | 32,883,862. | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 251,623,479. | 265,321,760. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 1,893,871. | 2,527,928. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| ŝ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots | | 97,867,386. | 99,587,967. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| xDe | b | Total fundraising expenses (Part IX, column (D), line 25) 11,235,1 | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 136,303,801. | 145,708,294. | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 236,065,058. | 247,824,189. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 15,558,421. | 17,497,571. | | | |
| s or | | | | ginning of Current Year | End of Year | | | |
| Assets | 1 20 | Total assets (Part X, line 16) | | 2,699,458,083. | 2,507,036,549. | | | |
| 3t A | 1 | Total liabilities (Part X, line 26) | - | 496,479,648. | 473,595,915. | | | |
| Ĭ | | Net assets or fund balances. Subtract line 21 from line 20 | | 2,202,978,435. | 2,033,440,634. | | | |
| | art II | Signature Diver | | | | | | |

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 | Signature of officer | | Dat | e | |
|-------------|--|------------------------------------|------|-------------------------|--------|
| Here | James Gara, COO/Assistant Treasu | rer | U | | |
| | Type or print name and title | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | |
| Paid | Daniel Romano | | | self-employed P00504182 | |
| Preparer | Firm's name 🕞 GRANT THORNTON LLP | | Firn | n's EIN 🕨 36-6055558 | |
| Use Only | Firm's address 💊 757 Third Avenue, 3rd F | loor | | | |
| | New York, NY 10017-2013 | | Pho | one no.(212) 599-0100 | |
| May the I | RS discuss this return with the preparer shown abo | ove? See instructions | | X Yes | No |
| 132001 12-0 | 2-21 LHA For Paperwork Reduction Act Notion | ce, see the separate instructions. | | Form 990 | (2021) |

See Schedule O for Organization Mission Statement Continuation

| Form | 1990 (2021) Museum of Modern Art | 13-1624100 Page 2 |
|----------|--|---------------------------------------|
| | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | The Museum of Modern Art is a private, non-profit institution | |
| | chartered by the State of New York Department of Education in 1929 to | |
| | foster public awareness of modern and contemporary art. (Continued in | |
| | Schedule 0) | |
| 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 X 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 X No |
| 4 | If "Yes," describe these changes on Schedule O. | accured by expenses |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. | |
| | revenue, if any, for each program service reported. | , the total expenses, and |
| 4a | (Code:) (Expenses \$119,430,562. including grants of \$2,527,928.) (Revenue | 49,918,348.) |
| ти | Museum Operations - Curatorial and curatorial support departments | · · · · · · · · · · · · · · · · · · · |
| | include conservation, learning and engagement programming, exhibitions, | |
| | creative, 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 | |
| | openings of the renovations and expansions in 2004, 2006, and 2019. | |
| | (Continued in Schedule O) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$16,056,001. including grants of \$) (Revenue | 9,956,576.) |
| | In FY 2022, over approximately 657 works were added to this collection, | |
| | both by donation and by purchase. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$46, 268, 493 including grants of \$) (Revenue | 2\$) |
| | Security, operations, and maintenance of exhibition galleries and art | |
| | collection. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u> </u> | | |
| 4d | Other program services (Describe on Schedule O.) | N N |
| <u> </u> | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 181,755,056. |) |
| 4e | Total program service expenses 181,755,056. | Form 990 (2021) |
| 12000 | 2 10 00 01 | Form 330 (2021) |
| 132002 | 2 12-09-21 3 | |

| Earm | 000 | (2021) |
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| Form | 990 | (2021) |

Museum of Modern Art Part IV Checklist of Required Schedules

13-1624100 Page 3

| | | | Yes | No |
|--------|---|------------|-----|--------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 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 | 4 | Х | |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | <u> </u> | | |
| Ŭ | | 8 | х | |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | x |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | х | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | ┝── |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | <u> </u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | | 1 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | [|
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| .0 | | 18 | х | 1 |
| 19 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | <u> </u> |
| 13 | | 19 | | x |
| 20- | complete Schedule G, Part III | 19 20a | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a 20b | | <u> </u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 200 | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic organization or other second domestic organization orga | 04 | х | 1 |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | <u> </u> (2021) |
| 132003 | 3 12-09-21 | ⊢orm | 330 | (2021) |

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4 2021.05080 MUSEUM OF MODERN ART 01760301

| Form | 990 | (2021) |
|------|-----|--------|
| | | |

Museum of Modern Art

| Pa | Checklist of Required Schedules (continued) | | | |
|----------|---|-----------|-----------|----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | X | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| с | 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 | | X |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 07 | | x |
| ~~ | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 00- | | x |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 000 | | x |
| 20 | "Yes," complete Schedule L, Part IV | 28c 29 | x | |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| 30 | | 30 | x | |
| 31 | contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | x |
| 32 | Did the organization requirate, enhance, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part T</i> | - 51 | | |
| 52 | | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 02 | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | x | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | x | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | х | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | 1 | 1 |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> . | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 | 3 | | |
| | | | | |

| | 12-09-21 | | | | 000 | (2021) |
|----|---|--------|------------|----|-----|--------|
| | (gambling) winnings to prize winners? | | | 1c | х | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | ole gaming | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| Id | Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable | Id | 150 | | | |

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5 2021.05080 MUSEUM OF MODERN ART

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13-1624100

| Form | 990 (2021) Museum of Modern Art 13-162410 | 0 | P | age 5 |
|------|---|-----------|------|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 912 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | L |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | <u> </u> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | L |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | L |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | - | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | _ |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | - | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | X | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | _ | 0000 | |
| | 12-09-21 6 0.0.1524.24.0176.020.000.02 20.21.050.90 MUCEUM OF MODERN ARM | Forn | | (2021) |

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^{2021.05080} MUSEUM OF MODERN ART

| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | X |
|----------|--|-----------|---------|-----|
| Soc | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Jec | Alon 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 1a 5 | 2 | 165 | NC |
| 14 | If there are material differences in voting rights among members of the governing body at the end of the governing | - | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | - | | |
| - | officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 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? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| 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 | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | v | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | , | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 10 | х | |
| 40 | on Schedule O how this was done | 12c | X | |
| 13 14 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 15 | Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent | 14 | 21 | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| - | The organization's CEO, Executive Director, or top management official | 15a | х | |
| | Other officers or key employees of the organization | 15a | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 100 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | х |
| 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 | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AK, AR, AL, AZ, CA, CO, CT, FL, GA, HI, IL, KS | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 |)s only) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | id financ | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | Karen Stewart - (212) 708-9801 | | | |
| | 11 West 53rd Street, New York, NY 10019 | | | |
| | 6 12-00-21 See Schedule O for full list of states | | 990 | |

| Form 990 (2 | | 13-1624100 | Page 7 |
|-------------|--|----------------------------|-------------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Com | pensated | |
| | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | X |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1. Comple | to this table for all persons required to be listed. Deport componentian for the calendar year anding with | or within the organization | 'a tax yoar |

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|--|----------------------|--------------------------------|------------------------|---------|--------------|---------------------------------|--------|---------------------------------|------------------------------|-----------------------------|
| Name and title | Average | (do | not cl | Posi | | | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | son i | s both | n an | compensation | compensation | amount of |
| | week | | cer an | d a di | recto | r/trus | tee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | or di | ee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the |
| | organizations | rustee | l trus | | ee | npen | | 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual t | utiona | _ | nploy | st cor | ar | 1000 1120/ | | organizations |
| | line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Glenn D Lowry | 40.00 | | | | | | | | | |
| Director/Ex-Officio Trustee | 1.00 | | | Х | | | | 1,297,137. | 0. | 705,230. |
| (2) Anthony Wai | 40.00 | | | | | | | | | |
| Chief Investment Officer | 0.00 | | | | х | | | 905,501. | 0. | 120,237. |
| (3) James Gara | 40.00 | | | | | | | | | |
| COO/Assistant Treasurer | 1.00 | | | Х | | | | 842,916. | 0. | 137,219. |
| (4) Michael Shay | 40.00 | | | | | | | | | |
| Director of Investments (Thru 4/22) | 0.00 | | | | | х | | 854,211. | 0. | 32,063. |
| (5) Gabriel Morrow | 40.00 | | | | | | | | | |
| Director, Investments | 0.00 | | | | | х | | 625,225. | 0. | 45,193. |
| (6) Todd Bishop | 0.00 | | | | | | | | | |
| Former Sr. Deputy Dr. of External Af | 0.00 | | | | | | X | 591,020. | 0. | 2,301. |
| (7) James Grooms | 40.00 | | | | | | | | | |
| General Counsel/Secretary | 1.50 | | | Х | | | | 544,885. | 0. | 35,383. |
| (8) Ramona Bannayan | 0.00 | | | | | | | | | |
| Former Senior Deputy Director of Exh | 0.00 | | | | | | Х | 568,411. | 0. | 6,227. |
| (9) Jean Savitsky | 40.00 | | | | | | | | | |
| Dir. Real Estate and Construction | 0.00 | | | | | X | | 494,194. | 0. | 53,090. |
| (10) Sarah Suzuki | 40.00 | | | | | | | | | |
| Associate Museum Director | 0.00 | | | | х | | | 378,828. | 0. | 166,158. |
| (11) Ann Temkin | 40.00 | | | | | | | | | |
| Chief Curator-Painting & Sculpture | 0.00 | | | | х | | | 383,778. | 0. | 141,262. |
| (12) Christophe Cherix | 40.00 | | | | | | | | _ | |
| Chief Curator - Drawings and Prints | 0.00 | | | | х | | | 379,301. | 0. | 103,839. |
| (13) Jan Postma | 40.00 | | | | | | | 200 564 | | 07.000 |
| Chief Financial Officer | 0.00 | | | | х | | | 392,764. | 0. | 87,229. |
| (14) Rajendra Roy | 40.00 | | | | | | | 261 001 | 0 | 0.6 . 60.1 |
| Chief Curator - Film | 0.00 | | | | х | | | 361,891. | 0. | 86,601. |
| (15) Odessa Matsubara | 40.00 | | | | | | | 256 010 | 0 | F. 7. 0. 0 |
| Chief Human Resources Officer | 0.00 | | | | х | | | 376,810. | 0. | 57,389. |
| (16) Emmanuel Plat | 40.00 | | | | | | | 260.000 | 0 | 62.004 |
| Director, Merchandising | 0.00 | | | | | x | | 369,820. | 0. | 63,904. |
| (17) Diana Pan Chief Meshaologu Officer | 40.00 | | | | | | | 242 185 | • | 27 005 |
| Chief Technology Officer | 0.00 | | | | | X | | 343,175. | 0. | 37,095. |
| 132007 12-09-21 | | | | ~ | | | | | | Form 990 (2021) |

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2021.05080 MUSEUM OF MODERN ART

| Form 990 (2021) Museum of Mod | lern Art | | | | | | | | 13-16 | 2410 | 0 | Page 8 |
|--|------------------------|-------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---------------------------|-------------------|--------|----------|------------------|
| Part VII Section A. Officers, Directors, Trust | ees, Key Emp | oloy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | (| (F) |
| Name and title | Average | (do | | Pos heck | | | | Reportable | Reportable | £ | Esti | mated |
| | hours per | box | , unle | ss per | son i | s both | an | compensation | compensatio | n | amo | ount of |
| | week | | cer ar | nd a di | irecto | r/trust | ee) | from | from related | 1 I | 0 | ther |
| | (list any | ector | | | | | | the | organization | s | compe | ensation |
| | hours for | or dir | e | | | ited | | organization | (W-2/1099-MIS | | froi | n the |
| | related | stee | ruste | | | pense | | (W-2/1099-MISC/ | 1099-NEC) | | • | nization |
| | organizations below | al tru | onal t | | loyee | com | | 1099-NEC) | | | | related |
| | line) | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organ | izations |
| (18) Clement Cheroux | 40.00 | lnc | <u>u</u> | Off | Key | em em | Ē | | | | | |
| Chief Curator - Photography | 0.00 | | | | x | | | 328,541. | | ٥. | | 37 729 |
| (19) Tunji Adeniji | 40.00 | | | | <u>^</u> | | | 520,541. | | | | 37,729. |
| Chief Facilities and Safety Officer | 0.00 | | | | x | | | 318,479. | | ٥. | | 45,493. |
| (20) Stuart Comer | 40.00 | | | | | | | | | | | |
| Chief Curator-Media&Performance Art | 0.00 | | | | x | | | 308,319. | | ٥. | | 35,333. |
| (21) Martino Stierli | 40.00 | | | | | | | , | | | | , |
| Chief Curator - Arch. and Design | 0.00 | | | | х | | | 278,516. | | ٥. | | 52,746. |
| (22) Thomas Randon | 40.00 | | | | | | | | | | | |
| General Manager - Retail (Thru 09/21 | 0.00 | | | | х | | | 277,525. | | ٥. | | 23,471. |
| (23) Beverly Morgan-Welch (Beg 8/21) | 40.00 | | | | | | | | | | | |
| Sr. Deputy Dr. of External Affairs | 0.00 | | | | х | | | 204,294. | | ٥. | | 18,159. |
| (24) Christy Thompson (Beg 9/21) | 40.00 | | | | | | | | | | | |
| Sr. Deputy Dr of Exhibitions & Colle | 0.00 | | | | х | | | 190,452. | | ٥. | | 22,228. |
| (25) Ronald S Lauder | 1.00 | | | | | | | | | | | |
| Honorary Chair/Trustee | 0.50 | х | | X | | | | 0. | | 0. | | 0. |
| (26) Robert B Menschel (Thru 5/22) 0.50 | | | | | | | | | | | | |
| Chairman Emeritus/Life Trustee | 0.00 | Х | | X | | | | 0. | | 0. | 2 1 | 0. |
| 1b Subtotal | | | | | | | | 11,615,993. | | 0. | Z,1 | 0. |
| c Total from continuation sheets to Part VII <u>d</u> Total (add lines 1b and 1c) | | | | | | | | 11,615,993. | | 0. | 2 1 | 15,579. |
| 2 Total number of individuals (including but no | | | | | | | o re | , , | 000 of reportable | | | |
| compensation from the organization | | 000 | note | ,u ub | | , | 010 | | | | | 206 |
| | | | | | | | | | | | ١ | es No |
| 3 Did the organization list any former officer, | director. trust | ee. k | (ev e | lame | ove | e. or | hia | hest compensated emp | ovee on | ſ | | |
| line 1a? If "Yes," complete Schedule J for su | - | | | • | | | | | | | 3 | x |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | - | | | | | | | - | - | | 4 | x |
| 5 Did any person listed on line 1a receive or a | | | • | | | | | | | | | |
| rendered to the organization? If "Yes," com | plete Schedule | e J fo | or si | uch r | bers | on . | | | | | 5 | х |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest cor | npensated inc | lepe | nde | nt co | ontra | actor | s th | hat received more than \$ | 100,000 of comp | oensat | ion fron | า |
| the organization. Report compensation for t | he calendar ye | ear e | endir | ng w | ith c | or wi | hin | the organization's tax y | ear. | | | |
| (A) | addraaa | | | | | | | (B) | onvioco | C | (C) | |
| Name and business | address | | | | | | _ | Description of s | ervices | | ompens | allon |
| Collins Building Services Inc 24-01 44th Road, Long Island City, NY | 7 11101 | | | | | | | Janitorial Cleanin | a | | 2 0 | 97 951 |
| Radial Inc | 11101 | | | | | | _ | Warehouse Fulfillm | | | 2,9 | 97,954. |
| 935 First Avenue, King of Prussia, PA | 19406 | | | | | | | Management | enc | | 25 | 71,158. |
| IMEREX, Inc, 666 Third Street South # | | | | | | | - | Management | | | 2,5 | /1,150. |
| Naples, FL 34102 | . 102, | | | | | | | Advertising | | | 16 | 78,881. |
| Masterpiece International Ltd | | | | | | | | | | | | |
| 39 Broadway, New York, NY 10006 | | | | | | | | Art Transport | | | 1,4 | 60,350. |
| LAROOT Inc, 701 Palomar Airport Rd Su | iite | | | | | | | | | | , | |
| 170, Carlsbad, CA 92011 | | | | | | | | Social Media Adver | tising | | 5 | 64,173. |
| 2 Total number of independent contractors (in | ncluding but no | ot lin | nited | d to t | thos | se lis | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organiz | | | | | 6 | 7 | | | | | | |
| See Part VII, Section A Continu | ation shee | ts | | | | | | | | | Form 9 | 90 (2021) |

132008 12-09-21

| Name and title Average per werk (ist ary related organizations below ine) Position (werk all hat arow) Reportable compensations (werk all hat arow) (27) Jerry 1 Spayer 1.00 x x x </th <th></th> <th></th> <th>npic</th> <th>oyee</th> <th></th> <th></th> <th>ligh</th> <th>est (</th> <th>Compensated Employe</th> <th>· ,</th> <th></th> | | | npic | oyee | | | ligh | est (| Compensated Employe | · , | |
|---|----------------------------------|-----------|---------|-----------|--------|-----------|----------|-------|---------------------|-----|--------------|
| Instruction Instruction (check all that apply) compensation from melanismic programmed organizations (W2/1099-MISC) compensation from melanismic programmed organization (W2/1099-MISC) amount from melanismic programmed organization (W2/1099-MISC) 27) Jerry I. Speyer 1.00 x x 0.0 0.0 21) Jenry I. Speyer 1.00 x x 0.0 0.0 28) Agnes Guid 0.50 x x 0.0 0.0 29) Marie-Josee Kravis 5.00 x x 0.0 0.0 20) Jeon D Black 0.00 x x 0.0 0.0 21) Ronie Heynan 1.00 x x 0.0 0.0 23) Majo Orli 0.00 x x 0.0 0.0 23) Malone Ress 1.00 x x 0.0 | (A) | (B) | | | | | | | (D) | (E) | (F) |
| per week (list ary related organization participant of the organization participant of the organization (W2/1099-MISC) rem transition (W2/1099-MISC) rem organization (W2/1099-MISC) other organization (W2/1099-MISC) other organization (W2/1099-MISC) 27) Jerry I Speyer 1.00 X X 0 0. 0. 28) Agnes Guid 0.50 X X 0 0. 0. 29) Marie Jones Extury/Trustee 0.00 X X 0 0. 0. 30) Leon D Black 1.00 X X 0 0. 0. 31) Ronie Heyman 5.00 X X 0 0. 0. 33) Marine Heyman 5.00 X X 0. 0. 0. 33) Konie Heyman 5.00 X X 0. 0. 0. 33) Marine Heyman 5.00 X X 0. 0. 0. 33) Marine Heyman 5.00 X X 0. 0. 0. 33) Marine Heyman 5.00 X X 0. <th>Name and title</th> <th>, v</th> <th>10</th> <th></th> <th></th> <th></th> <th></th> <th>6.0</th> <th></th> <th></th> <th></th> | Name and title | , v | 10 | | | | | 6.0 | | | |
| week week <th< td=""><td></td><td></td><td>(C</td><td>песк Т</td><td></td><td>inai I</td><td>app I</td><td>iy)</td><td></td><td>•</td><td></td></th<> | | | (C | песк Т | | inai I | app I | iy) | | • | |
| (ist ary inclusion of related organization related organization below ine) (ist ary inclusion of related organization related organization related organization related organization below ine) (ist ary inclusion of related organization related org | | · · | | | | | ee | | | | compensatio |
| 27) Jerry I Speyer 1.00 x x 0. 0. hairman Emeritus/Trustee 0.60 x x 0. 0. 28) Agnes Gund 0.50 x x 0. 0. 29) Marie-Josee Kravis 5.00 x x 0. 0. 30) Loon D Black 1.00 x x 0. 0. 10) Ronrie Heyman 5.00 x x 0. 0. rustee 0.000 x x 0. 0. 20) Maje Goria 1.000 x x 0. 0. 13) Sola R Base 1.000 x x 0. 0. 14ce Chair/Trustee 0.000 x x 0. 0. 33) Sid R Base 1.000 x x 0. 0. 1ce Chair/Trustee 0.000 x x 0. 0. 36) Bichard E Salomon 1.000 x x 0. 0. 130 Sid Bosh 1.000 x x 0. 0. 14 Steen 0.000 | | | ctor | | | | nploy | | organization | J. | from the |
| 27) Jerry I Speyer 1.00 x x 0. 0. hairman Emeritus/Trustee 0.60 x x 0. 0. 28) Agnes Gund 0.50 x x 0. 0. 29) Marie-Josee Kravis 5.00 x x 0. 0. 30) Loon D Black 1.00 x x 0. 0. 10) Ronrie Heyman 5.00 x x 0. 0. rustee 0.000 x x 0. 0. 20) Maje Goria 1.000 x x 0. 0. 13) Sola R Base 1.000 x x 0. 0. 14ce Chair/Trustee 0.000 x x 0. 0. 33) Sid R Base 1.000 x x 0. 0. 1ce Chair/Trustee 0.000 x x 0. 0. 36) Bichard E Salomon 1.000 x x 0. 0. 130 Sid Bosh 1.000 x x 0. 0. 14 Steen 0.000 | | hours for | or dire | | | | ted er | | (W-2/1099-MISC) | | organizatior |
| 27) Jerry I Speyer 1.00 x x 0. 0. Abirman Emeritus/Trustee 0.50 x x 0. 0. 29) Marie-Josee Kravis 5.00 x x 0. 0. 29) Marie-Josee Kravis 5.00 x x 0. 0. 30) Leon D Black 1.00 x x 0. 0. 7ustee 0.00 x x 0. 0. 31) Ronnie Heyman 5.00 x x 0. 0. Yustee 0.000 x x 0. 0. 0. 32) Maja Gozi 1.00 x x 0. 0. 0. 7/ce Chair/Trustee 0.00 x x 0. 0. 0. 33) Sid R Bas 1.00 x x 0. 0. 0. 0. 34) Mimi Maas 1.00 x x 0. 0. 0. 0. 35) Marlee Hess 1.00 x x 0. 0. 0. 0. 7/S Barh Arison | | | stee c | truste | | æ | pensa | | | | and related |
| 27) Jerry I Speyer 1.00 x x 0. 0. Abirman Emeritus/Trustee 0.50 x x 0. 0. 29) Marie-Josee Kravis 5.00 x x 0. 0. 29) Marie-Josee Kravis 5.00 x x 0. 0. 30) Leon D Black 1.00 x x 0. 0. 7ustee 0.00 x x 0. 0. 31) Ronnie Heyman 5.00 x x 0. 0. Yustee 0.000 x x 0. 0. 0. 32) Maja Gozi 1.00 x x 0. 0. 0. 7/ce Chair/Trustee 0.00 x x 0. 0. 0. 33) Sid R Bas 1.00 x x 0. 0. 0. 0. 34) Mimi Maas 1.00 x x 0. 0. 0. 0. 35) Marlee Hess 1.00 x x 0. 0. 0. 0. 7/S Barh Arison | | | ıal tru | onal t | | plo ye | com | | | | organization |
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| 43) Paula Crown 1.00 x 0 0.00 x 0.00 | | | | | | | | | | • | |
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| 44) Steven Cohen 1.00 x 0 0.00 | | | v | | | | | | 0 | 0 | |
| Orustee O.00 X O. O. 45) David Dechman 1.00 . . . Grustee 0.00 X . . . 46) Anne Dias Griffin 1.00 | | | ~ | | | | | | 0. | 0. | |
| 45) David Dechman 1.00 Prustee 0.00 46) Anne Dias Griffin 1.00 | | | ~ | | | | | | | | |
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| | 46) Anne Dias Griffin Trustee | 0.00 | x | | | | | | 0. | 0. | |

132201 04-01-21

| Part VII Section A. Officers, Directors | , Trustees, Key Er | nplo | yee | s, aı | nd H | ligh | est (| Compensated Employe | es (continued) | |
|---|--------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------|---|--------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | , | | Pos | | | | Reportable | Reportable | Estimated |
| | hours | (C | hecł T | all 1 | that | app I | ly) | compensation from | (E) Reportable compensation from related organizations (W-2/1099-MISC) 0 <th>amount of other</th> | amount of other |
| | per week | | | | | ee | | the | | compensatio |
| | (list any | ctor | | | | nploy | | organization | , i i i i i i i i i i i i i i i i i i i | from the |
| | hours for | or dire | | | | ted er | | (W-2/1099-MISC) | | organizatior |
| | related | stee o | truste | | æ | pensa | | | | and related |
| | organizations | ual tru | ional t | | ploye | tcom | | | | organization |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest com pen sated em ployee | Former | | | |
| 47) Glenn Dubin | 1.00 | _ | - | | - | - | - | | | |
| rustee | 0.00 | х | | | | | | 0. | Ο. | |
| 48) Lonti Ebers | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | Ο. | |
| 49) Joel S Ehrenkranz | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | Ο. | |
| 50) John Elkann | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | Ο. | |
| 51) Laurence D Fink | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | Ο. | |
| 52) Glenn Fuhrman | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | ٥. | 0. | |
| 53) Kathleen Fuld | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | ٥. | 0. | |
| 54) AC Hudgins | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | 0. | |
| 55) Barbara Jakobson | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | 0. | |
| 56) Pamela Joyner | 1.00 | 1 | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | 0. | |
| 57) Jill Kraus | 1.00 | - | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | 0. | |
| 58) Khalil Gibran Muhammad | 1.00 | - | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | 0. | |
| 59) Philip S Niarchos | 1.00 | - | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | 0. | |
| 60) James G Niven | 1.00 | | | | | | | | | |
| rustee | 0.00 | х | | | | | | 0. | 0. | |
| 61) Peter Norton | 1.00 | | | | | | | | | |
| rustee | 0.00 | Х | | | | | | 0. | 0. | |
| 62) Daniel S Och | 1.00 | - | | | | | | | | |
| rustee | 0.00 | х | | | <u> </u> | | | 0. | 0. | |
| 63) Eyal Ofer | 1.00 | | | | | | | | | |
| rustee | 0.00 | х | | | | | | 0. | 0. | |
| 64) Michael S Ovitz | 1.00 | - | | | | | | | _ | |
| rustee | 0.00 | х | | | | | | 0. | 0. | |
| 65) Sharon Percy Rockefeller | 1.00 | - | | | | | | | _ | |
| rustee | 0.00 | х | | | | | | 0. | 0. | |
| 66) Emily Rauh Pulitzer | 1.00 | - | | | | | | | _ | |
| rustee | 0.00 | Х | | | | | | ٥. | 0. | |

132201 04-01-21

| (A)(B)(C)(D)(E)(F)Name and titleAverage hoursPosition (check all that apply)Reportable compensationReportable compensationEstimated amount of otherper week (list any hours for related11< | Part VII Section A. Officers, Directors, | , Trustees, Key Er | nplo | yee | s, a | nd H | ligh | est (| Compensated Employe | ees (continued) | |
|--|--|--------------------|----------|---------|-------|----------|--------|-------|---------------------|--|---------------|
| hours week (list any hours for related organizations below line) (check all that apply) yee compensation from the organization (W-2/1099-MISC) amount of organization (W-2/1099-MISC) amount of organization (W-2/1099-MISC) (67) Richard Roth 1.00 x i | | | | | | | | | | | (F) |
| per week (list ary neurs for related organizations below line) per met set set set set set set set set set s | Name and title | Average | | | | | | | Reportable | Reportable | Estimated |
| week (list ary hours for related organization below week (list ary hours for related organization below week hours for hours for related organization below week hours for hours for for for hours for hours for hours for hours for hours for for hours for hours for | | hours | (cl | heck | all · | that | app | ly) | | | amount of |
| (ist ary related basis ist ary biours for pelated basis ist ary biours for pelated basis< | | | | | | | | | | | |
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| (79) David Rockefeller Jr 0.50 0.00 | | | x | | | | | | ٥. | 0. | 0 |
| (80) Jeanne C Thayer 0.50 | (79) David Rockefeller Jr | | | | | | | | | | |
| | Life Trustee | 0.00 | х | | | | | | 0. | 0. | 0 |
| Life Trustee (Thru 7/21) 0.00 X 0.0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0 | (80) Jeanne C Thayer | 0.50 | | | | | | | | | |
| | Life Trustee (Thru 7/21) | 0.00 | х | | | | | | ٥. | 0. | 0 |
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132201 04-01-21

| | t VII | 2021) Muse Statement of Re | ven | ue | | | | | | 0 Pa |
|---------------------------|-------------------|---|----------|----------------|-----------|--------------------|-----------------------------|--|---|--|
| | | Check if Schedule O | conta | ains a resp | onse | or note to any lin | | | | |
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclu from tax und sections 512 - |
| S | 1 a | Federated campaigns | | 1a | | | | | | |
| and Other Similar Amounts | | Membership dues | | | | 1,931,580. | | | | |
| e mo | | Fundraising events | | | | 8,110,675. | | | | |
| ar A | | Related organizations | | | | | | | | |
| mil | | Government grants (contr | | | | 10,000,000. | | | | |
| 3 | f | All other contributions, gifts, | grant | s, and | | | | | | |
| the | | similar amounts not included | l abov | /e 1f | | 74,694,922. | | | | |
| 0 | g | Noncash contributions included in | lines 1 | a-1f 1g | \$ | 13,290,083. | | | | |
| an | h | Total. Add lines 1a-1f | | | | ► | 94,737,177. | | | |
| | | | | | | Business Code | | | | |
| | 2 a | Admissions | | | | 712100 | 22,218,624. | 22,218,624. | | |
| e | b | Other Programs | | | | 712100 | 2,840,148. | 2,260,123. | 580,025. | |
| ent | С | Exhibition Tour Inc | ome | | | 712100 | 164,438. | 164,438. | | |
| Revenue | d | | | | | | | | | |
| | e | | | | | | | | | |
| | | All other program service | | | | | 25,223,210. | | | |
| - | <u>g</u> 3 | Total. Add lines 2a-2f | | | | | 25,225,210. | | | |
| | 3 | Investment income (including dividends, intere other similar amounts) | | | | | 20,286,189. | | -187,197. | 20,473,3 |
| | 4 | Income from investment of | | | | | 20,200,200. | | 107,157. | ,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | - 5 | Royalties | | | • | - | 15,102. | 15,102. | | |
| | 5 | noyanes | <u> </u> | (i) Rea | | (ii) Personal | ,• | , | | |
| | 6 a | Gross rents | 6a | (7) | 60. | (| | | | |
| | | Less: rental expenses | 6b | | 0. | | | | | |
| | | Rental income or (loss) | 6c | | 60. | | | | | |
| | | Net rental income or (loss | | | | | 60. | | | |
| | | Gross amount from sales of | <u> </u> | (i) Secur | | (ii) Other | | | | |
| | | assets other than inventory | 7a | 189,244, | 468. | 9,956,576. | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| | | and sales expenses | 7b | 07,009, | 722. | 0. | | | | |
| | с | Gain or (loss) | 7c | 82,234, | 746. | 9,956,576. | | | | |
| | d | Net gain or (loss) | | | <u></u> | ► | 92,191,322. | 9,956,576. | 2,499,692. | 79,735,0 |
| | 8 a | Gross income from fundraisi | ng ev | ents (not | | | | | | |
| | | including \$8, | 110, | 675. of | | | | | | |
| | | contributions reported on | | | | | | | | |
| | | Part IV, line 18 | | | | 100,000. | | | | |
| | | Less: direct expenses | | | | 1,903,041. | | | | |
| | | Net income or (loss) from | | | | > | -1,803,041. | | | -1,803,0 |
| | 9 a | Gross income from gamin | | | | | | | | |
| | | Part IV, line 19 | | | <u>9a</u> | | | | | |
| | | Less: direct expenses | | | | | | | | |
| | | Net income or (loss) from | - | - | -s - | | | | | |
| | io a | Gross sales of inventory, I | | | 10- | 70,455,508. | | | | |
| | h | | | | | 37,425,263. | | | | |
| | | Net income or (loss) from | | | | ,, | 33,030,245. | 25,260,061. | 7,770,184. | |
| 1 | | | Janua | | - y | Business Code | , , , = • | , , | , , | |
|]. | 11 a | Empl Retention Cred | it | | | 930000 | 1,059,864. | | | 1,059,8 |
| Revenue | b | Museum Restaurants | | | | 722310 | 581,632. | | | 581,6 |
| eve | c | | | | | | , | | | , |
| ř | d | All other revenue | | | | | | | | |
| 1 | | | | | | | 1 641 406 | | | |
| | е | Total. Add lines 11a-11d | | | | 🕨 🖌 | 1,641,496. | | | |

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13

2021.05080 MUSEUM OF MODERN ART

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Museum of Modern Art

Page 10 13-1624100

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 respons | e or note to any line in t | his Part IX | | |
|-------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 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 domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,527,928. | 2,527,928. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 13,971,570. | 3,649,146. | 9,506,650. | 815,774. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 62,410,892. | 48,405,851. | 9,132,268. | 4,872,773. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 6,875,265. | 4,685,525. | 1,677,708. | 512,032. |
| 9 | Other employee benefits | 11,279,111. | 7,686,766. | 2,752,339. | 840,006. |
| 10 | Payroll taxes | 5,051,129. | 3,442,368. | 1,232,581. | 376,180. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 1,689,307. | | 1,689,307. | |
| | Accounting | 1,000,051. | | 1,000,051. | |
| | Lobbying | 51,000. | | 51,000. | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 8,572,874. | | 8,572,874. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 15,451,687. | 7,000,894. | 6,530,784. | 1,920,009. |
| 12 | Advertising and promotion | 6,062,730. | 5,230,990. | | 831,740. |
| 13 | Office expenses | 18,088,144. | 17,018,997. | 794,941. | 274,206. |
| 14 | Information technology | 1,454,572. | | 1,454,572. | |
| 15 | Royalties | 1,832. | 1,832. | | |
| 16 | Occupancy | 9,805,668. | 5,259,521. | 4,143,336. | 402,811. |
| 17 | Travel | 1,501,898. | 1,072,874. | 136,026. | 292,998. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 32,252. | 22,730. | 9,522. | |
| 20 | Interest | 9,505,010. | 9,505,010. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 42,973,527. | 37,658,311. | 5,315,216. | |
| 23 | Insurance | 3,350,660. | 3,350,660. | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | ART ACQUISITION | 16,056,001. | 16,056,001. | | |
| b | ADMIN & OTHER EXP | 9,739,344. | 8,956,861. | 710,428. | 72,055. |
| с | DUES & SUBSCRIPTIONS | 335,636. | 222,791. | 88,292. | 24,553. |
| d | | | | | |
| е | All other expenses | 36,101. | | 36,101. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 247,824,189. | 181,755,056. | 54,833,996. | 11,235,137. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 13201 | 0 12-09-21 | | | | Form 990 (2021) |

132010 12-09-21

14 2021.05080 MUSEUM OF MODERN ART

13280509 153424 0176030-00002

Museum of Modern Art

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

6,698,316. 8,861,065. 1 1 Cash - non-interest-bearing 127,004,420. 179,139,868. 2 2 Savings and temporary cash investments 142,099,032. 89,070,334. 3 3 Pledges and grants receivable, net 7,024,204. 5,450,840. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 12,568,652. 14,148,499. 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 12,554,110. 9 10,699,588. 9 **10a** Land, buildings, and equipment: cost or other 1,124,254,083. basis. Complete Part VI of Schedule D _____ 10a 468,720,957. 694,228,111. 655,533,126. b Less: accumulated depreciation 10b 10c 1,017,450,285. 733,953,679. 11 Investments - publicly traded securities 11 755,725,000. Investments - other securities. See Part IV, line 11 628,103,585. 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 53,300,732. 52,881,186. Other assets. See Part IV, line 11 15 15 2,699,458,083. 2,507,036,549. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 30,371,098. 37,058,278. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,252,102. 2,146,467. 19 19 Deferred revenue 266,745,560. 262,855,406. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 100,000,000. 100,000,000. Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 98,110,888. 25 71,535,764. of Schedule D 496,479,648. 473,595,915. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗵 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,288,534,683. 1,177,950,136. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 914,443,752. 855,490,498. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 2,202,978,435. 32 2,033,440,634. 32 2,699,458,083. 2,507,036,549. 33 Total liabilities and net assets/fund balances 33

13-1624100 Page **11**

(B)

End of year

(A)

Beginning of year

Form 990 (2021)

01760301

Part X | Balance Sheet

| Form | 1990 (2021) Museum of Modern Art | 13-162 | 4100 | Pa | |
|------|---|------------|------------|-------|-------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 265 | ,321, | ,760. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 247 | ,824, | 189. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 17 | ,497, | ,571. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,202 | ,978, | 435. |
| 5 | Net unrealized gains (losses) on investments | 5 | -209 | ,135, | ,779. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 22 | ,100, | ,407. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 2,033 | ,440, | 634. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | | | 2 b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | |
| | Act and OMB Circular A-133? | | . 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | Х | |

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

| 0 | MB I | No. | 1545- | 0047 |
|---|------|-----|-------|------|
| | - | - | - | - |

Open to Public

Name of the organization

| Nam | e of the organi | | of Modorn Art | | | | | | |
|----------|----------------------------------|----------------------------|-----------------------------------|--|------------------------|--------------------|--------------------|--------------|----------------------------|
| Pa | rt I Reas | | n of Modern Art Charity Status | (All organizations must c | omploto th | nic part) S | | | 13-1624100 |
| | | | | | | | | 5. | |
| | | | | For lines 1 through 12, c | | | •\/ • \/:\ | | |
| 1 | | | | n of churches described | |)(a)011 n | I)(A)(I). | | |
| 2 | | | | Attach Schedule E (Forn anization described in s e | | /L/4//A//: | ::) | | |
| 3 | | | 0 | njunction with a hospital | | | | (iii) Entor | the besnital's name |
| 4 | city, and | - | ation operated in cor | ijunetion with a nospital | described | III Sectio | , iii 170(b)(1)(A) | | the hospital s hame, |
| 5 | - | | or the benefit of a col | llege or university owned | l or operate | ed by a ac | overnmental ur | nit describe | ed in |
| - | | . (0 170(b)(1)(A)(iv). | | 5 | | , , | | | |
| 6 | | | | nental unit described in | section 17 | ′0(b)(1)(A) | (v). | | |
| 7 | X An organ | ization that norma | ally receives a substar | ntial part of its support fi | rom a gove | ernmental | unit or from th | e general p | oublic described in |
| | section 1 | 70(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | A commu | inity trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | An agricu | ltural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a | land-grant | college |
| | or univers | sity or a non-land-o | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or |
| | university | | | | | | | | |
| 10 | - | | • | than 33 1/3% of its supp | | | | - | • |
| | | | | t to certain exceptions; a | | | | | |
| | | | | (less section 511 tax) fro | om busines | ses acqui | red by the org | anization a | after June 30, 1975. |
| | | i on 509(a)(2). (Co | | | | | | | |
| 11 | - | - | | vely to test for public sa | - | | | | |
| 12 | | | | vely for the benefit of, to | | | | | |
| | - | • • • • | - | d in section 509(a)(1) of | | | | | Sheck the box on |
| 2 | | - | • • | f supporting organizatior upervised, or controlled | | | | - | aivina |
| а | | | | gularly appoint or elect a | • • • | - | | | |
| | | | complete Part IV, Se | | inajonty o | | | | pporting |
| b | - | | - | or controlled in connect | ion with its | s supporte | ed organization | n(s), by hay | vina |
| | | | - | anization vested in the sa | | | - | | - |
| | | - | st complete Part IV, | | | | | , | |
| с | | | | g organization operated | in connect | ion with, a | and functional | y integrate | ed with, |
| | its supp | ported organizatio | n(s) (see instructions) |). You must complete I | Part IV, Se | ctions A, | D, and E. | | |
| d | Type II | I non-functionally | y integrated. A supp | orting organization oper | ated in cor | nnection v | vith its suppor | ted organiz | zation(s) |
| | that is r | not functionally inf | tegrated. The organiz | ation generally must sat | isfy a distr | ibution red | quirement and | an attentiv | /eness |
| | require | ment (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | v . | | |
| е | Check | this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Type I, Type I | I, Type III | |
| | | • • | ••• | nally integrated supportion | ng organiz | ation. | | | |
| f | | ber of supported of | • | | | | | | |
| <u> </u> | Provide the fol (i) Name of s | | n about the supporte (ii) EIN | d organization(s). | (iv) Is the orga | inization listed | (v) Amount of | monetary | (vi) Amount of other |
| | organiz | | (, | (described on lines 1-10 | in your governi Yes | ng document? No | support (see in | - | support (see instructions) |
| | | | | above (see instructions)) | | | | | |
| | | | | | | | | | |
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| Tota | | | | | | | | | 1 |

Part II

Museum of Modern Art

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.)

| Calendar year (or fineal year beginning in) ► [g] 2017 (g) 2018 (g) 2019 (g) 2020 (g) 2021 (g) 7 tal 1 offts, grans, contributions, and grans, ') 283, 314, 867. 244, 100, 473. 166, 781, 071. 98, 780, 348. 94, 737, 177. 887, 713, 936. 2 Tax revenues leved for the organization without charge 283, 314, 867. 244, 100, 473. 166, 781, 071. 98, 780, 348. 94, 737, 177. 887, 713, 936. 3 The value of services or facilities governmental unit to the organization without charge 283, 314, 867. 244, 100, 473. 166, 781, 071. 98, 780, 348. 94, 737, 177. 887, 713, 936. 5 The portion of total contributions by each person (offer than a governmental unit or publicly supported organization inhouded on line 11. 283, 314, 867. 244, 100, 473. 166, 781, 071. 98, 780, 348. 94, 737, 177. 887, 713, 936. 6 Public support. iteratives the them text Section B. Total Support 283, 314, 867. 244, 100, 473. 166, 781, 071. 98, 780, 348. 94, 737, 177. 887, 713, 936. 6 Public support. iteratives the them text Section B. Total Support 29, 245, 256. 22, 103, 647. 17, 207, 903. 19, 608, 122. 20, 488, 548. 99, 757, 746. 7 Hours | Sec | ction A. Public Support | | | | | | |
|--|------|---|-----------------------|-----------------------|---------------------------|----------------------------|--------------------|--------------|
| membership fees received. (Do not include any 'unusual grants') 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. 2 Tax revenes levied for the organ- ization is benefit and durp paid to or expended on its behalf Image: constraints Image: constraints Image: constraints 94,737,177. 887,713,936. 3 The value of services or facilities furnished by governmental unit or expended on its behalf Image: constraints 94,737,177. 887,713,936. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) include on ine 1 that exceeds 2% of the amount shown on line 11. Image: constraints | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| include any funusual grants.) 283,314,967. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. 2 Tax revenues levied for the organ: 233,314,967. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. 2 Tax to be services or facilities furnished by a governmental unit to the organization without charge association w | 1 | Gifts, grants, contributions, and | | | | | | |
| 2 Tar versues levid for the organization without charge is this behalf Image: constraint of the organization without charge is the this of the organization without charge is the this of the organization without charge is the organization organization organization is the organization is the organization is the organization is the organization organization organization organization is the organization organization is the organization organization organization organization organization is the organization organization is the organization organization organization organization organization is the organization organization organization organization meets the facts and cin | | | | | | | | |
| icitization's benefit and either paid to or expended on its behalf Image: Constraint on the organization in the organization without charge the organization without charge by a governmental unit to the organization without charge by ach person (other than a governmental unit or publicly supports organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,377. 887,713,936. 6 Public support. 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,377. 887,713,936. 7 Total Acid lines 1 through 3 Image: Constraint on the full of the organization on the 1 that exceeds 2% of the amount shown on line 1. 8 Gross income from interest, dividends, payments received on securities loans, rents, revailties, and income from simal's accurse. 20,249,526. 22,103,647. 17,307,903. 19,608,122. 20,488,546. 99,757,746. 9 Net income from onthe sale of capital assets (Explain in Part VI) 3,657,244. 310,883. 944,398. 467,421. 413,801. 5,803,747. 10,412,939. 100,3688368. 12 Gross receipts from related activities, etc. (see instructions) 12 226,105,137. 13 First System. If the Form B00 is for the organization's first, second, third, fourth, or fifth tax year as acclos 05(c3) organization, check this box and stop here. Image: 41,413,401. 5,46,45,45,45,45,45,45,45,45,45,45,45,45,45, | | include any "unusual grants.") | 283,314,867. | 244,100,473. | 166,781,071. | 98,780,348. | 94,737,177. | 887,713,936. |
| or expended on its behalf Image: spended on its behalf 3 The value of services or facilities 4 Total. Add lines 1 through 5 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 threakeeds 2% of the amount shown on line 11, column (f) 6 Public support. Support 6 Public support. Support 6 Clearly set (of fisal year beginning in) ► 7 Amounts from line 4 8 Gross income from interaled. 8 dividends, payments received on securities loans, rents, royaties, and income from similar sources 9 Net income from similar sources 9 Net income from interaled. 10 Other income from interaled. 20,249,526. 22,103,647. 21,243,314,867. 244,100,473. 166,781,071. 98,780,348. 9 Net income from interaled. 20,249,526. 10 Other income from interaled. 3,667,244. 310,883. 3,667,244. 310,883. 944,398. 467,422. 413,801. 5,803,747. 10 Other income from interaled business activities, whether on other base of capital asset (cipian in Part VI) 12 226,105,157. 12 226,105,157. 11 Total suppoport. 3,657,244. | 2 | Tax revenues levied for the organ- | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. 4 Total. Add lines 1 through 3 governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. 5 Public support. Scince the 8 non ine 4. 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. 596,959,167. Calendar year (or fiscal year beginning in) To amount shown on line 11. column (f) 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar year (or fiscal year beginning in) To amount shown on line 14. Calendar | | ization's benefit and either paid to | | | | | | |
| furnished by a governmental unit to the organization without charge 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. 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. 283,314,867. 244,100,473. 166,781,071. 98,780,348. 94,737,177. 887,713,936. 6 Public support. Sates and the exceeds 2% of the amount shown on line 11. 288,754,769. 598,959,167. 7 Amounts from line 4 20,201 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 20,249,526. 22,103,647. 17,307,903. 19,608,122. 20,488,548. 99,757,746. 9 Net income from intrierset, dividends, spremets received on securities loans, rents, royallies, and income from intrierset, organization or loss from the sale of capital assets (Explain in Part V). 3,653,993. 2,453,768. 2,916,116. 247,566. 1,741,496. 10,412,939. 11 Total support. Add lines 7 through 10 3,053,993. 2,453,768. 2,916,116. 247,566. 1,741,496. 10,412,939. 12 Corso receipts from related achylitis - sth the form 920 is for the organization' f | | or expended on its behalf | | | | | | |
| the organization without charge 283,314,667.244,100,473.166,781,071.98,780,348.94,737,177.887,713,936. To the ordino 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 (1) 288,754,769. Gorson income from int the stoceds 2% of the amount shown on line 11, column (1) 233,314,867.244,100,473.166,781,071.98,780,348.94,737,177.887,713,936. Section B. Total Support (1) 2017 (1) 2018 (2) 2019 (2) 2019 (2) 2021 (1) Total Section B. Total Support (2) 2017 (2) 2018 (2) 2019 (2) 2021 (1) Total Caledar year (or fiscal year beginning in) (2) 213,314,867.244,100,473.166,781,071.98,780,948.94,737,177.887,713,936. (1) Total A mounts from line 4 23,314,867.244,100,473.166,781,071.98,780,948.94,737,177.887,713,936. (1) Total Other income from initerest, dividends, payments received on securities loans, rents, royalles, and income from initiar sources 20,249,526.22,103,647.17,307,903.19,608,122.20,488,548.99,757,746. 10 Other income. Do not include gain or loss from the sale of capital asset (Explain in Part Vi) 3,657,244.310,883.944,398.467,421.413,801.5,803,747. 10 Other income.90 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. 12 226,105,137. < | 3 | | | | | | | |
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Schedule A (Form 990) 2021

132022 01-04-22

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|----------------------------|----------------------|-----------------------|---------------------|------------------|-----------------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 per- formed, 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 bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization'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 disgualified 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 | | | 1 | | 1 | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 on 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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for th | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organi | zation, |
| check this box and stop here | | | | ····· | | |
| Section C. Computation of Publi | c Support Per | centage | | | | |
| 15 Public support percentage for 2021 (I | ne 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2020 | | | | | 16 | % |
| Section D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 Investment income percentage for 20 | 21 (line 10c, colur | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2021. If the | organization did r | ot check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and lir | ne 17 is not |
| more than 33 1/3%, check this box ar | id stop here. The | organization qual | ifies as a publicly s | supported organiza | ation | ► |
| b 33 1/3% support tests - 2020. If the | | | | | | |
| line 18 is not more than 33 1/3%, che | | | | | | on ► |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | | ····· |
| 132023 01-04-22 | | 10 |) | | Schedu | ile A (Form 990) 2021 |

2021.05080 MUSEUM OF MODERN ART

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| 10b | Schedule A (Form 990) 2021

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20

| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
|------------------|--|------------|--------------|------|
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | _ | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see in | | n <u>s).</u> | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes, " explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |
| 13202 | | le A (Forn | n 990) | 2021 |

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hedule A (Form 990) 2021

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01760301

Yes No

Schedule A (Form 990) 2021 Museum of Modern Art Part IV Supporting Organizations (continued)

| a | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi | zations | |
|----------|--|----------------|-----------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructio |
| | All other Type III non-functionally integrated supporting organizations mu | st complete S | Sections A through E. | - |
| ect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

Schedule A (Form 990) 2021

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| Sche | dule A (Form 990) 2021 Museum of Modern Art | t | | | 13-1624100 | Page 7 |
|----------|---|-------------------------------|---------------------------------------|------|-----------------------------------|--------|
| Par | | a)(3) Supporting Orga | nizations (continu | ied) | | |
| Sect | on D - Distributions | | | | Current Y | 'ear |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 6 | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | IS | (iii) Distributa Amount for | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | |
| <u>a</u> | From 2016 | | | | | |
| b | From 2017 | | | | | |
| C | From 2018 | | | | | |
| d | From 2019 | | | | | |
| e | From 2020 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2021 distributable amount | | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2021 distributable amount | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| | Excess from 2017 | | | | | |
| | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| <u> </u> | Excess from 2021 | | | | | |

Schedule A (Form 990) 2021

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13-1624100 Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

| 2017 Amount: \$ | 3,053,993. | | | | | |
|------------------|--------------------|----------------|-------------------|---------|------|--|
| 2018 Amount: \$ | 2,453,768. | | | | | |
| 2019 Amount: \$ | 2,916,116. | | | | | |
| 2020 Amount: \$ | 247,566. | | | | | |
| 2021 Amount: \$ | 1,741,496. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Schedule A, Part | t II, Line 10: | | | | | |
| | tion - Other incom | | | | | |
| fundraising and | corporate events, | ancillary reve | enue from the res | taurant | | |
| | | | | | | |
| anamations and | ton notunda nosal | đ | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |
| operations, and | tax refunds recei | ved. | | | | |

| | For Org | anizations Exempt From Income | Tax Under section 5 | 01(c) and section 527 | |
|--|-------------------|--|--------------------------|------------------------------|--|
| Department of the Treasury | Complete | if the organization is described I | below. 🕨 Attach to | Form 990 or Form 990-EZ | Open to Public |
| Department of the Treasury Internal Revenue Service | | Go to www.irs.gov/Form990 for i | nstructions and the la | atest information. | Inspection |
| If the organization ans | wered "Yes," or | n Form 990, Part IV, line 3, or Fori | m 990-EZ, Part V, line | e 46 (Political Campaign A | ctivities), then |
| Section 501(c)(3) org | ganizations: Corr | plete Parts I-A and B. Do not com | plete Part I-C. | | |
| Section 501(c) (other | r than section 50 |) 01(c)(3)) organizations: Complete P | arts I-A and C below. I | Do not complete Part I-B. | |
| Section 527 organiz | | | | | |
| • | • | n Form 990, Part IV, line 4, or Fori | m 990-EZ. Part VI. lin | e 47 (Lobbving Activities). | then |
| | | have filed Form 5768 (election und | | | |
| | - | have NOT filed Form 5768 (election | | • | • |
| | 5 | n Form 990, Part IV, line 5 (Proxy | | | • |
| Tax) (See separate inst | | | | | 2, 1 art 1, into 000 (110x) |
| | | tions: Complete Part III. | | | |
| Name of organization | <u> </u> | • | | Emplo | over identification number |
| | Museum of 1 | Modern Art | | | 13-1624100 |
| Part I-A Compl | ete if the org | anization is exempt under | section 501(c) o | r is a section 527 org | anization. |
| | | • | (| | |
| 1 Provide a description | on of the organiz | ation's direct and indirect political | campaign activities in | Part IV. | |
| | • | ures | | | |
| | | ign activities | | | |
| | pontiour ourripu | | | | |
| Part I-B Compl | ete if the org | janization is exempt under | section 501(c)(3 |). | |
| | | incurred by the organization under | | | |
| | | incurred by organization managers | | | |
| | | n 4955 tax, did it file Form 4720 fo | | | |
| | | , | | | |
| b If "Yes," describe in | | | | | |
| Part I-C Compl | ete if the org | janization is exempt under | r section 501(c), e | except section 501(c) | (3). |
| 1 Enter the amount of | lirectly expended | d by the filing organization for secti | on 527 exempt function | on activities > \$ | |
| | | ization's funds contributed to othe | | | |
| exempt function ac | tivities | | C C | ▶\$ | |
| | | . Add lines 1 and 2. Enter here and | | | |
| | | | , | ▶ \$ | |
| | | 1120-POL for this year? | | | |
| | | nployer identification number (EIN) | | | |
| | | tion listed, enter the amount paid f | - | - | |
| contributions receiv | ved that were pr | omptly and directly delivered to a s | eparate political organ | nization, such as a separate | segregated fund or a |
| political action com | mittee (PAC). If | additional space is needed, provide | e information in Part IV | ν. | |
| (a) Name | e | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| (a) Harris | - | | | filing organization's | contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate political organization. |
| | | | | | If none, enter -0 |
| | | | | | |
| | | | | | |
| | | | | | |

Political Campaign and Lobbying Activities

132041 11-03-21

LHA

SCHEDULE C

(Form 990)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

| secti | | on is exem | pt under section | 501(c)(3) and file | a Form 5706 (ele | |
|--|---|-----------------------------------|-----------------------------------|---|--------------------------------|---|
| | on 501(h)). | | | | | |
| Check 🕨 i | f the filing organization belo | ngs to an affilia | ated group (and list in F | Part IV each affiliated g | group member's name | e, address, EIN, |
| | expenses, and share of exce | | . , | | | |
| Check 🕨 i | f the filing organization cheo | ked box A and | d "limited control" prov | isions apply. | | |
| | Limits on Lo | bying Expen | ditures | | (a) Filing | (b) Affiliated group |
| | (The term "expenditures" | | | | organization's totals | totals |
| | | | | | 0. | |
| , , | expenditures to influence pu | | , , | | | |
| | expenditures to influence a lo | | | | 51,000. | |
| | expenditures (add lines 1a ar | nd 1b) | | | 51,000. | |
| | | | | | 181,704,055. | |
| | urpose expenditures (add lin | | | | 181,755,055. | |
| f Lobbying nonta | xable amount. Enter the am | ount from the | following table in both | columns. | 1,000,000. | |
| If the amount on | line 1e, column (a) or (b) is: | The lobb | ying nontaxable amo | unt is: | | |
| Not over \$500,0 | 000 | 20% of th | ne amount on line 1e. | | | |
| Over \$500,000 | but not over \$1,000,000 | \$100,000 |) plus 15% of the exces | ss over \$500,000. | | |
| Over \$1,000,00 | 0 but not over \$1,500,000 | \$175,000 |) plus 10% of the exces | ss over \$1,000,000. | | |
| Over \$1,500,00 | 0 but not over \$17,000,000 | \$225,000 |) plus 5% of the excess | s over \$1,500,000. | | |
| Over \$17,000,0 | 00 | \$1,000,0 | 00. | | | |
| <u> </u> | | | | | | |
| g Grassroots non | taxable amount (enter 25% o | of line 1f) | | | 250,000. | |
| h Subtract line 1g | from line 1a. If zero or less, | enter -0- | | | Ο. | |
| i Subtract line 1f | from line 1c. If zero or less, | enter -0- | | | Ο. | |
| j If there is an am | nount other than zero on eith | er line 1h or lin | ne 1i, did the organizat | ion file Form 4720 | | |
| - | | | ····· | | | Yes |
| | * | | aging Period Under S | | | |
| (Som | ne organizations that made | | | • • | f the five columns be | low. |
| | S | ee the separa | te instructions for line | es 2a through 2f.) | | |
| | | | | ·• _u un •u.g, | | |
| | Lol | obying Expen | ditures During 4-Year | | | |
| Calenda | rvear | | - | Averaging Period | | |
| Calenda (or fiscal year b | r year | bying Expension | ditures During 4-Year (b) 2019 | | (d) 2021 | (e) Total |
| Calenda (or fiscal year b | r year | | - | Averaging Period | (d) 2021 | (e) Total |
| (or fiscal year b | r year (a eginning in) |) 2018 | (b) 2019 | Averaging Period (c) 2020 | | |
| (or fiscal year b 2a Lobbying nonta | r year veginning in) (a xable amount : | | - | Averaging Period | (d) 2021 1,000,000. | |
| (or fiscal year b 2a Lobbying nonta b Lobbying ceiling | r year veginning in) (a xable amount 3 g amount |) 2018 | (b) 2019 | Averaging Period (c) 2020 | | 4,000,00 |
| (or fiscal year b 2a Lobbying nonta | r year veginning in) (a xable amount 3 g amount |) 2018 | (b) 2019 | Averaging Period (c) 2020 | | 4,000,00 |
| (or fiscal year b 2a Lobbying nonta b Lobbying ceiling (150% of line 2a | r year beginning in) (a xable amount g amount a, column(e)) |)2018 | (b) 2019 1,000,000. | Averaging Period (c) 2020 1,000,000. | 1,000,000. | 4,000,00 |
| (or fiscal year b 2a Lobbying nonta b Lobbying ceiling | r year beginning in) (a xable amount g amount a, column(e)) |) 2018 | (b) 2019 | Averaging Period (c) 2020 | | 4,000,00 |
| (or fiscal year b 2a Lobbying nonta b Lobbying ceiling (150% of line 2a c Total lobbying e | r year (a beginning in) (a <u>xable amount</u> g amount a, column(e)) expenditures |) 2018 , 000, 000. 60, 000. | (b) 2019 1,000,000. 60,000. | Averaging Period (c) 2020 1,000,000. 51,150. | 1,000,000. 51,000. | 4,000,00 |
| (or fiscal year b 2a Lobbying nonta b Lobbying ceiling (150% of line 2a c Total lobbying e d Grassroots non | r year (a eginning in) (a <u>xable amount</u> ; g amount a, column(e)) expenditures taxable amount |)2018 | (b) 2019 1,000,000. | Averaging Period (c) 2020 1,000,000. | 1,000,000. | 4,000,00 |
| (or fiscal year b 2a Lobbying nonta b Lobbying ceiling (150% of line 2a c Total lobbying e d Grassroots non e Grassroots ceili | r year (a beginning in) (a <u>xable amount</u> ; g amount a, column(e)) expenditures taxable amount ng amount |) 2018 , 000, 000. 60, 000. | (b) 2019 1,000,000. 60,000. | Averaging Period (c) 2020 1,000,000. 51,150. | 1,000,000. 51,000. | 4,000,00 6,000,00 222,15 1,000,00 |
| (or fiscal year b 2a Lobbying nonta b Lobbying ceiling (150% of line 2a c Total lobbying e d Grassroots non | r year (a beginning in) (a <u>xable amount</u> ; g amount a, column(e)) expenditures taxable amount ng amount |) 2018 , 000, 000. 60, 000. | (b) 2019 1,000,000. 60,000. | Averaging Period (c) 2020 1,000,000. 51,150. | 1,000,000. 51,000. | 4,000,00 6,000,00 222,15 1,000,00 |
| (or fiscal year b 2a Lobbying nonta b Lobbying ceiling (150% of line 2a c Total lobbying e d Grassroots non e Grassroots ceili | r year (a beginning in) (a xable amount : g amount : a, column(e)) : expenditures : taxable amount : ng amount : d, column (e)) |) 2018 , 000, 000. 60, 000. | (b) 2019 1,000,000. 60,000. | Averaging Period (c) 2020 1,000,000. 51,150. | 1,000,000. 51,000. | (e) Total 4,000,00 6,000,00 222,15 1,000,00 1,500,00 |

Schedule C (Form 990) 2021

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b) | |
|---|--|------------------|--------------|------------|-------|
| | e lobbying activity. | Yes | Νο | Amo | ount |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| | Media advertisements? | | | | |
| | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? | | | | |
| j | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5) | , or sec | tion | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| _3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | 3 | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' | 'No" OR (l | b) Part I | II-A, line | 3, is |
| | answered "Yes." | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | al | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | | |
| b | Carryover from last year | | . <u>2</u> b | | |
| С | Total | | . <u>2c</u> | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | olitical | | | |
| | expenditure next year? | | . 4 | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | |
| | t IV Supplemental Information | | | | |
| Provi | de the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group | list): Part II-A | . lines 1 a | nd 2 (See | |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

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| SCHEDULE D |) |
|------------|---|
|------------|---|

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer identification number

| | Museum of Modern Art | | 13-1624100 |
|-----|---|--|-----------------------------------|
| Par | | | Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, lin | ie 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advised fu | Inds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor o | | |
| | impermissible private benefit? | | Yes No |
| Par | t II Conservation Easements. Complete if the org | | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (for example, recrea | | storically important land area |
| | Protection of natural habitat | | ertified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form of a d | conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| с | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | | |
| | listed in the National Register | - | 2d |
| 3 | Number of conservation easements modified, transferred, rel | | anization during the tax |
| | year ► | , , , , , , | 3 |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| | ► | 5 | 5 , |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation | easements during the year |
| - | ► \$ | | |
| 8 | Does each conservation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h)(4)(| (B)(i) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footr | | |
| | organization's accounting for conservation easements. | | |
| Par | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 1 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | i8, not to report in its revenue statement and b | alance sheet works |
| | of art, historical treasures, or other similar assets held for put | plic exhibition, education, or research in further | rance of public |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 95 | i8, to report in its revenue statement and balan | ice sheet works of |
| | art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ► \$ |
| | | | N A |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under FASB A | - | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | ▶ \$ |
| | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2021 |
| | 10-28-21 | | |
| | | . . | |

| | 3 | 4 | | | | | | |
|---|---|---|---|---|---|---|---|--|
| ~ | 4 | | ^ | - | ~ | ~ | ~ | |

| Sche | dule D (Form 990) 2021 Museum of 1 | | | | | | 624100 | Page 2 | | |
|------|--|------------------------|----------------------------|-----------------|-------------|-------------------|------------------------|---------------|--|--|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or | Other S | Similar Asse | ets _{(contil} | nued) | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of the | following that | make sigi | nificant use of i | ts | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | X Public exhibition | d | I X Loan or ex | change progra | m | | | | | |
| b | X Scholarly research | e | Other | | | | | | | |
| с | c X Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | | | | | | | | | |
| 5 | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | he organization's c | ollection? | | | Yes | X No | | |
| Par | t IV Escrow and Custodial Arran | | | | Yes" on F | orm 990, Part I | V, line 9, or | | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | - | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | iary for contributio | ns or other ass | ets not in | cluded | | | | |
| | on Form 990, Part X? | | | | | | Yes | No | | |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | | 0 | | | | Amoun | t | | |
| с | Beginning balance | | | | | 1c | | | | |
| | Additions during the year | | | | | 1d | | | | |
| | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | | | | | /? | Yes | No | | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | | | | | |). | | | | |
| | • | (a) Current year | (b) Prior year | (c) Two year | | d) Three years ba | ck 🛛 (e) Fou | r years back | | |
| 1a | Beginning of year balance | 1,086,633,813. | 891,045,788 | . 1,198,064 | ,000.1 | ,075,718,00 | 0.1,038 | ,907,000. | | |
| b | Contributions | 54,586,579. | | | | 207,675,00 | | ,858,000. | | |
| c | Net investment earnings, gains, and losses | -67,233,393. | | - | - | 6,908,00 | | ,357,000. | | |
| d | Grants or scholarships | | | , | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| Ū | and programs | 62,830,141. | 81,052,997 | 453,623 | ,543. | 92,237,00 | 0. 82 | 404,000. | | |
| f | Administrative expenses | | , , | - , | / | , , | | | | |
| a | End of year balance | 1,011,156,858. | 1,086,633,813 | . 891,045 | .788.1 | .198.064.00 | 0.1.075 | 718,000. | | |
| 2 | Provide the estimated percentage of the curr | | | | , | , , , | , | , , | | |
| | Board designated or quasi-endowment | 16.0000 | % | | | | | | | |
| | Permanent endowment 54.0000 | % | | | | | | | | |
| | | <u> </u> | | | | | | | | |
| U | The percentages on lines 2a, 2b, and 2c sho | , • | | | | | | | | |
| 39 | Are there endowment funds not in the posse | | ation that are held : | and administer | ad for the | organization | | | | |
| ou | by: | | | | | organization | | Yes No | | |
| | (i) Unrelated organizations | | | | | | 3a(i) | X | | |
| | (ii) Related organizations | | | | | | | X | | |
| h | If "Yes" on line 3a(ii), are the related organizations | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | which lands. | | | | | | | |
| | Complete if the organization answere | |). Part IV. line 11a. | See Form 990. | Part X. lir | ne 10. | | | | |
| | Description of property | (a) Cost or o | | st or other | | cumulated | (d) Boo | k value | | |
| | Description of property | basis (investr | | s (other) | • • | reciation | (u) Doo | N Value | | |
| 19 | Land | · · · · | , | 8,499,947. | | | 98 | ,499,947. | | |
| | | | | 0,761,897. | 38 | 5,356,016. | | ,405,881. | | |
| | Buildings Leasehold improvements | | | 4,919,245. | | 3,286,646. | | ,632,599. | | |
| | | | | 7,745,623. | | 0,078,295. | | ,667,328. | | |
| | EquipmentOther | | | 2,327,371. | | ,, | | ,327,371. | | |
| | Add lines 1a through 1e. (Column (d) must e | | | | | | | ,533,126. | | |
| Tota | . Aud nines ta tritough te. (Column (d) must e | equal ⊢orm 990, Part | <u>х, coiumn (B), line</u> | <u>IUC.)</u> | | | | n 990) 2021 | | |
| | | | | | | Sched | ule D (Forr | 11 990) 2021 | | |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) Private Equity Securities | 530,551,000. | End-of-Year Market Value |
| (B) Credit Securities | 93,118,000. | End-of-Year Market Value |
| (C) Multi-Strat & Other | 123,241,000. | End-of-Year Market Value |
| (D) Real Estate Securities | 8,815,000. | End-of-Year Market Value |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 755,725,000. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| <u>1.</u> | (a) Description of liability | (b) Book value |
|---------------|---|----------------|
| (1) Fede | al income taxes | |
| (2) Pens | ion and post investment retirement benefits | 46,574,707. |
| (3) Leas | e Liability | 24,961,057. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 25.) | 71,535,764. |

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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| Schedule D (Form 990) 2021 Museum of Modern Art | | 13-1624100 Page 4 |
|--|--------------------------------------|--|
| Part XI Reconciliation of Revenue per Audited Financia | Statements With Revenu | le per Return. |
| Complete if the organization answered "Yes" on Form 990, Par | t IV, line 12a. | |
| 1 Total revenue, gains, and other support per audited financial statement | ts | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2a | |
| b Donated services and use of facilities | 2b | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | | 2e |
| 3 Subtract line 2e from line 1 | | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII.) | 4b | |
| c Add lines 4a and 4b | | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li | ne 12.) | |
| Part XII Reconciliation of Expenses per Audited Financia | al Statements With Expen | ises per Return. |
| Complete if the organization answered "Yes" on Form 990, Par | t IV, line 12a. | |
| 1 Total expenses and losses per audited financial statements | | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | | 2e |
| 3 Subtract line 2e from line 1 | | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII.) | 4b | |
| c Add lines 4a and 4b | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. | line 18.) | |
| Part XIII Supplemental Information. | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | a and 4; Part IV, lines 1b and 2b; I | 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 pro- | vide any additional information. | |
| | | |
| | | |
| Part III, line 1a: | | |
| | | |
| 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 net assets without donor

restrictions. Contributed collection items are not reflected in the

consolidated financial statements. Proceeds from sale of works of art,

which are reflected as increases in net assets with donor restrictions,

are used primarily to acquire other items for the collection.

Devoting Museum resources to the direct care of the works in the

collection is essential to safeguard and preserve the quality of the works

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Schedule D (Form 990) 2021

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| Schedule D (Form 990) 2021 Museum of Modern Art Part XIII Supplemental Information (continued) | 13-1624100 | Page 5 |
|--|------------|--------|
| | | |
| and extend their lifespan. Direct care of the collection may include, but | | |
| is not limited to, providing specialized safe, secure and climate | | |
| controlled storage and galleries spaces, protecting the works which | | |
| require it from heat, humidity, theft, visitor handling, fire, dust, | | |
| excessive lighting, water, pests, physical forces and other elements, as | | |
| well as providing expert conservation, registration, cataloguing, audio | | |
| visual, imaging, framing and documentation services. | | |
| | | |
| Part III, line 4: | | |
| The Museum is chartered as an educational institution whose collection of | | |
| modern and contemporary art is made available to 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 200,000 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, preserve, and document a 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 V, line 4: | | |
| The Museum's endowment funds consist of approximately 150 individual funds | | |
| | | |

established for a variety of purposes, including art acquisitions,

Schedule D (Form 990) 2021

132055 10-28-21

38 2021.05080 MUSEUM OF MODERN ART

| Part XIII Supplemental Information (continued) 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 | |
|---|-------------------|
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The long term focus of the Museum's | |
| of donor-imposed restrictions. The long term focus of the Museum's | |
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| investment portfolio is to support the Museum's mission by providing a | |
| | |
| reliable source of funds for current and future use. The value of the | |
| Museum's investments have and will fluctuate in response to changing | |
| market conditions. | |
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| | D (Form 990) 2021 |

Schedule D (Form 990) 2021

132055 10-28-21

| 132071 12-20 |)-21 | |
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| 13280509 | 153424 | 0176030-00002 |

and 3b)

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

| Name of the organization | | | | | Employer ident | Employer identification number | | |
|----------------------------------|--------------------|----------------------------|---|-----------------|--------------------|--------------------------------|--|--|
| Museum of Modern Art | | | | | 13-1624100 | | | |
| | rmation on A | ctivities Out | side the United States. Complete | te if the organ | | "Yes" on | | |
| Form 990, Part IV | | | Complex | to in the organ | | | | |
| | • | n maintain record | ds to substantiate the amount of its gran | its and other a | assistance, | | | |
| the grantees' eligibility for | or the grants or a | ssistance, and t | he selection criteria used to award the g | rants or assis | tance? | Yes No | | |
| | - | | | | | | | |
| 2 For grantmakers. Desc | ribe in Part V the | e organization's | procedures for monitoring the use of its | grants and otl | ner assistance out | side the | | |
| United States. | | | | | | | | |
| 3 Activities per Region. (T | he following Part | | n be duplicated if additional space is ne | eded.) | | | | |
| (a) Region | (b) Number of | (c) Number of | (d) Activities conducted in the region | • • | vity listed in (d) | (f) Total | | |
| | offices | employees, agents, and | (by type) (such as, fundraising, pro- | | gram service, | expenditures for and | | |
| | in the region | independent contractors | gram services, investments, grants to | | specific type | investments | | |
| | | in the region | recipients located in the region) | OI Service | (s) in the region | in the region | | |
| | | | | | | | | |
| Central America and | | | | | | | | |
| the Caribbean | | | INVESTMENTS | | | 240,496,847. | | |
| | | | | | | | | |
| | | | | | | | | |
| Europe (Including | | | | | | | | |
| Iceland & Greenland) | | | INVESTMENTS | | | 25,922,437. | | |
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| | | | | | | | | |
| 3 a Subtotal | 0 | 0 | | | | 266,419,284. | | |
| b Total from continuation | | | | | | , , | | |
| sheets to Part I | 0 | 0 | | | | 0. | | |
| c Totals (add lines 3a | | | | | | | | |

266,419,284.

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

| Schedule F | (Form 990) | 2021 | Museum | ¢ |
|------------|------------|------|--------|---|

Museum of Modern Art

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

| 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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|------------|---------------------------------|---------------------------------|---------------------------------|---|---|---|
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| | | | ecognized as charities by the f | | | ۰ ۲ | 1 | 1 |
| | | | or counsel has provided a sect | | | • | | |

| Part III can be duplicated if additional space is needed. | | | | | | | | | |
|---|-------------------|--------------------------|--------------------------|--|---|---------------------------------------|---|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) | | |
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Schedule F (Form 990) 2021

Museum of Modern Art

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

13-1624100

Schedule F (Form 990) 2021

| 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) | X Yes | No |
|---|--|-------|-------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may | | |
| | be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and | | |
| | Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a | | XNo |
| | U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | ĽX 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) | X 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) | X 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) | X 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 separately file Form 5713, International Boycott Report (see | | |
| | Instructions for Form 5713; don't file with Form 990) | Yes | X No |
| | | | |

Schedule F (Form 990) 2021

132074 12-20-21

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

Part I, Line 2:

The Museum of Modern Art invests in domestic and foreign limited

partnerships that may own an interest in a foreign corporation, passive

foreign investment company, or foreign partnership. Nevertheless, the

Museum's investment activities may not reach the thresholds required for

filing the Forms 926, 5471, 8621 or 8865. To the extent such a form was

completed, it has been filed with the Museum's Form 990-T.

Schedule F (Form 990) 2021

44 2021.05080 MUSEUM OF MODERN ART

132075 12-20-21

| (Form 990) Complete if the organization answered "Yes" on Form 980, Part IV, line 47, 18, or 19, or 11 the organization entered more than \$50,000 nF orm 900-EZ. | SCHEDULE G | Suppleme | ntal Information Regardin | g Fund | raisi | ng or Gaming A | ctivities | OMB No. 1545-0047 |
|--|-------------------------|----------------------|---------------------------------------|-------------|---------|-------------------------|--------------------|------------------------|
| Market and environment services Market of the organization Market of the organization Market of the organization Market of the organization Market of Kodern Art Subject of the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not regulated to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solications Mail solications Solicitation of on ogovernment grants Solicitation of government grants Interest and email solicitations Solicitation of government grants Mail solications Solicitation of government grants Market on Form 990, Part IVI) or entity in connection with professional fundraising services? No bi Ir Yees; No compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) or entity (fundraiser) (ii) Activity Yees No Yees Yees No Yee Yees No Yees Yees Yees | (Form 990) | | | | | | 19, or if the | 2021 |
| Name of the organization Employer identification number Name of the organization Employer identification number 13-1624100 13-1624100 Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants c Phone solicitations g Special fundraising devents d In-person solicitations g Special fundraising devents c Phone solicitations g Special fundraising devents d In-person solicitations g Special fundraising services? Yes No 2 a Did the organization asset of individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activi | | | | | | | | |
| Nuseum of Modern Att 13-1624100 Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants 2 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? Ves No b If Yes, "list the 10 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 entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) purp the entity from activity is form activity in connection with professional fundraising environs in the company of the professional fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid (or retained by organization) (i) Name and address of individual or entities (fundraiser) (ii) Activity (iii) purp the entity form activity in connection with professitenet organis and the entity in connection with professi | | | to www.irs.gov/Form990 for ins | structions | s and | the latest information | | |
| 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 e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part Vijo entity in connection with professional fundraising services? Ives No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (ive) Gross receipting to (or retained by) to (or retained by) organization is context. (vo) Amount paid to (or retained by) organization (i) Name and address of individual or entity (fundraiser) (iii) Activity (ive) Amount paid to (or retained by) organization (vo) area and to (or retained by) organization (ii) Name and address of individual or entity (fundraiser) (vo) area and to (or retained by) organization (vo) area and to (or retained by) organization < | Name of the organizatio | | Modern Art | | | | | |
| 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 e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part Vijo entity in connection with professional fundraising services? Ives No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (ive) Gross receipting to (or retained by) to (or retained by) organization is context. (vo) Amount paid to (or retained by) organization (i) Name and address of individual or entity (fundraiser) (iii) Activity (ive) Amount paid to (or retained by) organization (vo) area and to (or retained by) organization (ii) Name and address of individual or entity (fundraiser) (vo) area and to (or retained by) organization (vo) area and to (or retained by) organization < | Part I Fundrais | sing Activities. | Complete if the organization answ | wered "Ye | es" or | n Form 990, Part IV, li | ne 17. Form 990 |)-EZ filers are not |
| | | | | | | | | |
| b Internet and email solicitations 1 Solicitation of government grants c Phone solicitations 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? Image: Special fundraising services? Image: Special fundraising services? Image: Special fundraising services? Image: Special fundraisers is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Image: Special fundraiser is to be compensated at least \$5,000 by the organization. Image: Special fundraiser is compensated at least \$5,000 by the organization. Image: Special fundraiser is compensated at least \$5,000 by the organization. Image: Special fundraiser is compensated at least \$5,000 by the organization. Image: Special fundraiser is compensated at least \$5,000 by the organization. Image: Special fundraiser is compensated at least \$5,000 by the organization is compensated at least \$5,000 by the organization is september \$1,000 by the organization is registered or licensed to a local l | | | | | | | | |
| c Phone solicitations g Special fundraising events d Inperson solicitations 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? Image: Special fundraises of the fundraises is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity Image: Special fundraises of individual or entity (fundraiser) (vi) Amount paid for retained by itseld in col. (i) (vi) Amount paid for retained by fore | | | | | • | U U | | |
| d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, firstees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Activity (iii) Did for matching of the organization of the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts (iv) Amount paid to (or retained by) form activity fundraiser is to be compensated at least \$5,000 by the organization of the fundraiser is complexity. (iv) Amount paid to (or retained by) organization (iv) Name and address of individual or entity (fundraiser) (iv) Activity (iv) Gross receipts form activity for activity organization (v) Amount paid to (or retained by) organization (iv) Amount paid to (or retained by) correlation of the fundraiser is to be complexity (fundraiser) (v) Amount paid to (or retained by) organization (v) Amount paid to (or retained by) organization (iv) Amount paid to (iv) Amount paid to (or retained by) correlation of the fundraiser is to be complexity organization (v) Amount paid to (or retained by) organization (v) Amount paid to (iv) Amount paid to (or retained by) corretained to (or retained by) or | | | | | | | | |
| key employees listed in Form 990, Part VII) or entity in connection with professional fundralsing services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundralsers) (iii) Did (fundralser) (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundralser is to be constrol of correlation of the organization. (i) Name and address of individual or entity (fundralser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundralser is to be constrol of correlation of the organization (ii) Activity Yes No Yes No Yes No Yes No (v) Amount paid to (or retained by) fundralser is to be constrol of correlation of the organization Yes No Yes No Yes No Yes No Yes No Image: State of the organization Yes No Yes No Image: State of the organization Yes No Image: State of the organization Image: State of the organization Yes No Image: State of the organization Image: State of the organization< | d In-person so | olicitations | U | | 0 | | | |
| b If "Yes," list the 10 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) Activity (iii) Activity (iv) Gross receipts for activity to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii) Ves No Image: set of the | U U | | • | • | Ũ | | tees, or | |
| compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipt from activity (v) Amount paid to (or retained by) organization Yes No Image: Control of control | | | | • | | • | | |
| (i) Name and address of individual or entity (fundraiser) (ii) Activity fundraiser discretion for matrix (fundraiser) (iii) (iii) Activity fundraiser discretion for matrix (fundraiser) (iv) (Antonia particular partecipart parteciparteciparticular particular particular particular | | • | · · · | suant to a | agreer | ments under which th | ie tundraiser is t | D DE |
| (ii) Activity (iii) Activity (iiii) Activity (iii) | (i) Name and addres | | | (iii) | Did | (iv) Grass respire | | |
| Yes No Yes No Index Index Index Index< | • • | | (ii) Activity | have cu | ustody | • • | fundraiser | by to (or retained by) |
| Total Image: Constraint of the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration | | | | contribu | itions? | | listed in col. (| i) organization |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration | | | | Yes | No | - | | |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration | | | | | | | | |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration | | | | | | | | |
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| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration | | | | | | | | |
| | Total | | | | ► | | | |
| | | nich the organizatio | n is registered or licensed to solici | it contribu | utions | or has been notified | it is exempt fror | n registration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

132081 10-21-21

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

| | | of fundraising event contributions and gr | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|------|--|------------------------|--|--------------------|--|
| | | | David Rockefeller | Party in the | | (add col. (a) through |
| | | | Award Luncheon | Garden | 2 | col. (c)) |
| a | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 2,665,000. | 4,064,675. | 1,481,000. | 8,210,675. |
| | 2 | Less: Contributions | 2,651,200. | 4,006,175. | 1,453,300. | 8,110,675. |
| | 3 | Gross income (line 1 minus line 2) | 13,800. | 58,500. | 27,700. | 100,000. |
| | 4 | Cash prizes | | | | |
| 6 | 5 | Noncash prizes | | | | |
| pense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| ٦ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 108,098. | 1,346,264. | 448,679. | 1,903,041 |
| | 10 | Direct expense summary. Add lines 4 through | n 9 in column (d) | | ► | 1,903,041. |
| | 11 | Net income summary. Subtract line 10 from I | ine 3, column (d) | | ► | -1,803,041 |
| Pa | rt I | II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1 990, Part IV, line 19, or r | reported more than | |
| nue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c) |
| evenue | | | | | | |

| nu | | | | bingo/progressive bingo | | col. (a) through | col. (c)) |
|-----------------|----------|--|-------------------------|---------------------------|-------|------------------|-------------------|
| Revenu | | | | | | | |
| Ť | 1 | Gross revenue | | | | | |
| | | | | | | | |
| | • | Orah mina | | | | | |
| Se | 2 | Cash prizes | | | | | |
| sus | | | | | | | |
| , per | 3 | Noncash prizes | | | | | |
| Ш т | | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | |
| ā | | | | | | | |
| | 5 | Other direct expenses | | | | | |
| | <u> </u> | | | Yes % | Yes % | | |
| | | | Yes% | | | | |
| | 6 | Volunteer labor | No | No | No | | |
| | | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | 🕨 | | |
| | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | |
| | | | | | | | |
| 9 | Fnt | ter the state(s) in which the organization condu | cts gaming activities: | | | | |
| - | | he organization licensed to conduct gaming ac | | | | | No |
| | | | | | | 165 | NO |
| D | IT | No," explain: | | | | | |
| | | | | | | | |
| | | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | voked, suspended, or te | rminated during the tax y | /ear? | Yes | No |
| | | | | | | | |

b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

| Sch | nedule G (Form 990) 2021 | Museum of Modern | Art | 13-16241 | .00 | Page 3 |
|------|--|-------------------------------|--|-----------------------|-----------|---------------|
| 11 | Does the organization conduct g | gaming activities with nonr | nembers? | | Yes | No |
| 12 | • • | • | st, or a member of a partnership or other entity formed | | | |
| | | | | | Yes | No |
| | Indicate the percentage of gamin | | | 40 | | 0/ |
| | | | | | | <u>%</u> % |
| | | | he organization's gaming/special events books and rec | | / | /0 |
| | | | | | | |
| | Name 🕨 | | | | | |
| | Address 🕨 | | | | | |
| 15a | a Does the organization have a co | ntract with a third party fro | om whom the organization receives gaming revenue? | | Yes | No |
| ł | | | the organization 🕨 \$ and the a | mount | | |
| | of gaming revenue retained by the | | | | | |
| C | If "Yes," enter name and addres | s of the third party: | | | | |
| | Name 🕨 | | | | | |
| | Address 🕨 | | | | | |
| 16 | Gaming manager information: | | | | | |
| | Name 🕨 | | | | | |
| | | | | | | |
| | Gaming manager compensation | ▶ \$ | _ | | | |
| | Description of services provided | ▶ | | | | |
| | | | | | | |
| | | | | | | |
| | Director/officer | Employee | Independent contractor | | | |
| 17 | Mandatory distributions: | | | | | |
| á | | | able distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | | | Yes | No |
| t | conter the amount of distributions organization's own exempt activ | • | to be distributed to other exempt organizations or spen | nt in the | | |
| Pa | | | kplanations required by Part I, line 2b, columns (iii) and | (v); and Part III, li | ines 9, 9 | 9b, 10b, |
| | 15b, 15c, 16, and 17b, a | as applicable. Also provide | any additional information. See instructions. | | | |
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| _ | | | | | | |
| 1320 | 83 10-21-21 | | 17 | Schedule G | (Form | 990) 2021 |

| Schedule G (Form 990) Part IV Supplemental I | Museum of Modern Art | 13-1624100 | Page 4 |
|--|-------------------------|---------------------|------------|
| Part IV Supplemental I | nformation (continued) | | |
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| | | Schedule 0 | i (Form 99 |
| 32084 11-18-21 | | | |
| | 48 | | 01 |
| 0509 153424 0176 | U3U-UUUUZ 2021.05080 MU | ISEUM OF MODERN ART | 0176 |

| SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization | Go Compl | Grants and Oth vernments, ar ete if the organizatio Go to www.ii | nd Individual | s in the Ŭni on Form 990, Pa m 990. | ted States rt IV, line 21 or 22. | | OMB No. 1545-0047 2021 Open to Public Inspection Employer identification number |
|--|------------------------|---|--------------------------|--|--|---------------------------------------|--|
| Museum of Mod | | | | | | | 13-1624100 |
| Part I General Information on Grants a | | | | | | | |
| 1 Does the organization maintain records the criteria used to award the grants or assist | | | | | | | |
| 2 Describe in Part IV the organization's pro | cedures for monit | oring the use of grant | funds in the United | l States | | | |
| Part II Grants and Other Assistance to recipient that received more than S | Domestic Organiz | zations and Domestic | Governments. C | complete if the org | anization answered "Y | ′es" on Form 990, Parl | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| MoMA PS1 Contemporary Art Center | | | | | | | |
| Inc - 46-01 23ST Street - Long | | | | | | | |
| Island City , NY 11101 | 23-7379091 | 501c(3) | 2,527,928. | 0. | | | Operating Support |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | l nd government org | ganizations listed in th | l e line 1 table | | | <u> </u> | |
| 3 Enter total number of other organization | | | | | | | 0. |

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Schedule I (Form 990) 2021

Museum of Modern Art

13-1624100

Page 2

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

| (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 noncash assistanc |
|--|---------------------------------|-----------------------------|---------------------------------------|---|--------------------------------------|
| | | | | | |
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| | | | | | |
| t IV Supplemental Information. Provide the information | ation required in Part I, lin | ı ıe 2; Part III, column | (b); and any other ad | lditional information. | |
| I, Line 2: | | | | | |
| | | | | | |
| Museum is the sole member of PS1 Contempo | orary Art Center, I | Inc (DBA MoMA | | | |

PS1). In 2000 MoMA PS1 and the Museum entered into an affiliation to

promote the study, knowledge, enjoyment and appreciation of modern and

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 accounting and payroll, fundraising and development, coordination of MoMA PS1's information technology, insurance and legal affairs. Schedule I (Form 990) 132291 04-01-21 51 13280509 153424 0176030-00002 2021.05080 MUSEUM OF MODERN ART

| SC | HEDULE J | Compensa | ation Information | 1 | OMB No. | 1545-004 | 47 |
|--------|--|--|---|-------------|------------|----------|--------|
| (Fo | rm 990) | For certain Officers, Director | s, Trustees, Key Employees, and Highest | | 20 | 21 | |
| | | | ensated Employees Iswered "Yes" on Form 990, Part IV, line 23. | | 20 | | i i |
| Depa | tment of the Treasury | | ach to Form 990. | | Open to | | |
| Intern | al Revenue Service | | for instructions and the latest information. | | Inspe | | |
| Nam | e of the organization | | | Employer ic | | on nui | mber |
| De | | Museum of Modern Art | | 13-16 | 524100 | | |
| Pa | | Regarding Compensation | | | | | |
| | | | f the fellowing to be a few and the loss Ferrar | 000 | | Yes | No |
| а | | | f the following to or for a person listed on Form | 990, | | | |
| | | ine 1a. Complete Part III to provide any relev | | naluaa | | | |
| | First-class or c | | | | | | |
| | Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments X Health or social club dues or initiation fees | | | | | | |
| | Discretionary spending account Personal services (such as maid, chauffer | | | | | | |
| | Discretionary | pending account | Personal services (such as maid, chauned | ir, chei) | | | |
| h | If any of the bayes | on line to are checked, did the organization f | allow a written policy regarding povement or | | | | |
| U | • | on line 1a are checked, did the organization for | | | 1b | х | |
| 2 | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | |
| 2 | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | | | 2 | х | | |
| | trustees, and onice | s, including the CEO/Executive Director, rega | | | | | |
| 3 | Indicate which if ar | v of the following the organization used to e | stablish the compensation of the organization's | | | | |
| Ŭ | | | boxes for methods used by a related organization | | | | |
| | | tion of the CEO/Executive Director, but expla | , . | 511 10 | | | |
| | X Compensation | · · · | X Written employment contract | | | | |
| | | ompensation consultant | X Compensation survey or study | | | | |
| | | her organizations | X Approval by the board or compensation c | ommittee | | | |
| | | ner organizations | | ommittee | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Sec | tion A, line 1a, with respect to the filing | | | | |
| • | organization or a re | • • | | | | | |
| а | - | e payment or change-of-control payment? | | | 4a | х | |
| b | | eive payment from a supplemental nonqualifi | | | | х | |
| | | eive payment from an equity-based compens | | | | | X |
| | - | es 4a-c, list the persons and provide the appl | | | | | |
| | , | , | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations | must complete lines 5-9. | | | | |
| 5 | | | he organization pay or accrue any compensatio | n | | | |
| | contingent on the r | | | | | | |
| а | The organization? | | | | 5a | | X |
| b | Any related organiz | ation? | | | 5b | | х |
| | | r 5b, describe in Part III. | | | | | |
| 6 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did t | he organization pay or accrue any compensatio | n | | | |
| | contingent on the n | et earnings of: | | | | | |
| а | - | - | | | . 6a | | x |
| b | Any related organiz | ation? | | | 6b | | х |
| | | r 6b, describe in Part III. | | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did t | he organization provide any nonfixed payments | | | | |
| | | | | | . 7 | х | |
| 8 | | | ed pursuant to a contract that was subject to th | | | | |
| | | otion described in Regulations section 53.49 | | | 8 | | x |
| 9 | | d the organization also follow the rebuttable | | | | | |
| | Regulations section | | · · · · · · | <u></u> | . 9 | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for | | | le J (Forr | n 990) |) 2021 |

13-1624100

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

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

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

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|--------------------------------------|------|--|---|---|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) Glenn D Lowry | (i) | 817,177. | 476,760. | 3,200. | 335,779. | 369,451. | 2,002,367. | 224,171. | |
| Director/Ex-Officio Trustee | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) Anthony Wai | (i) | 600,446. | 297,925. | 7,130. | 82,000. | 38,237. | 1,025,738. | 0. | |
| Chief Investment Officer | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) James Gara | (i) | 481,017. | 339,199. | 22,700. | 88,517. | 48,702. | 980,135. | 0. | |
| COO/Assistant Treasurer | (ii) | 0. | 0. | 0. | 0. | Ο. | 0. | 0. | |
| (4) Michael Shay | (i) | 370,645. | 463,481. | 20,085. | 17,400. | 14,663. | 886,274. | 0. | |
| Director of Investments (Thru 4/22) | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) Gabriel Morrow | (i) | 295,902. | 309,504. | 19,819. | 17,400. | 27,793. | 670,418. | 0. | |
| Director, Investments | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (6) Todd Bishop | (i) | 134,578. | 50,000. | 406,442. | 0. | 2,301. | 593,321. | 0. | |
| Former Sr. Deputy Dr. of External Af | (ii) | ٥. | 0. | 0. | Ο. | 0. | 0. | 0. | |
| (7) James Grooms | (i) | 525,919. | 0. | 18,966. | 10,154. | 25,229. | 580,268. | 0. | |
| General Counsel/Secretary | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (8) Ramona Bannayan | (i) | 166,077. | 0. | 402,334. | 0. | 6,227. | 574,638. | 0. | |
| Former Senior Deputy Director of Exh | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (9) Jean Savitsky | (i) | 386,765. | 105,664. | 1,765. | 17,400. | 35,690. | 547,284. | 0. | |
| Dir. Real Estate and Construction | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (10) Sarah Suzuki | (i) | 347,536. | 11,270. | 20,022. | 125,014. | 41,144. | 544,986. | 0. | |
| Associate Museum Director | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (11) Ann Temkin | (i) | 348,720. | 12,981. | 22,077. | 90,573. | 50,689. | 525,040. | 0. | |
| Chief Curator-Painting & Sculpture | (ii) | Ο. | 0. | 0. | Ο. | 0. | 0. | 0. | |
| (12) Christophe Cherix | (i) | 358,922. | 12,981. | 7,398. | 56,228. | 47,611. | 483,140. | 0. | |
| Chief Curator - Drawings and Prints | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (13) Jan Postma | (i) | 378,630. | 13,524. | 610. | 42,972. | 44,257. | 479,993. | 0. | |
| Chief Financial Officer | (ii) | Ο. | 0. | 0. | Ο. | 0. | 0. | 0. | |
| (14) Rajendra Roy | (i) | 349,042. | 12,298. | 551. | 48,911. | 37,690. | 448,492. | 0. | |
| Chief Curator - Film | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (15) Odessa Matsubara | (i) | 344,210. | 12,719. | 19,881. | 17,400. | 39,989. | 434,199. | ٥. | |
| Chief Human Resources Officer | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | ٥. | |
| (16) Emmanuel Plat | (i) | 335,999. | 12,685. | 21,136. | 17,400. | 46,504. | 433,724. | 0. | |
| Director, Merchandising | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NE compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|---|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (17) Diana Pan | (i) | 311,469. | 11,431. | 20,275. | 19,500. | 17,595. | 380,270. | 0. |
| | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | ٥. |
| (18) Clement Cheroux | (i) | 327,765. | 0. | 776. | 9,936. | 27,793. | 366,270. | 0. |
| | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. |
| (19) Tunji Adeniji | (i) | 286,138. | 10,775. | 21,566. | 19,500. | 25,993. | 363,972. | ٥. |
| | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | ٥. |
| (20) Stuart Comer | (i) | 297,152. | 10,471. | 696. | 9,063. | 26,270. | 343,652. | ٥. |
| | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | ٥. |
| (21) Martino Stierli | (i) | 249,009. | 9,599. | 19,908. | 16,616. | 36,130. | 331,262. | ٥. |
| | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | ٥. |
| (22) Thomas Randon | (i) | 268,066. | 0. | 9,459. | 13,838. | 9,633. | 300,996. | ٥. |
| General Manager - Retail (Thru 09/21 | | Ο. | 0. | 0. | 0. | 0. | 0. | ٥. |
| (23) Beverly Morgan-Welch (Beg 8/21) | (i) | 203,187. | 0. | 1,107. | 0. | 18,159. | 222,453. | ٥. |
| Sr. Deputy Dr. of External Affairs | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | 0. |
| (24) Christy Thompson (Beg 9/21) | (i) | 190,282. | 0. | 170. | 0. | 22,228. | 212,680. | ٥. |
| Sr. Deputy Dr of Exhibitions & Colle | (ii) | Ο. | 0. | 0. | 0. | 0. | 0. | ٥. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2021

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.

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.

Part I, Lines 4a-b:

Todd Bishop and Ramona Bannayan received financial compensation in 2021

attributable to a voluntary separation with the Museum described in the

comment below.

Glenn Lowry received a supplemental retirement plan payment described in

comment below.

Part I, Line 7:

Glenn Lowry - Director full-time employee, officer and ex-officio trustee.

In 2021 Glenn Lowry earned \$817,177 in base compensation which represents a

reduced amount as part of a salary reduction initiative that served as one

| Schedule J (Form 99 | 0) 2021 | Museum | of | Modern | Art | |
|---------------------|---------|--------|----|--------|-----|--|
|---------------------|---------|--------|----|--------|-----|--|

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.

| component of the Museum's management of the COVID-19 pandemic. Column B |
|---|
| (ii) includes a reduced annual bonus of \$376,342, a previously scheduled |
| payment of a multi-year supplemental retirement plan, dating to 2014, of |
| \$72,000, and a partial retention payment of \$28,418 for a total of |
| \$476,760. The retention payment was based on Mr. Lowry remaining an active |
| employee at the Museum for a specific period of time. |
| |
| Column C includes a 2022 accrual of \$36,000 under the supplemental |
| retirement plan to be paid next year. |
| |
| James Gara - Chief operating officer and assistant treasurer. Full time |
| employee and officer, not a trustee. Included in Column B(ii), are amounts |
| attributable to earned and paid portions of a performance-based bonus which |
| represents a reduced amount as part of a salary reduction initiative that |
| served as one component of the Museum's management of the COVID-19 |
| pandemic. The performance bonus was awarded based on the achievement by Mr. |
| Gara of certain service and performance requirement in areas such as in |
| operations and investments. The partial retention payment was based on Mr. |
| Gara remaining an active employee at the Museum for a specific period of |

Schedule J (Form 990) 2021

13-1624100

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.

time.

Anthony Wai - Chief Investment Officer. Full-time employee but not a

Trustee. Included in Column $B(\ensuremath{\text{B}}\xspace)$ are amounts attributable to earned and

paid portions of a performance-based bonus, associated with the FY 2021

investment performance. Included in Column B(ii) is a partial retention

payment based on Mr. Wai remaining an active employee at the Museum for a

specific period of time. All investment team salaries are allocated to the

investment portfolio.

Michael Shay - Director of Investments. Full-time employee but not a

Trustee. Included in Column B(ii) are amounts attributable to earned and

paid portions of a performance-based bonus, associated with the FY 2021

investment performance. Included in Column B(ii) is a partial retention

payment based on Mr. Shay remaining an active employee at the Museum for a

specific period of time. All investment team salaries are allocated to the

investment portfolio.

Gabriel Morrow - Director of Investments. Full-time employee but not a

Schedule J (Form 990) 2021

| Schedule J (Form 990) 2021 | Museum o | of | Modern | Art |
|----------------------------|----------|----|--------|-----|
|----------------------------|----------|----|--------|-----|

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.

Trustee, Included in Column B(ii) are amounts attributable to earned and paid portions of a performance-based bonus, associated with the FY 2021 investment performance. Included in Column B(ii) is a partial retention payment based on Mr. Morrow remaining an active employee at the Museum for a specific period of time. All investment team salaries are allocated to the investment portfolio. Jean Savitsky - Director of Real Estate and Construction. Full time employee but not a Trustee. Included in column B (ii) is a performance bonus based on metrics tied to completion of the New MoMA building project. Included in Column B (ii) is a partial retention payment based on Ms. Savitsky remaining an active employee at the Museum for a specific period of time. Emmanuel Platt - Director of Merchandising, Full-time employee but not a Trustee. Included in Column B (ii), is a partial retention payment based on Mr. Platt remaining an active employee at the Museum for a specific period of time.

Page 3

| Schedule J (Form 990) 2021 Museum of Modern Art | 13-1624100 | Page 3 |
|---|--|--------|
| Part III Supplemental Information | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also | complete this part for any additional informatic | on. |
| | | |
| Diana Pan - Chief Technology Officer. Full-time employee but not a Trustee. | | |
| | | |
| Included in Column B (ii), is a partial retention payment based on Ms. Pan | | |
| | | |
| remaining an active employee at the Museum for a specific period of time. | | |
| | | |
| | | |
| Todd Bishop - Former Senior Deputy Director - External Affairs. Full-time | | |
| | | |
| employee but not a Trustee. Included in Column B (ii) are amounts | | |
| attributable to earned and paid portions of a performance-based bonus. The | | |
| | | |
| performance bonus was subject to the achievement of service and performance | | |
| | | |
| requirements. Included in column B (iii) are amounts attributable to the | | |
| Voluntary Retirement Plan the Museum completed in fiscal year 2021 for | | |
| | | |
| employees meeting specific service and age criteria. | | |
| | | |
| | | |
| Ramona Bannayan - Former Senior Deputy Director of Exhibitions and | | |
| | | |
| Collections. Full time employee but not a Trustee. Included in Column B | | |
| | | |
| (iii) are amounts attributable to the Voluntary Retirement Plan the Museum | | |
| completed in fiscal year 2021 for employees meeting specific service and | | |
| | | |
| age criteria. | | |
| | | |

Part II, Column (C):

Schedule J (Form 990) 2021

| Schedule J (Form 990) 2021 Museum of Modern Art | 13-1624100 | Page 3 |
|---|--|---------------|
| Part III Supplemental Information | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also com | plete this part for any additional information | on. |
| Amounts reported as deferred compensation, to the extent they include | | |
| evaluation increases, are based on actuarial calculations done for June | | |
| 30, 2022 as opposed to calendar year 2021. | | |
| Compensation Reporting Generally: | | |
| All compensation reported on Form 990 in Part VII and Schedule J, | | |
| including bonuses, are based on calendar year 2021, pursuant to | | |
| employment contracts with the persons listed. | | |
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| SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service | rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. | | | | | | | C | OMB No. 1545-0047 2021 Open to Public Inspection | | | | | |
|--|--|---------------------|-------------|-----------------|------------|---------|--------------|---------------|---|--------|---------|--------|--------|------|
| Name of the organizat | tion | | | | | | | | Emp | loyer | identif | icatio | n num | ber |
| C C | Museum of Modern | Art | | | | | | | - | - | 24100 | | | |
| Part I Bond Issu | les | | | | | | | | | | | | | |
| (a) | Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | l (e) Issu | e price | (f) Descript | on of purpose | (g) De | feased | (h) On | behalf | (i) Po | oled |
| | | | | | | - | | | | | of is | suer | finan | cing |
| | | | | | | | | | Yes | No | Yes | No | Yes | No |
| The Trust for | Cultural Resources of | | | | | | Finance new | money project | | | | | | |
| A City of New Y | ork Series 2016 | 91-1882413 | 649717TE5 | 08/02/16 | 330,1 | 17,210. | and refund r | orior issues | | x | | х | | х |
| | | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | |
| Part II Proceeds | | | | | | | | | | | | | | |
| | | | | A | 4 | | В | c | | | | D | | |
| 1 Amount of bond | ds retired | | | | | | | | | | | | | |
| 2 Amount of bond | ds legally defeased | | | 35 | 5,000,000. | | | | | | | | | |
| 3 Total proceeds | of issue | | | 332 | 2,389,580. | | | | | | | | | |
| 4 Gross proceeds | s in reserve funds | | | | | | | | | | | | | |
| 5 Capitalized inte | rest from proceeds | | <u></u> | | | | | | | | | | | |
| 6 Proceeds in refu | unding escrows | | | | | | | | | | | | | |
| 7 Issuance costs | from proceeds | | | 1 | .,723,748. | | | | | | | | | |
| 8 Credit enhance | ment from proceeds | | | | | | | | | | | | | |
| 9 Working capital | expenditures from proceeds | | | | | | | | | | | | | |
| 10 Capital expendi | tures from proceeds | | | 152 | 2,227,251. | | | | | | | | | |
| 11 Other spent pro | 1 Other spent proceeds | | 178 | 3,403,305. | | | | | | | | | | |
| 12 Other unspent p | proceeds | | | | 35,277. | | | | | _ | | | | |
| 13 Year of substan | tial completion | | | | 2019 | | | | | | | | | |
| | | | | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| 14 Were the bonds | s issued as part of a refunding i | ssue of tax-exempt | bonds (or, | | | | | | | | | | | |
| if issued prior to | o 2018, a current refunding issu | ıe)? | | | X | | | | | | | - | | |
| | s issued as part of a refunding i | | | | | | | | | | | | | |
| | 2018, an advance refunding iss | | | Х | | | | | | | | | | |
| | ocation of proceeds been made | | | | X | | | | | | | | | |
| • | ization maintain adequate book | s and records to su | upport the | | | | | | | | | | | |
| final allocation of | of proceeds? | | | Х | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 Museum of Modern Art

| 13-1624100 | 1 | 3 – | 1 | 6 | 2 | 4 | 1 | 0 | 0 | | |
|------------|---|-----|---|---|---|---|---|---|---|--|--|
|------------|---|-----|---|---|---|---|---|---|---|--|--|

Page 2

| Par | t III Private Business Use | | | | | | | | |
|-----|---|-----|---|-----|-------------|-----|------------|-----|------------|
| | | | 4 | В | | С | | [| 0 |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No |
| | which owned property financed by tax-exempt bonds? | | x | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | x | | | | | | |
| 3a | Are there any management or service contracts that may result in private | | | | | | | | |
| | business use of bond-financed property? | | x | | | | | | |
| 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? | | x | | | | | | |
| 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 | | % | | % | | % | | <u> </u> |
| 7 | Does the bond issue meet the private security or payment test? | | x | | <i>,</i> ,, | | <u>,,,</u> | | <u>,,,</u> |
| | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| ou | governmental person other than a 501(c)(3) organization since the bonds were issued? | | x | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | | | |
| ~ | disposed of | | % | | % | | % | | % |
| | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | <i>,</i> ,, | | <i>,</i> ,, | | <u>,,,</u> | | // |
| Ŭ | sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all | | | | | | | | |
| Ŭ | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | |
| | requirements under Regulations sections 1.141-12 and 1.145-2? | х | | | | | | | |
| Par | t IV Arbitrage | | 1 | | | | | | I |
| | | | Δ | F | 3 | (| 2 | [|) |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| • | Penalty in Lieu of Arbitrage Rebate? | | x | 100 | | 100 | | | |
| 2 | If "No" to line 1, did the following apply? | | ' | | | | | | L |
| | Rebate not due yet? | | x | | | | | | |
| | Exception to rebate? | | x | | | | | | |
| | No rebate due? | X | | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | 1 | | I |
| | performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | | | | | |
| | | | 1 | | 1 | | 1 | | I |

Δ В С D 4a Has the organization or the governmental issuer entered into a gualified Yes No Yes No Yes No Yes No Х 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? х 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? Х 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? Х Part V Procedures To Undertake Corrective Action С Δ R D Has the organization established written procedures to ensure that violations Yes Yes Yes No No No Yes No of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under х applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. Schedule K Part I Column e The difference between Part I(e) and Part II. Line 3 is due to interest earnings on bond proceeds. Schedule K, Part I, Column f The bonds refunded the Borrower's Series 2008-One-A (issued 7/23/08) and Series 2012-One-D (issued 5/1/12) Schedule K, Part III, Line 7 As provided in treasury regulation section 1.141-4(c)(2)(i)(b) the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III. Line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III. Line 6 is not in excess of amounts permitted under section 145 of the

13-1624100

code.

Page 3

Schedule K (Form 990) 2021

Part IV Arbitrage (continued)

Museum of Modern Art

| | ile K (Form 990) 2021 | Museum of Modern Art | 13-1624100 | Page 4 |
|--------|------------------------|---|---|--------|
| Part V | I Supplemental Informa | tion. Provide additional information for responses to quest | ions on Schedule K. See instructions. (continued) | |
| | ule K, Column A, Part | | | |
| | ebate computation for | r series 2016-One-E was completed on June 6, | | |
| 2022. | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

Name of the organization

| Museum of | Modern | Art |
|-----------|--------|-----|
|-----------|--------|-----|

| Employer identification number |
|--------------------------------|
| 13-1624100 |

| Pa | rt 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 de noncash contribu | etermin | | s |
| 4 | Art Marka of art | x | 229 | | Not Applicable | | | |
| 1 | Art - Works of art | | 225 | •. | | | | |
| 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 | x | 196 | 13 290 083 | Selling Price | | | |
| 9 | Securities - Publicly traded | | 190 | 13,290,003. | Selling filce | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | | | | | | | | |
| 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 organized | zation during | g the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | 28 | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least three years from the date | e of the initia | l contribution, and | which isn't required to be us | sed for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | equires the review of | of any nonstandard contribu | tions? | 31 | X | |
| 32a | Does the organization hire or use third parties | or related or | ganizations to solid | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | х | |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) foi | a type of property | r for which column (a) is che | cked, | | | |
| | describe in Part II. | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

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| Schedule M (Form 990) 2021 | Museum of Modern Art |
|----------------------------|----------------------|
|----------------------------|----------------------|

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

Schedule M, Part I, Column (b):

Nonmonetary contributions are recorded at estimated fair value at date

of receipt if the Museum received certain goods and services that meet

criteria under generally accepted accounting principles for recognition

as contributions. In accordance with accounting standards codification,

the Museum does not treat donations of art as revenue or record these

artworks on the statement of financial position as these artworks are

used to support the Museum's educational mission. Proceeds from the

deaccession of artwork are used primarily to acquire and maintain other

items for the collection.

Schedule M, Part I, Line 1

Loans of art work to the Museum from time to time Trustees of the

Museum may loan artworks to the Museum for a limited duration of time

for specific exhibitions.

Schedule M, Part I, Line 9

Gifts of stock from the same person, on the same trade date, are

considered in the aggregate as one gift.

Schedule M, Line 32b:

A third party bank is authorized to sell donated securities as soon as

possible upon confirmation by the Museum. The Museum also contracts

periodically with various auction houses, galleries and other

institutions to facilitate approved deaccessioned art work.

Schedule M (Form 990) 2021

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13-1624100

| SCHEDULE O (Form 990) |)-EZ | OMB No. 1545-0047 | |
|--|--|-------------------|--|
| Department of the Treasury | Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. | | Open to Public |
| Internal Revenue Service Name of the organization | Go to www.irs.gov/Form990 for the latest information. n Museum of Modern Art | | Inspection identification number 24100 |
| | | 10 10 | |
| Form 990, Part I, | Line 1, Description of Organization Mission: | | |
| to the art of our | time. The Museum aspires to be a catalyst for | | |
| experimentation, 1 | earning, and creativity, a gathering place for all, | | |
| and a home for art | ists and their ideas. As part of this mission, the | | |
| Museum of Modern A | rt establishes, preserves, and documents a permanent | | |
| collection of mode | rn and contemporary art, presents exhibitions and | | |
| educational progra | ms, sustains a library, archives, and conservation | | |
| laboratory and sup | ports scholarship and publications. The Form 990 is | | |
| one of several rep | orts the Museum makes available each year. The Museum | | |
| encourages it to b | e read with the audited financial statements, which | | |
| provide additional | financial context. These documents as well as | | |
| previous years rep | orts can be found on moma.org. | | |
| | | | |
| Form 990, Part III | , Line 1: | | |
| The Museum's missi | on is to connect people from around the world to the | | |
| art of our time. T | he Museum aspires to be a catalyst for | | |
| experimentation, 1 | earning, and creativity, a gathering place for all, | | |
| and a home for art | ists and their ideas. In pursuit of this goal, the | | |
| Museum has collect | ed approximately 200,000 works of art, including | | |
| works of painting, | sculpture, drawing, prints, illustrated books, | | |
| photography, film, | media, performance art, architecture, and industrial | | |
| and graphic design | . As a central part of its mission, the Museum also | | |
| operates a scholar | ly publishing program, conducts an extensive learning | | |
| and engagement pro | gram, and maintains a major library, archives, and | | |
| conservation labor | atory that are recognized as international centers of | | |
| | bitions are circulated nationally and | | |
| LHA For Paperwork R | eduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Schee | dule O (Form 990) 2021 |

| Schedule O (Form 990) 2021 | Page 2 |
|--|--|
| Name of the organization Museum of Modern Art | Employer identification number 13-1624100 |
| | |
| internationally. | |
| | |
| Form 990, Part III, Line 4a: | |
| In 1958, The Museum of Modern Art founded the first conservation | |
| | |
| department devoted solely to the care of modern art. Since that time, | |
| the Museum has been a leader in the field of modern and contemporary | |
| art conservation. | |
| | |
| | |
| Each year the Museum is anchored by a robust program including a | |
| temporary exhibition schedule, regular dynamic transformations of its | |
| collection galleries, a performance art series, the film program, many | |
| | |
| learning and engagement programs, publications, and online content. In | |
| FY 2022, the Museum administered approximately 30 temporary | |
| exhibitions, projects, and commissions. | |
| | |
| | |
| Since its founding in 1929, the Museum has published some 1,500 | |
| editions appearing in more than 25 languages, including exhibition and | |
| collection catalogues, general art books, scholarly research | |
| | |
| publications, children's books, and international co-editions. In FY | |
| 2022, the Museum published 13 new titles and undertook reprints of 14 | |
| backlist titles." | |
| | |
| | |
| After over three years of construction, including a planned four-month | |
| temporary closure of the Museum to the public in order to complete | |
| construction and art re-installation, an expanded new MoMA opened on | |
| October 21, 2019, with a reimagined presentation of modern and | |
| | |
| contemporary art, catalyzed by a 30% increase in overall gallery space | |
| and an improved quality of visitor experience through reconceived | |
| 132212 11-11-21 | Schedule O (Form 990) 2021 |

| Name of the organization Museum of Modern Art | Employer identification number 13-1624100 |
|---|--|
| | |
| entrances, circulation, and amenities, concurrent with an increase in | |
| public space, including an expanded below-grade store and a new | |
| restaurant with terrace on the sixth floor. The expansion, developed by | |
| MoMA with architects Diller Scofidio + Renfro, in collaboration with | |
| Gensler, added more than 40,000 square feet of gallery spaces and | |
| enables the Museum to exhibit significantly more art in new and | |
| interdisciplinary ways. | |
| | |
| In FY 2022, visitors to MoMA had access to or engaged with | |
| interpretative offerings including labels, audio content (offered in | |
| nine languages), activity packets, and self-guided tour materials. | |
| | |
| During this time, the Museum brought back various onsite programs, | |
| including gallery tours, interactive spaces, workshops, visual | |
| description tours for the blind and partially sighted, and resources | |
| for other individuals with special needs, that had been successfully | |
| pivoted to virtual offerings in the previous fiscal year. | |
| | |
| Form 990, Part IV, Line 30: | |
| Gifts of artwork are considered by individual item. | |
| | |
| Form 990, Part VI, Section B, line 11b: | |
| The Museum's Form 990 is prepared by Grant Thornton LLP in coordination | |
| with 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. 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 | Schedule O (Form 990) 202 |

^{2021.05080} MUSEUM OF MODERN ART

| Name of the organization | Employer identification numbe |
|---|-------------------------------|
| Museum of Modern Art | 13-1624100 |
| printed copy prior to filing the return. The 990 is available to the public | |
| through the Museum's website www.moma.org. | |
| | |
| Form 990, Part VI, Section B, Line 12c: | |
| On an annual basis, the Museum distributes its code of conduct to all | |
| trustees and designated employees and requires that conflict of interest | |
| questionnaires be completed and returned for initial review by the office | |
| of the General Counsel and the Director of Human Resources respectively. | |
| Amongst other things, the conflict of interest questionnaire requires the | |
| responder: confirm that he or she has read and understands the code of | |
| conduct, agree to abide by it, identify whether he or she or a family | |
| member has any relationship with the Museum that may represent a conflict | |
| of interest as defined by the code and report any knowledge of a | |
| transaction which should be reported under the code, etc. When potential | |
| employee conflicts of interest are reported or identified, when necessary, | |
| an investigation is conducted to determine the facts and circumstances and | |
| recommendation of action, if warranted. Such action may include, but is not | |
| limited to, prohibiting the individual from participating in deliberations | |
| and decisions regarding the transaction in 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 | |

^{2021.05080} MUSEUM OF MODERN ART 01760301

| Schedule O (Form 990) 2021 Name of the organization | Page Employer identification number |
|--|--|
| Museum of Modern Art | 13-1624100 |
| the committee make a recommendation to the Chairman of the Board for | |
| decision by the board. | |
| | |
| Form 990, Part VI, Section B, Line 15: | |
| The process for determining the compensation for the Museum director and | |
| certain key employees includes reviews and approval by the Board of | |
| Trustees' compensation subcommittee of the executive committee (the | |
| "committee") a committee of the governing body consisting of independent | |
| trustees, and not including the director or other staff members. In making | |
| its determination, the committee obtains and reviews comparability data | |
| with respect to compensation levels paid for comparable job positions | |
| obtained through the assistance of an expert compensation consultant which, | |
| in appropriate instances, includes survey data regarding compensation | |
| levels paid by similarly situated organizations for comparable employment | |
| positions, form 990 data from other leading Museums and cultural and | |
| education institutions, as well as for profit institutions which may be | |
| interested in recruiting the Museum staff. The determination, deliberation | |
| and decisions made by the committee are contemporaneously substantiated and | |
| documented in minutes of the meeting which include the committee members | |
| present and 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 on December 21, 2022. | |
| | |
| Form 990, Part VI, Line 17, List of States receiving copy of Form 990: | |
| AK, AR, AL, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, NH, NJ, NM, NY, OH | |
| OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI, WV | |
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Form 990, Part VI, Section C, Line 19:

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| Schedule O (Form 990) 2021 | Page 2 |
|--|---|
| Name of the organization Museum of Modern Art | Employer identification number 13-1624100 |
| The Museum's governing documents are available for review. Conflict of | |
| interest policy, code of conduct policy, prior years audited financial | |
| statements and prior years 990 are available to the public through the | |
| Museum's website https://www.moma.org/about/documents-policies. | |
| | |
| Form 990, Part VII: | |
| The hours disclosed for officers, key employees and highly compensated | |
| individuals is 40 hours which represents a full-time designated | |
| employee. For those listed on Part VII the hours worked, in reality, | |
| are significantly more than the standard full-time employee norm. | |
| | |
| Form 990, Part XI, line 9, Changes in Net Assets: | |
| The other changes in net assets are related to Defined Benefit Plan | |
| changes other than net periodic benefit costs partially offset by | |
| organizations that file a separate return. 22,100,407. | |
| Total to Form 990, Part XI, Line 9 22,100,407. | |
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| 132212 11-11-21 | Schedule O (Form 990) 2021 |

| For Paperwork | Reduction | Act Notice, | see the | Instructions | for Form | 990. |
|---------------|-----------|-------------|---------|--------------|----------|------|
| - | | | | | | |

132161 11-17-21 LHA

Schedule R (Form 990) 2021

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Museum of Modern Art

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

| (a) | (b) | (c) | (d) | (e) | (f) | | |
|---|------------------|--|--------------|--------------------|------------------------------|--|--|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity | | |
| AFE LLC - 20-2379359 | | | | | | | |
| 11 West 53rd Street | | | | | | | |
| New York, NY 10019 | Real Estate | New York | -292,202. | 2,670,465. | Museum of Modern Art | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (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 | (f) Direct controlling entity | cont | g) 512(b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---|-------------------------------------|------|--|
| | | | | 501(c)(3)) | | Yes | No |
| Modern and Contemporary Art Support Corp - | | | | | | | |
| 13-3910972, 11 West 53rd Street, New York, | Receive, acquire & | | | | Museum of Modern | | |
| NY 10019 | hold title in property | Delaware | 501(c)(3) | Line 12a, I | Art | x | |
| PS1 Contemporary Art Center Inc - 23-7379091 | | | | | | | |
| 46-01 21st Street | Contemporary Art | | | | Museum of Modern | | |
| New York, NY 11101 | Exhibitions | New York | 501(c)(3) | Line 7 | Art | x | |
| The International Council of The Museum of | | | | | | | |
| Modern Art - 13-6143744, 11 West 53rd |] | | | | | | |
| Street, New York, NY 10019 | Support Corporation | New York | 501(c)(3) | Line 12a, I | N/A | | х |
| MoMA Auxiliaries - 13-3975341 | | | | | | | |
| 11 West 53rd Street | 1 | | | | Museum of Modern | | |
| New York, NY 10019 | Manage Retail Operation | Delaware | 501(c)(3) | Line 12a, I | Art | x | |

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Employer identification number 13-1624100

OMB No. 1545-0047

2021

Open to Public

Inspection

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | | |
|--|------------------|---|------------------------------|--|--|--------|-------------------------------|----|---|--------------------------|--|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Predominant income Share of total income income income | | Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule | Genera manag partn | I or Percentage ^{ing} ownership | |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | lo | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (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) ction b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|-----|---|
| | | country) | | , | | | | Yes | No |
| Alta Cultura - 13-4114902 | | | | | | | | | |
| 11 West 53rd Street | General Business | | | | | | | | |
| New York, NY 10019 | Corporation | DE | N/A | C CORP | | | 100% | x | |
| | - | | | | | | | | |
| | - | | | | | | | | |
| | - | | | | | | | | |

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

| te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Ye | es |
|---|-----------|----|--------|
| 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? | | |
| Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| Gift, grant, or capital contribution to related organization(s) | | X | |
| Gift, grant, or capital contribution from related organization(s) | | X | |
| Loans or loan guarantees to or for related organization(s) | | X | |
| Loans or loan guarantees by related organization(s) | | | \neg |
| Dividends from related organization(s) | | | |
| Sale of assets to related organization(s) | 1g | | |
| Purchase of assets from related organization(s) | | | |
| Exchange of assets with related organization(s) | 1i | | |
| Lease of facilities, equipment, or other assets to related organization(s) | | | |
| Lease of facilities, equipment, or other assets from related organization(s) | <u>1k</u> | | |
| Performance of services or membership or fundraising solicitations for related organization(s) | | X | |
| n Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | |
| Sharing of paid employees with related organization(s) | - | X | |
| Reimbursement paid to related organization(s) for expenses | <u>1p</u> | x | |
| Reimbursement paid by related organization(s) for expenses | | x | _ |
| Other transfer of cash or property to related organization(s) | <u>1r</u> | x | |
| Other transfer of cash or property from related organization(s) | 1s | X | |

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 related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|-------------------------------|--|
| (1) The International Council of The Museum of Modern Art | с | 927,127. | FMV |
| (2) The International Council of The Museum of Modern Art | 0 | 473,957. | Cost |
| (3) The International Council of The Museum of Modern Art | Q | 47,012. | Cost |
| (4) The International Council of The Museum of Modern Art | R | 267,206. | Cost |
| (5) PS1 Contemporary Art Center Inc | L | 634,593. | Cost |
| (6) PS1 Contemporary Art Center Inc | R | 1,687,928. | Cost |

Schedule R (Form 990) Museum of Modern Art

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|------------------------|---|
| (7) MoMA Auxiliaries | P | 2,540,328. | Cost |
| (8) PS1 Contemporary Art Center Inc | D | 2,000,000. | FMV |
| (9) PS1 Contemporary Art Center Inc | В | 840,000. | Cost |
| (10) The International Council of The Museum of Modern Art | S | 61,050. | Cost |
| (11) Modern and Contemporary Art Support Corp | Q | 190,428. | Cost |
| (12) | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| (17) | | | |
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| (21) | | | |
| (22) | | | |
| (23) | | | |
| _ (24) | | | |

Schedule R (Form 990) 2021 Museum of Modern Art

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

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

| (a) | (b) | (c) | (d) | (| e) | (f) | (g) | (۲ | 1) | (i) | (j) | | (k) |
|------------------------|------------------|-------------------|--|-------------------------------------|------------------|----------|-------------|-----------------|----------------|--|-----------------|--------------|-----------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are Are partne 501(org | e all rs sec. | Share of | Share of | Dispr tior | opor- | Code V-UBI | Genera | | ercentage |
| of entity | | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | . 501(org | c)(3) s.? | total | end-of-year | tion allocat | iate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | manag partne | ing r? OV | wnership |
| | | country) | sections 512-514) | Yes | | income | assets | Yes | No | (Form 1065) | Yes N | 10 | |
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Schedule R (Form 990) 2021

Museum of Modern Art

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R, Part I

There is a \$2 million line of credit guaranteed by MoMA.

Schedule R, Part V, Line 1R

The Museum is under an agreement with the International Council of the

Museum of Modern Art and MoMA PS1 Contemporary Art Center to invest and

manage the Council's and MoMA PS1's endowment funds. The amounts

transferred for investment and spending from these endowments are

reflected in Part V.

Schedule R (Form 990) 2021

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