

**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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** JUL 1, 2015 **and ending** JUN 30, 2016

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> WHITNEY MUSEUM OF AMERICAN ART  <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 99 GANSEVOORT STREET  City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10014  <b>F Name and address of principal officer:</b> JOHN STANLEY SAME AS C ABOVE	<b>D Employer identification number</b> 13-1789318  <b>E Telephone number</b> 212-570-3600  <b>G Gross receipts \$</b> 120,671,000.  <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WHITNEY.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1926		<b>M State of legal domicile:</b> NY

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: THE WHITNEY MUSEUM OF AMERICAN ART IS A MUSEUM DEVOTED TO AMERICAN ART OF THE 20TH AND 21ST		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	48
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	47
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	481
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	146
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	538,000.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	324,000.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	89,854,000.	64,028,000.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,060,000.	15,040,000.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,008,000.	3,435,000.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,919,000.	5,553,000.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100,841,000.	88,056,000.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	50,000.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	25,451,000.	28,862,000.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,160,000.	207,000.	69,000.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,495,000.	47,908,000.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,203,000.	76,839,000.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	34,638,000.	11,217,000.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	888,573,000.	882,289,000.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	156,119,000.	150,003,000.
		732,454,000.	732,286,000.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer JOHN STANLEY, CHIEF OPERATING OFFICER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name FREDERICK MARTENS	Preparer's signature Date
	Firm's name ▶ LUTZ AND CARR, CPAS LLP Firm's address ▶ 300 EAST 42ND STREET NEW YORK, NY 10017	Check <input type="checkbox"/> if self-employed PTIN P00298107 Firm's EIN ▶ 13-1655065 Phone no. 212-697-2299

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE WHITNEY SEEKS TO BE THE DEFINING MUSEUM OF 20TH AND 21ST CENTURY AMERICAN ART. THE MUSEUM COLLECTS, EXHIBITS, PRESERVES, RESEARCHES AND INTERPRETS ART OF THE U.S. IN THE BROADEST GLOBAL, HISTORICAL AND INTERDISCIPLINARY CONTEXTS. AS THE PREEMINENT ADVOCATE FOR AMERICAN

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 33,533,000. including grants of \$ ) (Revenue \$ 14,951,000.) COLLECTION AND EXHIBITIONS OF AMERICAN ART: IN FY16 THE WHITNEY MUSEUM OF AMERICAN ART PRESENTED 16 EXHIBITIONS. THESE INCLUDED: MARY HEILMANN: SUNSET (MAY 1 SEP 27, 2015); AMERICA IS HARD TO SEE (MAY 1 SEP 27, 2015); THE WHITNEY'S COLLECTION (SEP 28, 2015 APR 4, 2016); ARCHIBALD MOTLEY: JAZZ AGE MODERNIST (OCT 2, 2015 JAN 17, 2016); JARED MADERE (OCT 16, 2015 JAN 3, 2016); RACHEL ROSE: EVERYTHING AND MORE (OCT 30, 2015 FEB 7, 2016); FRANK STELLA: A RETROSPECTIVE (OCT 30, 2015 FEB 7, 2016); COLLECTED BY THEA WESTREICH WAGNER AND ETHAN WAGNER (NOV 20, 2015 MAR 6, 2016); FLATLANDS (JAN 14 APR 17, 2016); LAURA POITRAS: ASTRO NOISE (FEB 5 MAY 1, 2016); OPEN PLAN, A SERIES OF 5 FLOOR-WIDE INSTALLATIONS BY ANDREA FRASER, LUCY DODD, MICHAEL HEIZER, CECIL TAYLOR, AND STEVE MCQUEEN (FEB 26 MAY 14,

4b (Code: ) (Expenses \$ 16,504,000. including grants of \$ ) (Revenue \$ 89,000.) CURATORIAL AND RELATED SUPPORT: IN FY16, THE WHITNEY CONTINUED TO FOCUS ON REFINING ITS STRATEGY FOR DISPLAYING MORE OF THE PERMANENT COLLECTION WITHIN THE MUSEUM'S SIGNIFICANTLY LARGER GALLERY SPACES. THE CONTINUOUS STUDY OF THE MORE THAN 22,000 OBJECTS IN THE COLLECTION BY OVER 3,000 ARTISTS INFORMS EXHIBITION PLANNING AND THE MUSEUM'S ACQUISITION PROCESS. THE RESULTING COLLECTION DISPLAYS CREATE AN ART HISTORICAL AND THEMATIC COUNTERPOINT TO THE ONGOING SPECIAL EXHIBITIONS PROGRAM, AND OFFER A CONSIDERATION OF HOW THE MUSEUM CAN TELL NEW NARRATIVES ABOUT AMERICAN CULTURE AND HISTORY.

4c (Code: ) (Expenses \$ 3,669,000. including grants of \$ ) (Revenue \$ ) EDUCATION PROGRAMS: IN FY16, THE FIRST FULL YEAR OF OPERATION DOWNTOWN AT 99 GANSEVOORT STREET, THE WHITNEY EXPANDED EDUCATIONAL PROGRAMMING OFFERINGS AND GREATLY INCREASED THE NUMBER OF PEOPLE SERVED THROUGH THESE PROGRAMS. FOR EXAMPLE, THE MUSEUM DOUBLED THE NUMBER OF STUDENTS WHO COME ANNUALLY FOR OUR POPULAR GUIDED VISIT PROGRAM. IN FY16 THE WHITNEY SERVED 108,700 PEOPLE THROUGH SCHOOL & EDUCATOR PROGRAMS, FAMILY PROGRAMS, TEEN PROGRAMS, PUBLIC PROGRAMS, SENIOR PROGRAMS, AND ACCESS & COMMUNITY PROGRAMS, AND OVER 1.5M THROUGH OUR ONLINE INTERPRETATION RESOURCES. THE NEW LAURIE M. TISCH EDUCATION CENTER IS THE HUB FOR MANY OF THE DEPARTMENT'S ACTIVITIES - A DEDICATED SPACE FOR VISITORS OF ALL AGES TO ENGAGE WITH ARTISTS AND ENLIVEN AND ENRICH THEIR MUSEUM

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,724,000. including grants of \$ ) (Revenue \$ 1,384,000.)

4e Total program service expenses 55,430,000.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state requirements, public inspection of forms, and availability of governing documents.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADAM D. WEINBERG ALICE PRATT BROWN DIRECTOR	35.00	X		X			1,351,067.	0.	87,997.	
(2) NEIL G. BLUHM CO-CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) LAURIE M. TISCH CO-CHAIRMAN	1.00	X		X			0.	0.	0.	
(4) RICHARD M. DEMARTINI PRESIDENT	1.00	X		X			0.	0.	0.	
(5) ROBERT J. HURST CHAIRMAN OF EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(6) SUSAN K. HESS VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(7) WARREN B. KANDERS VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(8) SCOTT RESNICK VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(9) THOMAS E. TUFT VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(10) NANCY CARRINGTON CROWN VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(11) PAMELLA G. DEVOS VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(12) BETH RUDIN DEWOODY VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(13) PAUL C. SCHORR IV VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(14) ANNE-CECILIE ENGELL SPEYER VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(15) FERN KAYE TESSLER VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(16) NANCY POSES SECRETARY	1.00	X		X			0.	0.	0.	
(17) MIYOUNG LEE TREASURER	1.00	X		X			0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) J. DARIUS BIKOFF TRUSTEE	1.00	X						0.	0.	0.
(19) LESLIE BLUHM TRUSTEE	1.00	X						0.	0.	0.
(20) MELVA BUCKSBAUM (DEC'D AUG 16, TRUSTEE	1.00	X						0.	0.	0.
(21) DAVID CAREY TRUSTEE	1.00	X						0.	0.	0.
(22) JOANNE LEONHARDT CASSULLO TRUSTEE	1.00	X						0.	0.	0.
(23) HENRY CORNELL TRUSTEE	1.00	X						0.	0.	0.
(24) FREDERIC CUMENAL TRUSTEE	1.00	X						0.	0.	0.
(25) FIONA IRVING DONOVAN TRUSTEE	1.00	X						0.	0.	0.
(26) FAIRFAX N. DORN TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								1,351,067.	0.	87,997.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,931,559.	0.	414,665.
<b>d Total (add lines 1b and 1c)</b>								5,282,626.	0.	502,662.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 53

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COOPER, ROBERTSON, & PARTNERS 311 WEST 43RD STREET, NEW YORK, NY 10036	ARCHITECTURAL SERVICES	1,356,501.
MG SECURITY SERVICES, LLC 133 W 25TH ST #8W, NEW YORK, NY 10001	SECURITY	894,271.
GARDINER & THEOBALD INC., 535 FIFTH AVENUE, 3RD FLOOR, NEW YORK, NY 10017	CONSTRUCTION CONSULTING	827,425.
TEMPORARY WALLS INC. 412 STONE ROW LANE, BANGOR, PA 18013	EXHIBITION CONSTRUCTION	471,620.
UNION SQUARE EVENTS, 640 WEST 28TH STREET, 8 FL., NEW YORK, NY 10001	EVENT CATERING	466,673.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 40

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LISE EVANS TRUSTEE	1.00	X						0.	0.	0.
(28) VICTOR F. GANZI TRUSTEE	1.00	X						0.	0.	0.
(29) HENRY LOUIS GATES, JR. TRUSTEE	1.00	X						0.	0.	0.
(30) PHILIP H. GEIER, JR. TRUSTEE	1.00	X						0.	0.	0.
(31) ROBERT GERSH, EX OFFICIO TRUSTEE	1.00	X						0.	0.	0.
(32) ROBERT B. GOERGEN TRUSTEE	1.00	X						0.	0.	0.
(33) SONDR A GILMAN GONZALEZ-FALLA TRUSTEE	1.00	X						0.	0.	0.
(34) JAMES A. GORDON TRUSTEE	1.00	X						0.	0.	0.
(35) ANNE DIAS GRIFFIN TRUSTEE	1.00	X						0.	0.	0.
(36) KENNETH C. GRIFFIN TRUSTEE	1.00	X						0.	0.	0.
(37) GAURAV K. KAPADIA TRUSTEE	1.00	X						0.	0.	0.
(38) GEORGE S. KAUFMAN TRUSTEE	1.00	X						0.	0.	0.
(39) RAYMOND J. LEARSY TRUSTEE	1.00	X						0.	0.	0.
(40) JONATHAN O. LEE TRUSTEE	1.00	X						0.	0.	0.
(41) PAUL S. LEVY, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(42) RAYMOND J. MCGUIRE TRUSTEE	1.00	X						0.	0.	0.
(43) BROOKE GARBER NEIDICH TRUSTEE	1.00	X						0.	0.	0.
(44) JOHN C. PHELAN TRUSTEE	1.00	X						0.	0.	0.
(45) DONNA PERRET ROSEN TRUSTEE	1.00	X						0.	0.	0.
(46) RICHARD D. SEGAL TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JONATHAN S. SOBEL TRUSTEE	1.00	X						0.	0.	0.
(48) FRED WILSON TRUSTEE	1.00	X						0.	0.	0.
(49) DAVID W. ZALAZNICK TRUSTEE	1.00	X						0.	0.	0.
(50) JOHN S. STANLEY CHIEF OPERATING OFFICER	35.00			X				522,791.	0.	16,870.
(51) IDEHEN ARUEDE CHIEF FINANCIAL OFFICER	35.00			X				258,601.	0.	6,421.
(52) NICHOLAS S. HOLMES GENERAL COUNSEL/ASSISTANT SECRETARY	35.00			X				178,790.	0.	44,212.
(53) ALEXANDRA WHEELER DEPUTY DIRECTOR FOR DEVELOPMENT	35.00				X			401,710.	0.	40,489.
(54) DONNA M. DESALVO CHIEF CURATOR & DEP. DIR.	35.00				X			448,517.	0.	16,147.
(55) STEPHANIE ADAMS DIRECTOR-INDIVIDUAL & PLANNED FIVING	35.00				X			220,870.	0.	41,360.
(56) JEFFREY E. LEVINE CHIEF MARKETING & COMMUNIC. OFFICER	35.00				X			249,500.	0.	45,478.
(57) CHRISTY L. PUTNAM ASSOCIATE DIRECTOR FOR EXHIBITIONS	35.00				X			222,978.	0.	39,535.
(58) ADRIAN HARDWICKE DIRECTOR OF VISITOR EXPERIENCE	35.00				X			204,275.	0.	37,382.
(59) SCOTT ROTHKOPF CURATOR	35.00					X		390,245.	0.	21,584.
(60) CAROL C MANCUSI-UNGARO ASSOC. DIR. CONSERVATION & RESEARCH	35.00					X		249,051.	0.	13,668.
(61) KATHRYN A POTTS ASSOCIATE DIRECTOR - EDUCATION	35.00					X		194,790.	0.	10,175.
(62) AMY ROTH CHIEF PLANNING OFFICER	35.00					X		216,604.	0.	42,286.
(63) PETER SCOTT DIRECTOR OF FACILITIES	35.00					X		172,837.	0.	39,058.
Total to Part VII, Section A, line 1c .....								3,931,559.		414,665.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	9,578,000.				
	<b>c</b> Fundraising events	<b>1c</b>	4,502,000.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,615,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	48,333,000.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		6,270,000.				
	<b>h Total.</b> Add lines 1a-1f		64,028,000.				
	<b>Program Service Revenue</b>	<b>2 a</b> ADMISSION INCOME	<b>Business Code</b> 900099	14,713,000.	14,713,000.		
<b>b</b> TRAVELING EXHIBITIONS		900099	238,000.	238,000.			
<b>c</b> LOAN FEES		900099	89,000.	89,000.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			15,040,000.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,338,000.		128,000.	1,210,000.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		95,000.			95,000.	
	<b>6 a</b> Gross rents	(i) Real	3,407,000.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	230,000.				
		<b>c</b> Rental income or (loss)	3,177,000.				
	<b>d</b> Net rental income or (loss)		3,177,000.			3,177,000.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	30,512,000.				
		(ii) Other	1,040,000.				
		<b>b</b> Less: cost or other basis and sales expenses	29,267,000.	188,000.			
		<b>c</b> Gain or (loss)	1,245,000.	852,000.			
	<b>d</b> Net gain or (loss)		2,097,000.			2,097,000.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 4,502,000. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	896,000.				
		<b>b</b> Less: direct expenses	896,000.				
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	3,418,000.					
	<b>b</b> Less: cost of goods sold	2,034,000.					
	<b>c</b> Net income or (loss) from sales of inventory		1,384,000.	974,000.	410,000.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> RESTAURANT INCOME	900099	682,000.			682,000.		
<b>b</b> MISCELLANEOUS INCOME	900099	190,000.			190,000.		
<b>c</b> INSURANCE PROCEEDS, NET	900099	25,000.			25,000.		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		897,000.					
<b>12 Total revenue.</b> See instructions.		88,056,000.	16,014,000.	538,000.	7,476,000.		

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,403,000.	1,267,000.	1,310,000.	826,000.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	19,955,000.	15,633,000.	1,769,000.	2,553,000.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,324,000.	164,000.	1,139,000.	21,000.
<b>9</b> Other employee benefits	2,794,000.	1,811,000.	624,000.	359,000.
<b>10</b> Payroll taxes	1,386,000.	1,030,000.	169,000.	187,000.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	489,000.		489,000.	
<b>c</b> Accounting	281,000.		281,000.	
<b>d</b> Lobbying	58,000.			58,000.
<b>e</b> Professional fundraising services. See Part IV, line 17	69,000.			69,000.
<b>f</b> Investment management fees	522,000.		522,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,666,000.	1,160,000.	33,000.	473,000.
<b>12</b> Advertising and promotion	106,000.	1,000.	17,000.	88,000.
<b>13</b> Office expenses	955,000.	389,000.	69,000.	497,000.
<b>14</b> Information technology	101,000.	78,000.	10,000.	13,000.
<b>15</b> Royalties				
<b>16</b> Occupancy	5,482,000.	5,268,000.	93,000.	121,000.
<b>17</b> Travel	618,000.	383,000.	107,000.	128,000.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	5,303,000.		5,303,000.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	9,873,000.	7,623,000.	974,000.	1,276,000.
<b>23</b> Insurance	1,423,000.	1,099,000.	140,000.	184,000.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EXHIBITION EXPENSE	9,290,000.	9,290,000.		
<b>b</b> ART ACQUISITIONS	4,558,000.	4,558,000.		
<b>c</b> PRE-CONSTRUCTION COSTS	4,143,000.	4,143,000.		
<b>d</b> OTHER EXPENSES	3,040,000.	1,533,000.	200,000.	1,307,000.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	76,839,000.	55,430,000.	13,249,000.	8,160,000.
<b>26</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	15,142,000.	<b>1</b>	22,800,000.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	241,000.
	<b>3</b> Pledges and grants receivable, net .....	130,190,000.	<b>3</b>	102,599,000.
	<b>4</b> Accounts receivable, net .....	1,275,000.	<b>4</b>	2,103,000.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,715,000.	<b>8</b>	3,014,000.
	<b>9</b> Prepaid expenses and deferred charges .....	4,475,000.	<b>9</b>	4,845,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 438,081,000.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 31,355,000.		
	<b>11</b> Investments - publicly traded securities .....	86,194,000.	<b>11</b>	84,584,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	235,172,000.	<b>12</b>	255,377,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	888,573,000.	<b>16</b>	882,289,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,448,000.	<b>17</b>	7,969,000.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,676,000.	<b>19</b>	3,385,000.
	<b>20</b> Tax-exempt bond liabilities .....	133,050,000.	<b>20</b>	131,925,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,945,000.	<b>25</b>	6,724,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	156,119,000.	<b>26</b>	150,003,000.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	336,710,000.	<b>27</b>	371,945,000.
	<b>28</b> Temporarily restricted net assets .....	175,284,000.	<b>28</b>	133,086,000.
	<b>29</b> Permanently restricted net assets .....	220,460,000.	<b>29</b>	227,255,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	732,454,000.	<b>33</b>	732,286,000.	
<b>34</b> Total liabilities and net assets/fund balances .....	888,573,000.	<b>34</b>	882,289,000.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	88,056,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	76,839,000.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,217,000.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	732,454,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-7,707,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,678,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	732,286,000.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2015)

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

<b>Name of the organization</b> WHITNEY MUSEUM OF AMERICAN ART	<b>Employer identification number</b> 13-1789318
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	45,961,000.	84,331,000.	161,151,000.	89,854,000.	64,028,000.	445,325,000.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	45,961,000.	84,331,000.	161,151,000.	89,854,000.	64,028,000.	445,325,000.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						52,819,983.
<b>6 Public support.</b> Subtract line 5 from line 4.						392,505,017.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	45,961,000.	84,331,000.	161,151,000.	89,854,000.	64,028,000.	445,325,000.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,171,000.	2,040,000.	1,798,000.	1,428,000.	1,433,000.	8,870,000.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	156,000.	565,000.	-143,000.	44,000.	897,000.	1,519,000.
<b>11 Total support.</b> Add lines 7 through 10						455,714,000.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	40,917,000.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	86.13 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	86.45 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) 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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in Part VI.		
<b>b</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.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**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.)

Multiple horizontal lines for supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of organization <b>WHITNEY MUSEUM OF AMERICAN ART</b>	Employer identification number <b>13-1789318</b>
---	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA  
532041  
10-05-15

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**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 of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		58,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			58,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES CONSIST OF PAYMENTS TO A CONSULTANT TO ASSIST IN

PREPARING MATERIALS AND CONDUCTING MEETINGS TO GAIN FUNDING FOR THE

MUSEUM'S CAPITAL PROJECTS IN CITY AND STATE BUDGETS.

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization WHITNEY MUSEUM OF AMERICAN ART Employer identification number 13-1789318

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	299,713,000.	281,355,000.	233,366,000.	206,104,000.	207,326,000.
b Contributions	26,795,000.	17,315,000.	26,984,000.	7,893,000.	3,383,000.
c Net investment earnings, gains, and losses	-6,247,000.	11,793,000.	31,184,000.	28,968,000.	3,840,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	11,833,000.	10,750,000.	10,179,000.	9,599,000.	8,445,000.
f Administrative expenses					
g End of year balance	308,428,000.	299,713,000.	281,355,000.	233,366,000.	206,104,000.

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

- a Board designated or quasi-endowment  13.88 %
- b Permanent endowment  73.68 %
- c Temporarily restricted endowment  12.44 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		34,662,000.		34,662,000.
b Buildings		381,108,000.	25,828,000.	355,280,000.
c Leasehold improvements		1,934,000.	1,934,000.	0.
d Equipment				
e Other		20,377,000.	3,593,000.	16,784,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				406,726,000.

**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) MONEY MARKET FUNDS	17,983,000.	END-OF-YEAR MARKET VALUE
(B) EQUITY INVESTMENT FUNDS	97,268,000.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS :		
(D) MULTI-STRATEGY & OTHER	67,589,000.	END-OF-YEAR MARKET VALUE
(E) EQUITY LONG/SHORT	56,709,000.	END-OF-YEAR MARKET VALUE
(F) REAL ASSETS	10,309,000.	END-OF-YEAR MARKET VALUE
(G) PRIVATE EQUITY	5,519,000.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	255,377,000.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION OBLIGATION	6,724,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,724,000.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	76,149,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-7,707,000.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-3,678,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-11,385,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	87,534,000.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	522,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	522,000.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	88,056,000.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	76,317,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	76,317,000.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	522,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	522,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	76,839,000.

**Part XIII Supplemental Information.**

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

PART III, LINE 1A:

THE MUSEUM HAS AN EXTENSIVE COLLECTION OF ART, INCLUDING PAINTINGS, SCULPTURE, PHOTOGRAPHS, DRAWINGS, PRINTS, AND FILMS AND VIDEOS. THE COLLECTION IS MAINTAINED UNDER THE CARE OF THE REGISTRATION DEPARTMENT STAFF AND IS HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE, RATHER THAN FOR FINANCIAL GAIN. PROCEEDS FROM THE SALE OF COLLECTION ITEMS ARE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION. THE MUSEUM DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTION IN THE STATEMENT OF FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS REVENUES IN THE STATEMENT OF ACTIVITIES. SINCE ITEMS ACQUIRED FOR THE COLLECTION BY PURCHASE ARE NOT

CAPITALIZED, THE COST OF THOSE ACQUISITIONS IS REPORTED AS DECREASES IN

**Part XIII** Supplemental Information (continued)

NET ASSETS IN THE STATEMENT OF ACTIVITIES.

PART III, LINE 4:

THE WHITNEY MUSEUM OF AMERICAN ART SEEKS TO BE THE DEFINING MUSEUM OF THE  
20TH & 21ST CENTURY AMERICAN ART. THE MUSEUM COLLECTS, EXHIBITS,  
PRESERVES, RESEARCHES AND INTERPRETS ART OF THE UNITED STATES IN THE  
BROADCAST GLOBAL, HISTORICAL AND INTERDISCIPLINARY CONTEXTS. AS THE  
PREEMINENT ADVOCATE FOR AMERICAN ART, WE FOSTER THE WORK OF LIVING ARTISTS  
AT THE CRITICAL MOMENTS IN THEIR CAREERS. THE WHITNEY EDUCATES A DIVERSE  
PUBLIC THROUGH DIRECT INTERACTION WITH ARTISTS, OFTEN BEFORE THEIR WORK  
HAS ACHIEVED GENERAL ACCEPTANCE.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT CONSISTS OF 116 INDIVIDUAL FUNDS ESTABLISHED FOR A  
VARIETY OF PURPOSES, PRIMARILY TO SUPPORT THE GENERAL OPERATIONS AND  
EXHIBITION PROGRAMS OF THE MUSEUM, AS WELL AS THE SUPPORT OF THE BIENNIAL  
EXHIBITION PROGRAM, PERMANENT COLLECTION ACQUISITIONS, AND CURATORIAL  
SUPPORT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHARGES OTHER THAN NET PERIODIC COSTS -3,678,000.

**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.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization  WHITNEY MUSEUM OF AMERICAN ART	Employer identification number  13-1789318
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICE	TRAVELING EXHIBITIONS	556,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		119,794,000.
<b>3 a</b> Sub-total .....	0	0			120,350,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			120,350,000.

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**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization: **WHITNEY MUSEUM OF AMERICAN ART**  
Employer identification number: **13-1789318**

**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
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 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 VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SUSAN COURTEMANCHE - 40 POWDER HORN HILL ROAD,	CAPITAL CAMPAIGN CONSULTING		X	0.	69,000.	0.
<b>Total</b> .....					69,000.	

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NY, NC, ND, OH  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA (event type)	ART PARTY (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	5,025,000.	373,000.		5,398,000.
	<b>2</b> Less: Contributions .....	4,295,000.	207,000.		4,502,000.
	<b>3</b> Gross income (line 1 minus line 2) .....	730,000.	166,000.		896,000.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	94,000.	32,000.		126,000.
	<b>7</b> Food and beverages .....	165,000.	43,000.		208,000.
	<b>8</b> Entertainment .....	64,000.	3,000.		67,000.
	<b>9</b> Other direct expenses .....	407,000.	88,000.		495,000.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				896,000.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SUSAN COURTEMANCHE

(I) ADDRESS OF FUNDRAISER: 40 POWDER HORN HILL ROAD, WILTON, CT 06897

**Part IV Supplemental Information** (continued)

[This section contains 20 horizontal lines for supplemental information.]

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>WHITNEY MUSEUM OF AMERICAN ART</b>	Employer identification number <b>13-1789318</b>
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**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2015



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ADAM D. WEINBERG ALICE PRATT BROWN DIRECTOR	(i)	588,403.	572,402.	190,262.	50,333.	37,664.	1,439,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN S. STANLEY CHIEF OPERATING OFFICER	(i)	387,750.	133,751.	1,290.	1,803.	15,067.	539,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) IDEHEN ARUEDE CHIEF FINANCIAL OFFICER	(i)	208,910.	49,519.	172.	5,170.	1,251.	265,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICHOLAS S. HOLMES GENERAL COUNSEL/ASSISTANT SECRETARY	(i)	145,978.	32,683.	129.	4,470.	39,742.	223,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALEXANDRA WHEELER DEPUTY DIRECTOR FOR DEVELOPMENT	(i)	305,297.	95,123.	1,290.	2,825.	37,664.	442,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONNA M. DESALVO CHIEF CURATOR & DEP. DIR.	(i)	352,394.	94,143.	1,980.	2,985.	13,162.	464,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHANIE ADAMS DIRECTOR-INDIVIDUAL & PLANNED FIVING	(i)	189,448.	31,152.	270.	2,530.	38,830.	262,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY E. LEVINE CHIEF MARKETING & COMMUNIC. OFFICER	(i)	198,780.	50,426.	294.	2,334.	43,144.	294,978.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTY L. PUTNAM ASSOCIATE DIRECTOR FOR EXHIBITIONS	(i)	186,139.	35,738.	1,101.	26,615.	12,920.	262,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ADRIAN HARDWICKE DIRECTOR OF VISITOR EXPERIENCE	(i)	165,623.	38,308.	344.	0.	37,382.	241,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SCOTT ROTHKOPF CURATOR	(i)	322,283.	67,692.	270.	8,422.	13,162.	411,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CAROL C MANCUSI-UNGARO ASSOC. DIR. CONSERVATION & RESEARCH	(i)	221,165.	25,257.	2,629.	0.	13,668.	262,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KATHRYN A POTTS ASSOCIATE DIRECTOR - EDUCATION	(i)	169,970.	24,482.	338.	7,385.	2,790.	204,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) AMY ROTH CHIEF PLANNING OFFICER	(i)	173,191.	43,269.	144.	3,826.	38,460.	258,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PETER SCOTT DIRECTOR OF FACILITIES	(i)	135,339.	37,234.	264.	423.	38,635.	211,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

THE MUSEUM'S DIRECTOR IS PROVIDED WITH A HOUSING ALLOWANCE AND A DISCRETIONARY FUND TO BE USED FOR BUSINESS RELATED EXPENSES THAT ARE NOT OTHERWISE INCLUDED IN THE MUSEUM'S OPERATING BUDGET. NO PORTION OF THE DISCRETIONARY FUND IS FOR PERSONAL EXPENDITURES AND, AS SUCH, THE DISCRETIONARY FUND IS NOT RELATED TO THE DIRECTOR'S COMPENSATION.

PART I, LINE 4B:

ADAM D. WEINBERG, DIRECTOR - \$45,381

PART II, COLUMN B(II)

IN RECOGNITION OF THE LEVEL OF COMMITMENT AND EFFORT DEMONSTRATED BY EVERY MEMBER OF THE MUSEUM'S STAFF DURING THE EIGHT YEARS OF PLANNING AND UNDERTAKING THE CONSTRUCTION OF AND RELOCATION TO ITS NEW MUSEUM FACILITY, THE BOARD OF TRUSTEES AWARDED ONE-TIME PAYMENTS, PAID IN JUNE 2015 UPON ACCOMPLISHMENT OF THIS UNPRECEDENTED MILESTONE.

**Supplemental Information on Tax-Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **WHITNEY MUSEUM OF AMERICAN ART** Employer identification number **13-1789318**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> THE TRUST FOR CULTURAL RESOURCES OF THE CITY OF NEW YORK	13-1789318	649717QZ1	08/01/11	134,329,619.	SEE PART V BELOW		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired								
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	134,335,175.							
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds	1,422,855.							
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds	132,912,320.							
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	2015							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X						
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X						
<b>16</b> Has the final allocation of proceeds been made?		X						
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</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? .....	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? .....								
<b>4</b> 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 .....		.00 %		%		%		%
<b>5</b> 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 .....		.00 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE K, SUPPLEMENTAL INFORMATION: THE PROCEEDS OF THE BONDS WERE USED TO (I) FINANCE OR REIMBURSE A PORTION OF THE COSTS OF THE MUSEUM'S DOWNTOWN BUILDING PROJECT (II) FUND CAPITALIZED INTEREST ON THE BONDS; AND (III) FUND CERTAIN COSTS AND EXPENSES INCIDENTAL TO ISSUANCE OF THE BONDS AND RELATED PURPOSES.

THE DIFFERENCE IN ISSUE PRICE AND TOTAL PROCEEDS IS DUE TO \$3,446.92 OF INVESTMENT EARNINGS IN THE FISCAL YEAR ENDED 6/30/12 AND \$2,108.83 OF INTEREST EARNINGS IN THE FISCAL YEAR ENDED 6/30/13.

FUNDS WERE CAPITALIZED FOR INTEREST PAYMENTS DURING THE CONSTRUCTION PERIOD ONLY.

PLEASE NOTE THAT THE BOND PROCEEDS WERE USED TO FINANCE THE CONSTRUCTION OF A NEW MUSEUM BUILDING. CONSTRUCTION HAS BEEN COMPLETED AND THE BUILDING WAS OPENED TO THE PUBLIC IN MAY 2015. THE INSTITUTION COMPLETED THE FINAL ALLOCATION IN SEPTEMBER 2016. NO PORTION OF THE BONDS WERE USED TO FINANCE PROPERTY FOR PRIVATE BUSINESS USE.

NOTE ON PART III, 2: THE INSTITUTION ENTERS INTO VARIOUS LICENSE AGREEMENTS WHICH ARE ALLOCATED TO THE NON-FINANCED PORTION OF THE SPACE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **WHITNEY MUSEUM OF AMERICAN ART**  
Employer identification number: **13-1789318**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	28	0	N/A
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	62	6,141,000	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( VENDOR ITEMS )	X	4	129,000	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 28

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

**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.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTURIES. IN MAY 2015, THE MUSEUM OPENED A NEW, 210,000 SQUARE FOOT BUILDING IN DOWNTOWN MANHATTAN. LOCATED ON GANSEVOORT STREET BETWEEN WEST STREET AND THE HIGH LINE, THE NEW BUILDING, DESIGNED BY PRIZE-WINNING ARCHITECT RENZO PIANO, PROVIDES THE WHITNEY WITH ESSENTIAL NEW SPACE FOR ITS PERMANENT COLLECTION, TEMPORARY EXHIBITIONS, PERFORMING ARTS AND EDUCATION PROGRAMS IN ONE OF NEW YORK'S MOST VIBRANT NEIGHBORHOODS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ART, WE FOSTER THE WORK OF LIVING ARTISTS AT CRITICAL MOMENTS IN THEIR CAREERS. THE WHITNEY EDUCATES A DIVERSE PUBLIC THROUGH DIRECT INTERACTION WITH ARTISTS, OFTEN BEFORE THEIR WORK HAS ACHIEVED GENERAL ACCEPTANCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2016); JUNE LEAF: THOUGHT IS INFINITE (APR 27 JUL 17, 2016); HUMAN INTEREST: PORTRAITS FROM THE WHITNEY'S COLLECTION (APR 2 2016- APR 2, 2017) MIRROR CELLS (MAY 13 AUG 21, 2016); VIRGINIA OVERTON: SCULPTURE GARDENS (JUN 10 SEP 25, 2016); STUART DAVIS: IN FULL SWING (JUN 10 SEP 25, 2016); AND DANNY LYON: MESSAGE TO THE FUTURE (JUN 17 SEP 25, 2016). THESE COVERED A WIDE RANGE OF MEDIA AND ARTISTS CONTEMPORARY AND HISTORICAL. FY16 PERFORMANCES AT THE MUSEUM INCLUDED 6 DISTINCT PROJECTS: DANCENOISE: DON'T LOOK BACK (JUL 22 26, 2015); MATANA ROBERTS: I CALL AMERICA (AUG 5 9, 2015); TAKEHISA KOSUGI: MUSIC EXPANDED (SEP 12 13, 2015); NEW THEATER: SELECTED PLAYS 2013-2015 (OCT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
532211  
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)



Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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17 24, 2015); FELIX BERNSTEIN: BIEBER BATHOS ELEGY (JAN 15 16, 2016);

AND THE NECKS IN CONCERT WITH ALVIN CURRAN AND ARNOLD DREYBLATT (MAR 24

25, 2016). AN ONGOING SERIES OF OUTDOOR ART SHOWN ACROSS GANSEVOORT

STREET FROM THE MUSEUM HAD 3 INSTALLATIONS: MICHELE ABELES: BABY

CARRIAGE ON BIKE OR RIOT SHIELD AS CARRIAGE (APRIL 6-NOVEMBER 22,

2015); NJIDEKA AKUNYILI CROSBY: BEFORE NOW AFTER (MAMMA, MUMMY AND

MAMMA) (NOV 23, 2015 JUN 6, 2016); AND TORBJ RN R DLAND: BLUE

PORTRAIT (NOKIA N82) (JUN 7, 2016 FEB 2017).

THE MUSEUM'S EXHIBITIONS TOURED NATIONALLY AND INTERNATIONALLY: EDWARD

HOPPER (PALAZZO FAVA, BOLOGNA, ITALY); FRANK STELLA: A RETROSPECTIVE

(MODERN ART MUSEUM OF FORT WORTH); COLLECTED BY THEA WESTREICH WAGNER

AND ETHAN WAGNER (CENTRE POMPIDOU); JEFF KOONS: A RETROSPECTIVE

(GUGGENHEIM MUSEUM, BILBAO); AND T.J. WILCOX: IN THE AIR (GRAND RAPIDS

ART MUSEUM, MICHIGAN).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROJECT THAT IS A CRUCIAL ASPECT OF THE INCREASED SCOPE OF THE

CONSERVATION AND RESEARCH RESOURCES TEAMS IN ITS GREATLY ENLARGED

FACILITY. THE WHITNEY'S PERMANENT COLLECTION REMAINED ONLINE AND

AVAILABLE TO THE PUBLIC AS A SEARCHABLE RESOURCE AND IS UPDATED

REGULARLY AS NEW WORKS ENTER THE COLLECTION. THE NEW BUILDING FEATURES

IMPORTANT LIBRARY AND SPECIAL COLLECTIONS HOLDINGS ON SITE, AS WELL AS

ABOUT 15,000 WORKS ON PAPER THAT ARE STORED IN THE SONDRRA GILMAN STUDY

CENTER, SUBSTANTIALLY INCREASING ACCESS TO THEM FOR CURATORS AND

SCHOLARS. THE GILMAN STUDY CENTER WAS CONCEIVED FOR CROSS-MEDIUM,

CROSS-DISCIPLINARY RESEARCH, ALLOWING ACCESS TO THE COLLECTION AND

CLOSE MATERIAL AND TECHNICAL EXAMINATION OF OBJECTS BY MUSEUM STAFF, AS

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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WELL AS BY ARTISTS, SCHOLARS, AND RESEARCHERS. AS SUCH, THE GILMAN STUDY CENTER IS A FUNDAMENTAL RESOURCE FOR HISTORIANS AND CURATORS OF MODERN AND CONTEMPORARY ART, MAKING THE WHITNEY'S WORLD-CLASS HOLDINGS AVAILABLE FOR PRIMARY RESEARCH AND IN-DEPTH CONSULTATION FOR THE FIRST TIME IN ITS HISTORY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIENCE. PROGRAMS OFFERED IN THE EDUCATION CENTER INCLUDE DROP-IN EVENTS, HANDS ON LEARNING AND IN-DEPTH AND INTERDISCIPLINARY PROGRAMMING. THE HEARST ART SPACE, A FULLY EQUIPPED STUDIO CLASSROOM, HAS HOSTED HANDS ON WORKSHOPS FOR SCHOOL GROUPS, COMMUNITY PARTNERS, AND WEEKLY OPEN STUDIO DROP-IN ARTMAKING PROGRAMS FOR TEENS AND FAMILIES. THE DEPARTMENT HAS ALSO PRODUCED LARGE-SCALE PUBLIC PROGRAMS IN ADJACENT, MULTI-FUNCTIONAL HESS FAMILY THEATER. THE WHITNEY HAS USED THIS SPACE TO CREATE MORE IMAGINATIVE PROGRAMMING EXPANDING ON WORK ON VIEW IN THE GALLERIES. FOR EXAMPLE, THE MUSEUM HELD A LARGE-SCALE FAMILY DAY IN WHICH KIDS CREATED A GIANT, COLLABORATIVE MARBLE RUN INSPIRED BY THE KINETIC USE OF COLOR AND FORM SHOWCASED IN THE PAINTINGS OF FRANK STELLA. IN ADDITION THE MUSEUM INVITED CLASSES FROM PARTNERSHIP SCHOOLS TO ATTEND A CONCERT BY GUEST ARTISTS FROM JAZZ AT LINCOLN CENTER, AND THEN VIEW THE JAZZ-INSPIRED WORK OF ARCHIBALD MOTLEY IN THE GALLERIES. FOLLOWING THE CONCLUSION OF THE WHITNEY'S INAUGURAL EXHIBITION AMERICA IS HARD TO SEE, THE WHITNEY MOUNTED MAJOR EXHIBITIONS OF ARTISTS FRANK STELLA, ARCHIBALD MOTLEY, AND LAURA POITRAS AMONG OTHERS, AS WELL AS CHANGING INSTALLATIONS OF THE WORKS FROM THE WHITNEY'S COLLECTION. FOR THESE EXHIBITIONS AND COLLECTION DISPLAYS, THE WHITNEY OFFERED FREE PUBLIC TOURS, GUIDED VISITS FOR SCHOOLS, TEEN PROGRAMS WITH ARTISTS-IN-RESIDENCE, FAMILY ART WORKSHOPS

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AND FAMILY DAY PROGRAMS, SIGN LANGUAGE AND TOUCH TOURS, EVENING PUBLIC PROGRAMS, CONTINUING EDUCATION COURSES, ONLINE AND MULTIMEDIA EXHIBITION-RELATED CONTENT . AS ALWAYS MANY OF OUR PROGRAMS ARE DEVELOPED IN COLLABORATION WITH WHITNEY ARTISTS. THIS YEAR WE WORKED WITH ARTISTS INCLUDING: BARKLEY HENDRICKS, FRANK STELLA, LAURA POITRAS, JAMIE ISENSTEIN, NJIDEKA AKUNYILI CROSBY, STEVE MCQUEEN, MATHEW CERLETTY, ALAN RUIZ, RACHEL ROSE, NINA CHANEL ABNEY, DANNY LYON, HITO STEYERL, IVA RADIOJEVIC, ANDREA FRASER, JARED MADERE, JUNE LEAF, JAMIAN JULIANO-VILLANI, CAITLIN KEOGH, LIZ CRAFT, ROCHELLE GOLDBERG, ELIZABETH JAEGER, MAGGIE LEE, WIN MCCARTHY, AND VIRGINIA OVERTON AMONG OTHERS. THE WHITNEY'S ACCESS AND COMMUNITY PROGRAMS TEAM INTRODUCED A TWO-PART PROGRAM FOR FAMILIES WITH CHILDREN ON THE AUTISM SPECTRUM, PARTNERED WITH ORGANIZATIONS THAT CELEBRATE AND ADVOCATE FOR PEOPLE WITH DISABILITIES THROUGH EVENTS SUCH AS THE REELABILITIES DISABILITIES FILM FESTIVAL, AND PRESENTED AN EVENING OF FILM AND DANCE CELEBRATING THE 25TH ANNIVERSARY OF THE PASSAGE OF THE AMERICANS WITH DISABILITIES ACT. FOR MORE INFORMATION ABOUT WHITNEY EDUCATION, PLEASE VISIT WHITNEY.ORG/EDUCATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLICATION AND RETAIL: MUSEUM RELATED AUXILLARY SERVICES THAT PROVIDE PRODUCTS RELATED TO THE MUSEUM'S COLLECTION AND EXHIBITIONS. EXPENSES \$ 1,724,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,384,000.

FORM 990, PART VI, SECTION A, LINE 1: IN ACCORDANCE WITH THE MUSEUM'S BY-LAWS, THE EXECUTIVE COMMITTEE CONSISTS ENTIRELY OF MUSEUM TRUSTEES. THE EXECUTIVE COMMITTEE CURRENTLY CONSISTS OF

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23 MEMBERS AND IS COMPOSED OF CERTAIN TRUSTEE OFFICERS, CERTAIN TRUSTEE COMMITTEE CHAIRS, AND OTHER TRUSTEES ELECTED BY RESOLUTION OF THE BOARD OF TRUSTEES. BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, AND SUBJECT TO THE GENERAL POLICIES ESTABLISHED BY THE BOARD, THE EXECUTIVE COMMITTEE HAS ALL THE POWERS OF THE FULL BOARD, EXCLUDING (I) THE REMOVAL OF TRUSTEES AND OFFICERS, (II) APPOINTING OF COMMITTEE CHAIRS, AND (II) AMENDING THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 2:

NEIL G. BLUHM (CO-CHAIRMAN) AND LESLIE BLUHM (TRUSTEE) - FAMILY RELATIONSHIP.

RAYMOND J. LEARSY (TRUSTEE) AND MELVA BUCKSBAUM (TRUSTEE - DEC'D. 8.16.15) - FAMILY RELATIONSHIP.

ANNE DIAS GRIFFIN (TRUSTEE) AND KENNETH C. GRIFFIN (TRUSTEE) - FAMILY RELATIONSHIP.

NEIL G. BLUHM (CO-CHAIRMAN) AND JAMES A. GORDON (TRUSTEE) - BUSINESS RELATIONSHIP.

DAVID W. ZALAZNICK (TRUSTEE) AND JAMES A. GORDON (TRUSTEE), THOMAS E. TUFT (VICE CHAIRMAN), NEIL G. BLUHM (CO-CHAIRMAN) - BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

THE MUSEUM'S FORM 990 TAX FILING IS COMPILED BASED ON INFORMATION OBTAINED FROM THE MUSEUM'S GENERAL LEDGER, AUDITED FINANCIAL STATEMENTS AND OTHER FINANCIAL SYSTEMS. THE MUSEUM'S CHIEF FINANCIAL OFFICER, SENIOR FINANCE/ACCOUNTING STAFF, GENERAL COUNSEL AND EXTERNAL TAX ADVISORS PARTICIPATE IN A SERIES OF DETAILED REVIEWS OF ALL INFORMATION TO BE INCLUDED IN THE FILING. ALL INFORMATION INCLUDED IN THE RETURN IS REVIEWED BY THE GROUP FOR ACCURACY AND CONTENT. THE COMPLETED FORM 990 AND RELATED

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SCHEDULES ARE ALSO PROVIDED TO THE MUSEUM'S SENIOR MANAGEMENT AND REVIEWED

IN DETAIL WITH THE CHIEF OPERATING OFFICER. FINALLY, A PUBLIC INSPECTION

COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING

THE RETURN. THE MUSEUM'S EXTERNAL TAX ADVISORS FILE THE FORM 990

ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MUSEUM'S CODE OF CONDUCT CONTAINS DETAILED DISCLOSURE REQUIREMENTS WITH

RESPECT TO THE CONFLICTS OF INTERESTS FOR ITS BOARD AND STAFF. ON A

REGULAR BASIS, THE BOARD AND OFFICERS OF THE MUSEUM COMPLETE A CONFLICTS OF

INTEREST QUESTIONNAIRE. RESPONSES ARE COMPILED, REVIEWED WITH GENERAL

COUNSEL AND CHIEF OPERATING OFFICER, AND FORWARDED TO THE AUDIT COMMITTEE.

IF A CONFLICT IS DISCLOSED, BOARD MEMBERS WITH POTENTIAL CONFLICTS MAY NOT

PARTICIPATE IN DELIBERATIONS AND NEED TO RECUSE THEMSELVES FROM VOTING ON

PARTICULAR MATTERS. IN ADDITION, EMPLOYEES ARE ASKED ANNUALLY TO REVIEW

AND ACKNOWLEDGE COMPLIANCE WITH THE MUSEUM'S CODE OF CONDUCT.

FORM 990, PART VI, SECTION B, LINE 15:

THE WHITNEY HAS A HUMAN RESOURCES/COMPENSATION COMMITTEE OF THE BOARD.

MEMBERS INCLUDE THE CHAIRMAN, PRESIDENT, CHAIR OF THE FINANCE COMMITTEE

ALONG WITH THREE OTHER TRUSTEES. THE COMMITTEE MEETS PERIODICALLY TO

REVIEW PERFORMANCE AND COMPENSATION FOR THE DIRECTOR AND OTHER SENIOR STAFF

MEMBERS, INCLUDING THE CHIEF OPERATING OFFICER, THE CHIEF CURATOR/DEPUTY

DIRECTOR, AND THE DEPUTY DIRECTOR FOR DEVELOPMENT. AS PART OF THE PROCESS,

THE COMMITTEE REVIEWS COMPARATIVE DATA OBTAINED FROM SEVERAL INDEPENDENT

SOURCES WHICH PROVIDE DATA FOR SIMILAR POSITIONS IN NEW YORK CITY AND

NATIONALLY. THE COMPENSATION REVIEW PROCESS AS DESCRIBED ABOVE WAS LAST

UNDERTAKEN IN 2015.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE MUSEUM'S WEBSITE.

ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION

COSTS	-3,678,000.
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FORM 990 - GENERAL

AMOUNTS REFLECTED IN THE 2015 FORM 990 FOR THE YEAR ENDED JUNE 30, 2016

HAVE BEEN ROUNDED TO THE NEAREST THOUSAND TO CONFORM WITH THE

PRESENTATION IN THE MUSEUM'S AUDITED FINANCIAL STATEMENTS.