Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990 and ending JUN 30 2014 A For the 2013 calendar year, or tax year beginning JUL 1. 2013 Check if C Name of organization D Employer identification number X Address WHITNEY MUSEUM OF AMERICAN ART Name change 13-1789318 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-99 GANSEVOORT STREET 212-570-3600 Amended return 230,484,000. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-NEW YORK, NY 10014 H(a) Is this a group return pendina F Name and address of principal officer: JOHN STANLEY for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: WHITNEY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1926 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE WHITNEY MUSEUM OF AMERICAN Activities & Governance ART IS A MUSEUM DEVOTED TO AMERICAN ART OF THE 20TH AND 21ST oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 47 46 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a) 330 5 95 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 11,000. 7a 750. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 84.331.000 161,151,000. Contributions and grants (Part VIII, line 1h) Revenue 2.823.000 4,320,000. Program service revenue (Part VIII, line 2g) 3.013.000 13,063,000. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,104,000 73,000. 91,271,000 178,607,000. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 50,000 50,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 18,141,000 19,393,000. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 245,000 272,000. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,992,000 22,989,000. 40,428,000 42.704.000 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 50.843.000 135,903,000. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 687,931,000 853,444,000. 20 Total assets (Part X, line 16) 161,502,000 170,203,000. 21 Total liabilities (Part X. line 26) Net 526,429,000 683,241,000. Net assets or fund balances. Subtract line 21 from line 20. 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. Signature of officer Date Sign JOHN STANLEY, CHIEF OPERATING OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature FREDERICK MARTENS P00298107 Paid LUTZ AND CARR. Firm's name Preparer CPAS LLP Firm's EIN 13-1655065 Firm's address 300 EAST 42ND STREET Use Only

X Yes

Phone no. 212-697-2299

NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE 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	al expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$17,742,000. including grants of \$50,000.) (Revenue \$	4,250,000.
	COLLECTION AND EXHIBITIONS OF AMERICAN ART:	
	THE WHITNEY MUSEUM OF AMERICAN ART PRESENTED 11 EXHIBITIONS IN FY '14.	
	THESE INCLUDED: AMERICAN LEGENDS: FROM CALDER TO O'KEEFFE (DECEMBER 22,	
	2012-JUNE 29, 2014), I, YOU, WE (APRIL 25,-SEPTEMBER 1, 2013), HOPPER	
	DRAWING (MAY 23-OCTOBER 6, 2013), IN PARTS (JUNE 13, 2013-FEBRUARY 23,	
	2014), ROBERT IRWIN: SCRIM VEIL-BLACK RECTANGLE-NATURAL LIGHT, WHITNEY	
	MUSEUM OF AMERICAN ART, NEW YORK (1977) (JUNE 27-SEPTEMBER 1, 2013),	
	TEST PATTERN (AUGUST 22-DECEMBER 1, 2013), ROBERT INDIANA: BEYOND LOVE	
	(SEPTEMBER 26, 2013-JANUARY 5, 2014), RITUALS OF RENTED ISLAND: OBJECT	
	THEATER, LOFT PERFORMANCE, AND THE NEW PSYCHODRAMA-MANHATTAN, 1970-1980	
	(OCTOBER 31, 2013-FEBRUARY 2, 2014), EDWARD STEICHEN IN THE 1920'S AND	
	1930s: A RECENT ACQUISITION (DECEMBER 6, 2013-FEBRUARY 23, 2014),	70 000
4b	(Code:) (Expenses \$ 10,466,000. including grants of \$) (Revenue \$	70,000.
	CURATORIAL AND RELATED SUPPORT: IN FY '14, AS THE SPACES IN THE WHITNEY'S NEW BUILDING BECAME MORE	
	CLEARLY DELINEATED, THE CURATORIAL DEPARTMENT CONTINUED THE PLANNING	
	PROCESS FOR THE PERMANENT COLLECTION DISPLAY AT THE NEW BUILDING.	
	INCLUDING THE INAUGURAL EXHIBITION WHICH WILL BE DRAWN ENTIRELY FROM	
	THE PERMANENT COLLECTION AND ROTATING INSTALLATIONS OF THE COLLECTION	
	THAT WILL APPEAR THEREAFTER ON TWO FLOORS. CURATORS BEGAN TO FOCUS ON	
	ACTIVATING RECENT ANALYSIS OF THE COLLECTION, IDENTIFYING OUTSTANDING	
	EXAMPLES OF RARE WORKS FOR POTENTIAL ACQUISITION TO ASSURE THE WHITNEY	
	WILL PRESENT WORKS THAT REFLECT THE HISTORICAL AND PRESENT DEMOGRAPHICS	
	OF THE ENTIRE COUNTRY AND TELL A NUANCED PICTURE OF AMERICAN ART.	
	ADDITIONALLY, CURATORS HAVE PROCEEDED WITH EXHIBITION PLANNING IN THE	
4c	(Code:) (Expenses \$3 , 063 , 000including grants of \$) (Revenue \$)
	EDUCATION PROGRAMS:	
	IN FY '14, THE WHITNEY MUSEUM OF AMERICAN ART SERVED OVER 325,000	
	PEOPLE THROUGH SCHOOL & EDUCATOR PROGRAMS, PUBLIC PROGRAMS, SENIOR	
	PROGRAMS, FAMILY PROGRAMS, TEEN PROGRAMS, COMMUNITY PROGRAMS, AND	
	INTERPRETATION PROGRAMS. THE WHITNEY OFFERED FREE TOURS OF EXHIBITIONS	
	AND THE PERMANENT COLLECTION, GUIDED VISITS FOR SCHOOLS, TEEN PROGRAMS	
	WITH ARTISTS-IN-RESIDENCE, FAMILY ART WORKSHOPS AND FAMILY DAY	
	PROGRAMS, SIGN LANGUAGE AND TOUCH TOURS, EVENING PUBLIC PROGRAMS	
	PLANNED IN COLLABORATION WITH EXHIBITING ARTISTS, ONLINE	
	EXHIBITION-RELATED CONTENT AND A MULTIMEDIA GUIDE. IN ADVANCE OF THE	
	WHITNEY'S MOVE TO ITS NEW BUILDING LOCATED IN NEW YORK CITY'S MEAT	
	PACKING DISTRICT, THE DEPARTMENT'S ACCESS AND COMMUNITY DIVISION	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 1,096,000. including grants of \$) (Revenue \$ -38,0	000.)
40	Total program service expenses 32,367,000.	

Part IV Checklist of Required Schedules

J				No
	nization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	omplete Schedule A	1	Х	
2 Is the orga	nization required to complete Schedule B, Schedule of Contributors?	2	Х	
	panization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequency in the second frequency is a second frequency in the second frequenc	3		х
4 Section 5	01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	tax year? If "Yes," complete Schedule C, Part II	4	Х	
_	nization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or bunts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
	ganization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	vice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I ganization receive or hold a conservation easement, including easements to preserve open space,	6		Х
	nment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8 Did the or Schedule	ganization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete D, Part III	8	х	
	ganization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	ot listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? omplete Schedule D, Part IV	9		х
	ganization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	nts, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
as applica	nization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X ble.			
a Did the or Part VI	ganization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
	panization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	orted in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	panization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	orted in Part X, line 16? If "Yes," complete Schedule D, Part VIII ganization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		Х
	16? If "Yes," complete Schedule D, Part IX	11d		Х
	panization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	panization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	zation's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a Did the or	ganization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Schedule	D, Parts XI and XII	12a	Х	
	ganization included in consolidated, independent audited financial statements for the tax year?			
	nd if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	nization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	panization maintain an office, employees, or agents outside of the United States?	14a		Х
	ganization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	t, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16	х	
	f "Yes," complete Schedule F, Parts I and IV ganization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	panization? If "Yes," complete Schedule F, Parts II and IV	15		х
	panization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
or for fore	gn individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	ganization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, , lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18 Did the or	panization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	? If "Yes," complete Schedule G, Part II	18	Х	
complete	ganization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Schedule G, Part III	19		X
20a Did the or	ganization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2013) WHITNEY MUSEUM OF AMERICAN Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? In test, complete schedule L, Farth	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	124			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	330			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoui	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. D	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	, ,				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	, ,				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	еO		14b		(00:40)
				Form	990	(2013)

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Paı	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
200	Check if Schedule O contains a response or note to any line in this Part VI			Х
sec	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tay year 47		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 46 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
74	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u		
~	nevenne other than the governing hady?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	х	
12	Did the consideration to the control of the control	12c 13	X	
13 14	Did the organization have a written whistleblower policy?		X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		Х
	tion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed AZ, CA, CO, CT, GA, HI, IL, MD, MA, MI, NJ, NC		1_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	icial	
13	statements available to the public during the tax year.	ı ıııldi	ICIAI	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion: 🖿		
	I.D. ARUEDE, CHIEF FINANCIAL OFFICER - 212-671-1820			
	99 GANSEVOORT STREET, NEW YORK, NY 10014			

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2013)

13178931

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.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	id a d	recto	or/trus	itee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for	or di	, e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee	truste		_ 8	suedu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		ploy	t con	L			organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ADAM D. WEINBERG	35.00	 	┢		_	1				
ALICE PRATT BROWN DIRECTOR		х		х				745,373.	0.	73,379.
(2) ROBERT J. HURST	1.00									
CO-CHAIRMAN		х		х				0.	0.	0.
(3) BROOKE GARBER NEIDICH	1.00									
CO-CHAIRMAN		х		Х				0.	0.	0.
(4) MELVA BUCKSBAUM	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) WARREN B. KANDERS	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(6) SCOTT RESNICK	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(7) LAURIE M. TISCH	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(8) NEIL G. BLUHM	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) PAMELLA G. DEVOS	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(10) SUSAN K. HESS	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(11) JOHN C. PHELAN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(12) PAUL C. SCHORR IV	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(13) FERN KAYE TESSLER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(14) RICHARD M. DEMARTINI	1.00									
TREASURER		Х		Х				0.	0.	0.
(15) NANCY CARRINGTON CROWN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(16) STEVEN AMES	1.00]								_
TRUSTEE		Х						0.	0.	0.
(17) J. DARIUS BIKOFF	1.00	1								
TRUSTEE		Х						0.	0.	0.
222007 10 20 12										Earm 990 (2013)

332007 10-29-13

(A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average hours per week	box	not c , unle	Pos heck ess pe	ition more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estima amoun	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from t organiza and rela organiza	the ation ated
(18) DAVID CAREY	1.00										
TRUSTEE		Х						0.	0.		0.
(19) JOANNE LEONHARDT CASSULLO	1.00										
TRUSTEE		Х						0.	0.		0.
(20) RICHARD M. CHANG	1.00										
TRUSTEE		Х						0.	0.		0.
(21) HENRY CORNELL	1.00										
TRUSTEE		Х						0.	0.		0.
(22) BETH RUDIN DEWOODY	1.00										
TRUSTEE		х						0.	0.		0.
(23) FAIRFAX DORN	1.00										
TRUSTEE		х						0.	0.		0.
(24) LISE EVANS	1.00										
TRUSTEE		х						0.	0.		0.
(25) VICTOR F. GANZI	1.00										
TRUSTEE		х						0.	0.		0.
(26) HENRY LOUIS GATES, JR.	1.00										
TRUSTEE		х						0.	0.		0.
1b Sub-total	•						▶	745,373.	0.	73	3,379.
c Total from continuation sheets to Pa							•	2,716,585.	0.	436	6,837.
d Total (add lines 1b and 1c)							•	3,461,958.	0.	510	0,216.
2 Total number of individuals (including b							ho re	eceived more than \$100	0.000 of reportable		
compensation from the organization						-,		• • • • • • • • • • • • • • • • • • • •	.,		45
										Yes	s No

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5

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
TURNER CONSTRUCTION COMPANY, 375 HUDSON		
STREET, 6TH FLOOR, NEW YORK, NY 10014	CONSTRUCTION SERVICES	11,506,000.
COOPER, ROBERTSON, & PARTNERS		
311 WEST 43RD STREET, NEW YORK, NY 10036	ARCHITECTURAL SERVICES	2,552,000.
RENZO PIANO BUILDING WORKSHOP		
34 RUE DES ARCHIVES, PARIS, FRANCE 19170	ARCHITECTURAL SERVICES	1,216,000.
GARDINER & THEOBALD INC.		
317 MADISON AVENUE, NEW YORK, NY 10017	CONSTRUCTION SERVICES	1,098,000.
MASTERPIECE INTERNATIONAL		
39 BROADWAY, SUITE 1410, NEW YORK, NY 10006	ART SHIPPING/ HANDLING	620,000.
2 Total number of independent contractors (including but not limited to \$100,000 of compensation from the organization.	those listed above) who received more than 43	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

13178931

									13-178931	
Part VII Section A. Officers, Directors, T	rustees, Key E	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that apply)			compensation	compensation	amount of
	per							from	from related	other
	week	J.				loyee		the	organizations	compensation
	(list any hours for	ordirector				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or (stee			ısateo		(***-27 1033-141130)		and related
	organizations	Individual trustee	Institutional trustee		oyee	Highest compensated employee				organizations
	below	idual	tution	ьe	Key employee	estoo	Jer.			· ·
	line)	Indi	Insti	Officer	Key	High	Former			
(27) PHILIP H. GEIER, JR.	1.00									
TRUSTEE		х						0.	0.	0
(28) SONDRA GILMAN GONZALEZ-FALLA	1.00									
TRUSTEE		x						0.	0.	0
(29) ROBERT B. GOERGEN	1.00									
TRUSTEE		x						0.	0.	0
(30) JAMES A. GORDON	1.00									
TRUSTEE		x						0.	0.	0
(31) ANNE DIAS GRIFFIN	1.00									
TRUSTEE		x						0.	0.	0
(32) GEORGE S. KAUFMAN	1.00								- •	
TRUSTEE	1.00	x						0.	0.	0
(33) EMILY FISHER LANDAU	1.00			_						-
TRUSTEE	1.00	x						0.	0.	0
(34) RAYMOND J. LEARSY	1.00							0.	0.	-
TRUSTEE	1.00	x						0.	0.	0
(35) JONATHAN O. LEE	1.00	_						0.	0.	0
EX OFFICIO	1.00	x						0.	0.	0
(36) MIYOUNG LEE	1.00	_						0.	0.	0
TRUSTEE	1.00	x						0.	0.	0
(37) THOMAS H. LEE	1.00	^						0.	0.	0
TRUSTEE	1.00	X						0.	0	0
(38) RAYMOND J. MCGUIRE	1.00	^						0,	0.	0
	1.00	١,,							0	0
TRUSTEE	1 00	Х						0.	0.	0
(39) PETER NORTON	1.00									
TRUSTEE	1 00	Х						0.	0.	0
(40) NANCY POSES	1.00									
TRUSTEE	1 00	Х						0.	0.	0
(41) DONNA PERRET ROSEN	1.00									
TRUSTEE		Х						0.	0.	0
(42) RICHARD D. SEGAL	1.00									
TRUSTEE		Х						0.	0.	0
(43) JONATHAN S. SOBEL	1.00									
TRUSTEE		Х		_			_	0.	0.	0
(44) ANNE-CECILIE ENGELL SPEYER	1.00	1								
TRUSTEE		Х						0.	0.	0
(45) THOMAS E. TUFT	1.00	1								
TRUSTEE		Х						0.	0.	0
(46) FRED WILSON	1.00	1								
TRUSTEE		Х						0.	0.	0

Form 990 WHITNEY MUSE	UM OF AMERI	CAN	AR	Т					13-178931	8
Part VII Section A. Officers, Directors, Tro	ustees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(c	hecł	call t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	fruste	l trus		yee	mpen				organizations
	below	Individual trustee or director	Institutional trustee	<u>~</u>	Key employee	Highest compensated employee	ь			
	line)	Indiv	Instit	Officer	Key e	High	Former			
(47) ROBERT W. WILSON	1.00									
TRUSTEE		х						0.	0.	0.
(48) DAVID W. ZALAZNICK	1.00									
TRUSTEE		Х						0.	0.	0.
(49) JOHN S. STANLEY	35.00									
CHIEF OPERATING OFFICER				Х				361,477.	0.	38,146.
(50) IDEHEN ARUEDE	35.00									
CHIEF FINANCIAL OFFICER				Х				190,168.	0.	8,882.
(51) NICHOLAS S. HOLMES	35.00									
GENERAL COUNSEL/ASSISTANT SECRETARY				Х				144,683.	0.	34,156.
(52) DONNA M. DESALVO	35.00]								
CHIEF CURATOR & DEP. DIR.					Х			335,981.	0.	48,301
(53) ALEXANDRA WHEELER	35.00									
DEPUTY DIRECTOR FOR DEVELOPMENT					Х			296,491.	0.	53,611.
(54) JEFFREY E. LEVINE	35.00									
MARKETING AND COMMUNIC. OFFICER					Х			200,840.	0.	14,353.
(55) STEPHANIE ADAMS	35.00									
DIRECTOR OF PLANNED GIVING					Х			188,033.	0.	37,709.
(56) CHRISTY L. PUTNAM	35.00									
ASSOCIATE DIRECTOR FOR EXHIBITIONS					Х			178,790.	0.	65,964.
(57) CAROL C. MANCUSI-UNGARO	35.00									
ASSOC. DIR. CONSERVATION & RESEARCH						Х		212,006.	0.	38,427
(58) KATHRYN A. POTTS	35.00									
ASSOCIATE DIRECTOR - EDUCATION						Х		162,615.	0.	30,989
(59) AMY ROTH	35.00]								
DIRECTOR OF CORPORATE PARTNERSHIPS						Х		152,368.	0.	6,993
(60) BARBARA HASKELL	35.00									
CURATOR						Х		143,010.	0.	43,516.
(61) SCOTT ROTHKOPF	35.00									
CURATOR						Х		150,123.	0.	15,790.
		1								
		1								
					_		_			
		1								
		\vdash								
		1								
		\vdash								
		ł								
	1	_		1		1	-			
Total to Part VII, Section A, line 1c								2,716,585.		436,837.
Total to Latt vii, Occitor A, IIIIc 16								_,,		-55,557,

Form 990 (2013) WHITNEY MUST Part VIII Statement of Revenue

ı u	IL VI			or note to any lin	ne in this Part VIII			
		Check if Schedule O cont		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
i ja	b	Membership dues	1b	3,270,000.				
S, (С	Fundraising events	1c	3,818,000.				
ig ig		Related organizations						
ini.		Government grants (contribut		21,085,000.				
rigin	f	All other contributions, gifts, gran	ts, and					
를		similar amounts not included above	ve 1f	132,978,000.				
	g			4,918,000.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	161,151,000.			
\neg				Business Code				
ø	2 a	ADMISSION INCOME		900099	2,937,000.	2,937,000.		
اريخ	b	TRAVELING EXHIBITIONS		900099	1,313,000.	1,313,000.		
Sel	c	LOAN FEES		900099	70,000.	70,000.		
Program Service Revenue	d	1			,	,		
PA	e		-					
<u>4</u>	f	All other program service reve	nue					
		=			4,320,000.			
	3	Investment income (including			, ,			
	_	other similar amounts)			1,544,000.		5,000.	1,539,000.
	4	Income from investment of tax			, ,		•	· · · · ·
	5	Royalties			254,000.			254,000.
	•		(i) Real	(ii) Personal	,			,
	6 a	Gross rents	(7 : 10 a.	(1) 1 0 0 1 1 1 1				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	58,496,000.					
	h	Less: cost or other basis	, ,	, ,				
		and sales expenses	49,761,000.	0.				
	c	Gain or (loss)	8,735,000.	2,784,000.				
	d	Net gain or (loss)			11,519,000.			11,519,000.
ا ه		Gross income from fundraising			, ,			
	-	including \$ 3,818						
e e		contributions reported on line						
Ę.		Part IV, line 18		1,056,000.				
Other Revenu	b	Less: direct expenses		1,056,000.				
0		Net income or (loss) from fund		•	0.			
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances		1,022,000.				
	b	Less: cost of goods sold		1,060,000.				
		Net income or (loss) from sale		•	-38,000.	-44,000.	6,000.	
		Miscellaneous Revenu		Business Code		·		
İ	11 a	RESTAURANT INCOME		900099	81,000.			81,000.
	b			900099	59,000.			59,000.
	c	INSURANCE PROCEEDS, NET		900099	-283,000.			-283,000.
	d	All other revenue			,			, , , , , , , , , , , , , , , , , , ,
		Total. Add lines 11a-11d			-143,000.			
	12	Total revenue. See instructions.			178,607,000.	4,276,000.	11,000.	13,169,000.
33200 10-29						· •	-	Form 990 (2013)

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons		ner organizations must co	' '	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total èxpenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	50,000.	50,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 450 000	4 055 000	1 000 000	505.000
	trustees, and key employees	3,152,000.	1,257,000.	1,098,000.	797,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,771,000.	9,173,000.	1,762,000.	1,836,000
8	Pension plan accruals and contributions (include	600 000	46- 55-	100 000	
	section 401(k) and 403(b) employer contributions)	633,000.	465,000.	102,000.	66,000
9	Other employee benefits	1,841,000.	1,128,000.	438,000.	275,000
10	Payroll taxes	996,000.	671,000.	172,000.	153,000
11	Fees for services (non-employees):				
а	Management	060 000		0.60, 0.00	
b	5 F	260,000.		260,000.	
С	Accounting	234,000.		234,000.	
d	Lobbying	272 000			272 000
е	Professional fundraising services. See Part IV, line 17	272,000.	126,000	FF0 000	272,000
f	Investment management fees	686,000.	136,000.	550,000.	
g	•	767 000	622 000	0.000	105 000
	column (A) amount, list line 11g expenses on Sch O.)	767,000.	633,000.	9,000.	125,000
12	Advertising and promotion	710,000. 299,000.	695,000. 97,000.	5,000. 36,000.	10,000 166,000
13	Office expenses	288,000.	212,000.	36,000.	40,000
14	Information technology	200,000.	212,000.	30,000.	40,000
15	Royalties	3,265,000.	2,954,000.	254,000.	57,000
16	Occupancy	405,000.	198,000.	101,000.	106,000
17	Travel	405,000.	130,000.	101,000.	100,000
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest				
21	Payments to affiliates	1,539,000.	1,247,000.	163,000.	129,000
23	. Г	681,000.	501,000.	86,000.	94,000
24	Other expenses, Itemize expenses not covered		552,555.	55,555.	21,000
2 4	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 0.)				
а	PRE-CONSTRUCTION COSTS	5,514,000.	5,514,000.		
b	EXHIBITION EXPENSE	3,999,000.	3,996,000.		3,000
c	ART ACQUISTIONS	2,628,000.	2,628,000.		•
d	OTHER EXPENSES	1,714,000.	812,000.	153,000.	749,000
-	All other expenses	. ,	,	,	· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	42,704,000.	32,367,000.	5,459,000.	4,878,000
26	Joint costs. Complete this line only if the organization	. ,		. ,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013) Part X Balance Sheet

Pal	πх	Charle if Sahadula O contains a reasona ar no	to to	ing in this Dort V			
		Check if Schedule O contains a response or not	ie io any l	HE III UIIS PAR X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			39,368,000.	1	21,897,000.
	2	Savings and temporary cash investments	34,796,000.	2	6,940,000.		
	3	Pledges and grants receivable, net	56,279,000.	3	128,795,000.		
	4	Accounts receivable, net			1,091,000.	4	2,221,000.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated emp	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
δ		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use			882,000.	8	1,554,000.
	9	Prepaid expenses and deferred charges			208,825,000.	9	316,076,000.
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	57,079,000.			
	b	Less: accumulated depreciation		19,328,000.	37,186,000.	10c	37,751,000.
	11	Investments - publicly traded securities		, ,	102,231,000.	11	103,930,000.
	12	Investments - other securities. See Part IV, line			207,273,000.	12	234,280,000.
	13	Investments - program-related. See Part IV, line			, ,	13	, ,
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			687,931,000.	16	853,444,000.
	17	Accounts payable and accrued expenses	22,425,000.	17	28,883,000.		
	18	Grants payable				18	
	19	Deferred revenue			1,035,000.	19	1,998,000.
	20	Tax-exempt bond liabilities			135,300,000.	20	134,175,000.
	21	Escrow or custodial account liability. Complete				21	
Ω	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
abil		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X of			
		Schedule D	•	·	2,742,000.	25	5,147,000.
	26	Total liabilities. Add lines 17 through 25			161,502,000.	26	170,203,000.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 ar					
Š	27	Unrestricted net assets			107,734,000.	27	113,517,000.
ala	28	Temporarily restricted net assets			236,995,000.	28	366,579,000.
d B	29				181,700,000.	29	203,145,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A					
ö		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed				31	
λA	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			526,429,000.	33	683,241,000.
	34	Total liabilities and net assets/fund balances			687,931,000.	34	853,444,000.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	178	,607,	,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	,704,	,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	135	,903,	,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	526	,429,	,000.
5	Net unrealized gains (losses) on investments	5	22	,433,	,000.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	,524,	,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	683	,241,	,000.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

2013

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

LULTUNEY MIGHIN OF AMERICAN ARM

Employer identification number

Dard I	D		SEUM OF AMERICAN A						1.3	3-1/6	39310		
Part I			ity Status (All organiz					tructions.					
			because it is: (For lines										
1	•		s, or association of chur			ection 170)(b)(1)(A)(i)).					
2		hool described in section 170(b)(1)(A)(ii). (Attach Schedule E.) spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
3	•		•										
4 📖			operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the h	ospital	's nam	ie,
	city, and stat												
5 📖			benefit of a college or ur	niversity o	wned or o	perated by	a governi	mental un	it describ	ed in			
		(b)(1)(A)(iv). (Compl	•										
6		. •	ent or governmental uni										
7 X			eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	e general	publi	c desc	ribed i	n
		b)(1)(A)(vi). (Comple	· ·										
8	-		section 170(b)(1)(A)(vi).	•	•								
9 📖	-	•	eives: (1) more than 33						•	_		-	
			nctions - subject to certa										
			axable income (less sect	tion 511 ta	ax) from bu	isinesses a	acquired b	y the orga	anization	after	June 3	0, 197	' 5.
🗀		509(a)(2). (Complete	·										
10	-	-	perated exclusively to te	-	-			-					
11 📖			perated exclusively for the										or
		•	ations described in secti				2). See se o	ction 509	(a)(3). Ch	eck tr	ne box	that	
			organization and compl		_			. — -					
	a ☐ Type		·· ·		inctionally	•			oe III - No				•
e 📖			at the organization is not										n
_			han one or more publicly						9(a)(1) or	section	on 509	(a)(2).	
f	•		tten determination from t		•			e III					
		rganization, check t											ш
g			organization accepted ar									Vaa	NI.
			lirectly controls, either al								4 4 ~ (:)	Yes	No
			upported organization?								11g(i)		
			n described in (i) above?								11g(ii)		
L			person described in (i) o							L	11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(S).								
//> N		(II) FINI	/W) T (' ' '	(iv) le the (organization	(v) Did vo	u notify the	(vi) l:	s the	,			
` '	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your	. ,	tion in col.	Lorganizati	on in col.	(VII) <i>F</i>	Amount		netary
ury	anization		above or IRC section	١,,	document?		r support?	(i) organiz U.S	2eu III 111e 3.?		Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No				
				1.00		1.55	1	1.00	+				
otal													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29,448,000.	62,061,000.	45,961,000.	84,331,000.	161,151,000.	382,952,000.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	29,448,000.	62,061,000.	45,961,000.	84,331,000.	161,151,000.	382,952,000.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						42,348,381.
	Public support. Subtract line 5 from line 4.						340,603,619.
_	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	29,448,000.	62,061,000.	45,961,000.	84,331,000.	161,151,000.	382,952,000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.55 0.00	0.445.000	0 474 000	0.040.000	1 500 000	0 111 000
	and income from similar sources	957,000.	2,145,000.	2,171,000.	2,040,000.	1,798,000.	9,111,000.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	167.000	47.000	156 000	F.C.F. 0.0.0	143 000	702 000
	assets (Explain in Part IV.)	167,000.	47,000.	156,000.	565,000.	-143,000.	792,000. 392,855,000.
	Total support. Add lines 7 through 10		\			40	22,663,000.
	Gross receipts from related activities					12	22,003,000.
13	First five years. If the Form 990 is for					n 50 I(c)(3)	▶□
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2013 (olumn (fl)		14	86.70 %
	Public support percentage for 2012 (15	92.45 %
	33 1/3% support test - 2013. If the						
102	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2012. If the						
~	and stop here. The organization qual	•		•		•	
172	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	•				•	
	organization meets the "facts-and-cire		•				
18	Private foundation. If the organization			•	,		
_			,	, ,, 11 %	,		

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
•	· ·	•		•		· . 🗀
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

Schedule A	(Form 990 or 990-EZ) 2013 WHITNEY MUSEUM OF AMERICAN ART	13-1789318	Page 4
Part IV	(Form 990 or 990-EZ) 2013 WHITNEY MUSEUM OF AMERICAN ART Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17:	a or 17b; and Part III, lir	ne 12.
	Also complete this part for any additional information. (See instructions).	,	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Employer identification number

W	HITNEY MUSEUM OF AMERICAN ART	13-1789318							
rganization type (check one):									
Filers of:	ilers of: Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
527 political organization									
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ula. Saa instructions							
	(a)(r), (a), or (10) organization our orlest boxes for both the deficial ridio and a openial rid	aro. God motraditorid.							
General Rule									
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	ioney or property) from any one							
Special Rules									
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rec 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
contributions for If this box is che purpose. Do not	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

13-1789318

************	MOSEOM OF AMERICAN ARI	13	1709310
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

WHITNEY MUSEUM OF AMERICAN ART

13-1789318

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_	
		\	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	, p , g	(see instructions)	
		_	
-		_	
3453 10-24-	12	Schedule B (Form	990, 990-EZ, or 990-PF) (20

Name of orga	anization		Employer identification number
WHITNEY M Part III	the total of exclusively religious, charitable, et	c., contributions of \$1,000 or less fo	13-1789318 I(c)(7), (8), or (10) organizations that total more than \$1,000 for the titions completing Part III, enter for the year. (Enter this information once.)
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	al space is needed. (c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	jift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	nift
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, a	(e) Transfer of gi	gift Relationship of transferor to transferee
	mandree 3 name, address, a		nonunonomp of transfer to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

Section :	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of orga	anization			Emp	loyer identification number
		SEUM OF AMERICAN ART			13-1789318
Part I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	organization.
2 Political	expenditures	zation's direct and indirect politi		▶ 5	
Part I-B	Complete if the ord	ganization is exempt un	der section 501(c))(3).	
		incurred by the organization ur			<u> </u>
2 Enter th	e amount of any excise tax	incurred by organization manage	gers under section 495	5	·
3 If the or	ganization incurred a section	on 4955 tax, did it file Form 4720	0 for this year?		Yes No
		, 			
b If "Yes,	describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1 Enter th	e amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities	
2 Enter th	e amount of the filing organ	ization's funds contributed to c	other organizations for s		
exempt	function activities			>	§
		s. Add lines 1 and 2. Enter here			
line 17b				> (
		1120-POL for this year?			
made p contribu	ayments. For each organizautions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organion a separate political org	ization's funds. Also enter t ganization, such as a separ	he amount of political
	(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) 2013

LHA

Part II-A Complete if the org	onization is o	vomnt under section	on 501(a)(2) and fil	ad Form 5760	09310 Page 2
(election under sec		xempt under section		eu Form 5706	
		affiliated group (and list i	n Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and shar					, , ,
B Check ▶ ☐ if the filing organization	ion checked box	A and "limited control" pr	ovisions apply.		
Limit	s on Lobbying Ex litures" means an	penditures nounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinio	on (grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and	d 1d)			
f Lobbying nontaxable amount. Ente	r the amount from	the following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is: The	lobbying nontaxable am	nount is:		
Not over \$500,000	20%	of the amount on line 1e).		
Over \$500,000 but not over \$1,000	,000 \$100	0,000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175	5,000 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225	5,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000.			
g Grassroots nontaxable amount (en	,				
h Subtract line 1g from line 1a. If zero	•				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer		or line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this					└── Yes └── No
•	ations that made	Averaging Period Under a section 501(h) election the instructions for line	n do not have to com		
		the instructions for line penditures During 4-Ye		ige 4.)	
	Lobbying Ex	penditures During 4- re	Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

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 e	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		1)	(b)	
of th	e lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		102,000.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	202,000.	
	Other activities?		Х		
	Total. Add lines 1c through 1i			102,000.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	,	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			-4:	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6), and if either (c) ROTH Part III. A lines 1 and 2 are appropriately				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	NO, OI	n (D) Pai	t III-A, IIIIe 3, 15	
_			1		
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).				
_	expenses for which the section 527(f) tax was paid).	zai			
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
Prov	ide 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, line 2; a	ınd Part II-B, line 1.	
	complete this part for any additional information.				
PAR'	I II-B, LINE 1, LOBBYING ACTIVITIES:				
LOBI	SYING ACTIVITIES CONSIST OF PAYMENTS TO A CONSULTANT TO				
ASS:	ST IN PREPARING MATERIALS AND CONDUCTING MEETINGS TO GAIN FUNDING				
FOR	THE MUSEUM'S CAPITAL PROJECTS IN CITY AND STATE BUDGETS.				

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2013
Open to Public Inspection

Par	rt I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		o or recognition complete in and
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	` '	• • • • • • • • • • • • • • • • • • • •
2	Aggregate contributions to (during year)		_
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	•	sed funds
·	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		***************************************
•	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or ed	`	storically important land area
	Protection of natural habitat	· 🖂	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	22, 21 , 22		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2.
С	Number of conservation easements on a certified historic structure.		
d			
		,	
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation ease	ement is located ▶	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it I	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of	-	other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	•	*
	historical treasures, or other similar assets held for public exhil		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	·	al gain, provide
	the following amounts required to be reported under SFAS 11	-	
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{332051}_{09\text{-}25\text{-}13}$

Schedule D (Form 990) 2013

Sche	dale B (1 01111 000) 2010	SEUM OF AMERICAN					L3-17893			ge 2
Pai	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or	Other	Simila	ar Asse	ts (contin	nued)	
3	Using the organization's acquisition, access	on, and other record	s, check any of the	following that a	are a sigi	nificant ı	use of its	collectio	n items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	IS					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization	's exem	pt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of						_	7		
_	to be sold to raise funds rather than to be m							Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Ye	es" to Fo	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	ns or other asse	ts not in	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	, .	•	· ·					Amount	:	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				L	Yes	Ш	No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV	, line 10.					
		(a) Current year	(b) Prior year	(c) Two years b			ears back	` '		
	Beginning of year balance	233,366,000.	206,104,000.				74,000.	177	,817,0	
b	Contributions	26,984,000.	7,893,000.				53,000.		341,0	
	Net investment earnings, gains, and losses	31,184,000.	28,968,000.	3,840,	000.	24,8	43,000.	11	,412,0	100.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	10,179,000.	9,599,000.	8,445,	000.	5,9	44,000.	3	,996,0	00.
f	Administrative expenses									
g	End of year balance	281,355,000.	233,366,000.		000.	207,3	26,000.	185	,574,0	00.
2	Provide the estimated percentage of the cur			a)) held as:						
	Board designated or quasi-endowment	7.26	_%							
	Permanent endowment 72.20	% %								
С	Temporarily restricted endowment	20.54 %								
•	The percentages in lines 2a, 2b, and 2c show	•								
Зa	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ina administere	a for the	e organiz	ation	Г	V	
	by: (i) unrelated organizations									No X
								3a(i) 3a(ii)		X
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the							Sb		
	t VI Land, Buildings, and Equipm		Willett fullus.							
	Complete if the organization answere		Part IV line 11a S	see Form 990 P	art X lin	ne 10				
	Description of property	(a) Cost or ot		or other		cumulate	od	(d) Bool	k value	
	Becomplian or property	basis (investm	1 ' '	(other)		eciation	~	(u) Bool	· value	
	Land			,654,000.				26	,654,0	00.
	Buildings			,314,000.	1	3,974,	000.		,340,0	
	Leasehold improvements			,934,000.		1,932,				00.
	Equipment	I				<u>, , , </u>			•	
	Other	l l	6	,177,000.		3,422,	000.	2	,755,0	00.
	. Add lines 1a through 1e. (Column (d) must e						ightharpoonup	37	,751,0	00.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 WHITNEY MUSEUM OF	MERICAN ART		13-	1789318	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, F	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or en	d-of-year marke	et value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) MONEY MARKET FUNDS	22,787,000	. END-OF-YEAR I	MARKET VALUE		
(B) EQUITY INVESTMENT FUNDS	77,228,000				
(C) ALTERNATIVE INVESTMENTS :	, , , , , , , , , , , , , , , , , , , ,				
(D) MULTI-STRATEGY & OTHER	63,973,000	. END-OF-YEAR I	MARKET VALUE		
(E) EQUITY LONG/SHORT	54,424,000				
(F) REAL ASSETS	12,527,000				
(G) PRIVATE EQUITY	3,341,000				
(H)	3,311,000	. DAY OF THE !			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	234,280,000				
Part VIII Investments - Program Related.	254,200,000	•			
	. F. 000 B . IV. II	11 0 5 000 5			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		aluation: Cost or en	d of year marke	at value
	(b) book value	(C) Method of Va	aluation. Cost of en	u-or-year marke	t value
(1)					
(2)					
(3)					
(4)					
(5)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.		
(a)	Description			(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 25	i.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) ACCRUED PENSION OBLIGATION		5,147,000.			
(3)					
(4)					
(5)					
(6)					
(8)					
(9)	25)	5 147 000			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		5,147,000.		414	_
2. Liability for uncertain tax positions. In Part XIII, provide		ū		•	
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Checl	k here if the text of the	e tootnote has beer	provided in Pa	art XIII ∟

Schedule D (Form 990) 2013

Par	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	200,490,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	• • • • • • • • • • • • • • • • • • • •		22,433,000.		
b	***************************************				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	22,433,000.
3	Subtract line 2e from line 1			3	178,057,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	550.000		
	Investment expenses not included on Form 990, Part VIII, line 7b		550,000.		
	Other (Describe in Part XIII.)	4b			550.000
	Add lines 4a and 4b			4c	550,000.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			Dotum	178,607,000.
Pai	rt XII Reconciliation of Expenses per Audited Financial State		i Expenses per	Return	ł .
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1				42 670 000
1	Total expenses and losses per audited financial statements			1	43,678,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما			
a	Donated services and use of facilities				
b	, , ,				
	Other losses		1,524,000.	-	
	Other (Describe in Part XIII.)			1 . 1	1,524,000.
_	Add lines 2a through 2d			2e 3	42,154,000.
3	Subtract line 2e from line 1				42,134,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	550,000.		
			330,000.		
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	550,000.
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	42,704,000.
	rt XIII Supplemental Information.			<u> </u>	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1h	and 2h: Part V line	<u>4</u> ∙ Part X	line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, r are 7.,	mio z, r ure zi,
	Za ana 15, ana 1 an An, moo Za ana 15.7 noo complete tine part to provide any t	additional imon	nation.		
PART	r III, LINE 1A:				
THE	MUSEUM HAS AN EXTENSIVE COLLECTION OF ART, INCLUDING				
	·				
PAIN	NTINGS, SCULPTURE, PHOTOGRAPHS, DRAWINGS, PRINTS, AND FILMS A	AND VIDEOS.			
THE	COLLECTION IS MAINTAINED UNDER THE CARE OF THE REGISTRATION	DEPARTMENT			
STAF	FF AND IS HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION	IN			
FURT	THERANCE OF PUBLIC SERVICE, RATHER THAN FOR FINANCIAL GAIN. F	PROCEEDS			
FROM	M THE SALE OF COLLECTION ITEMS ARE USED TO ACQUIRE OTHER ITEM	IS FOR THE			
COLI	LECTION. THE MUSEUM DOES NOT INCLUDE EITHER THE COST OR THE V	ALUE OF			
ITS	COLLECTION IN THE STATEMENT OF FINANCIAL POSITION, NOR DOES	IT			
RECC	OGNIZE GIFTS OF COLLECTION ITEMS AS REVENUES IN THE STATEMENT	r of			
ACTI	IVITIES. SINCE ITEMS ACQUIRED FOR THE COLLECTION BY PURCHASE	ARE NOT			
CAPI	ITALIZED, THE COST OF THOSE ACQUISITIONS IS REPORTED AS DECRE	EASES IN			

SCHEDULE F (Form 990)

Department of the Treasury

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. ► See separate instructions.

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

Internal Revenue Service

OMB No. 1545-0047

Name of the organization **Employer identification number** WHITNEY MUSEUM OF AMERICAN ART 13-1789318 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 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? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (e) If activity listed in (d) (a) Region (b) Number of (d) Activities conducted in region (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region EUROPE (INCLUDING ICELAND & GREENLAND) PROGRAM SERVICE TRAVELING EXHIBITIONS 130,000. CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, 106,690,000. ARUBA BAHAMAS 0 INVESTMENTS 3 a Sub-total 0 106,820,000. **b** Total from continuation 0 0. sheets to Part I c Totals (add lines 3a

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

n

Schedule F (Form 990) 2013

106,820,000.

and 3b)

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.

WHITNEY MUSEUM OF AMERICAN ART

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)
			recognized as charities by the					<u> </u>
the IRS, or for which t			n 501(c)(3) equivalency letter			\		

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 a	additional space is neede	d.							
(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)		

for Form 5713) Yes

"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2013

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.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

13-1789318

WHITNEY MU	SEUM OF AMERICAN ART				13-1789318		
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
Indicate whether the organization rais a	e X Solicitat f X Solicitat g X Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or X Yes		
(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) fundraiser listed in col. (ii)							
DCM - 45 MAIN STREET, #815,		Yes	No				
BROOKLYN, NY 11201	TELEFUNDRAISING		Х	76,695.	47,000.	29,695.	
SUSAN COURTEMANCHE - 40 POWDER HORN HILL ROAD,	CAPITAL CAMPAIGN CONSULTING		Х	0.	225,000.	0.	
Total				76 695	272,000.	29 695	
List all states in which the organization or licensing.	on is registered or licensed to solicit			76,695. s or has been notified	-	29,695. egistration	
AZ,CA,CO,CT,GA,HI,IL,MD,MA,MI,N	J,NC,OH,PA,RI,TN,VA,WA,NY						

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contribution ns and gross income on Form 990-EZ, lines 1 and 6b. List events with gro

		of fundraising event contributions and gr				no greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	AMERICAN ART AWARD	1	(add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
eun						
Revenue	1	Gross receipts	2,735,000.	1,684,000.	455,000.	4,874,000.
_	2	Less: Contributions	2,145,000.	1,448,000.	225,000.	3,818,000.
	3	Gross income (line 1 minus line 2)	590,000.	236,000.	230,000.	1,056,000.
	4	Cash prizes				
	5	Noncash prizos				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	121,000.	45,000.	44,000.	210,000.
Exp						
ect	7	Food and beverages	120,000.	47,000.	33,000.	200,000.
Ë						
	8	Entertainment		111 000	452.000	545.000
	9	Other direct expenses		·	153,000.	646,000. 1,056,000.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			_	1,030,000.
Pa	ırt l	Gaming. Complete if the organization is	answered "Yes" to Form		reported more than	<u>, </u>
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
σ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eV						
_	1	Gross revenue				
		Oach asizes				
ses	2	Cash prizes				
ben	2	Noncash prizes				
Direct Expenses	٦	Nondain prizes				
rect	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	∟ No	└── No	
	7	Direct overses summary Add lines 2 through	a E in column (d)		_	
	7	Direct expense summary. Add lines 2 through	n 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
			(4)			·
9	Enf	ter the state(s) in which the organization opera	tes gaming activities:			
а	ls t	the organization licensed to operate gaming ac	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
10-	\^/-	ore any of the organization's coming linears	wokod guarandad a ta	arminated during the tarri	voor?	Yes No
		ere any of the organization's gaming licenses re Yes," explain:			yeai (. ∟ res ∟ No
N	"	. 33, Одрин .				
	_					
	_					

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 WHITNEY MUSEUM OF AMERICAN ART	13-1789	9318		Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
	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
12	Indicate the percentage of gaming activity operated in:	····· 1			
			40-		0/
	ı The organization's facility		13a		<u>%</u>
	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:			
	Name				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
k	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt			
	of gaming revenue retained by the third party \$\bigs\sum_{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\texi{\texi{\text{\texi}\text{\texit}\text{\text{\texi{\text{\text{\texi}\texi{\texi{\texi{\te				
	: If "Yes," enter name and address of the third party:				
•	in Tes, enternance and address of the till a 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			V	
	retain the state gaming license?			Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	า the			
	organization's own exempt activities during the tax year 🕨 \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P	art III, lin	nes 9,	9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction)	ons).			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:				
(I)	NAME OF FUNDRAISER: DCM				
(I)	ADDRESS OF FUNDRAISER: 45 MAIN STREET, #815, BROOKLYN, NY 11201				
<u>(I)</u>	NAME OF FUNDRAISER: SUSAN COURTEMANCHE				
(I)	ADDRESS OF FUNDRAISER: 40 POWDER HORN HILL ROAD, WILTON, CT 06897				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2013)

WHITNEY MUSEU	M OF AMERICAN	ART					13-1789318			
Part I General Information on Grants a	and Assistance					•				
Does the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the selecti	on			
criteria used to award the grants or assi	stance?						X Yes No			
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any										
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	1	1	1 1	•			
3 Enter total number of other organization										

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

WHITNEY MUSEUM OF AMERICAN ART

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BUCKSBAUM AWARD	1	50,000.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	ne 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
THE BUCKSBAUM AWARD IS INTENDED TO HONOR BIANNUAL	LLY A LIVING				
ARTIST WHOSE WORK DEMONSTRATES A SINGULAR COMBINA	ATION OF TALENT	AND			
IMAGINATION AND HAS MADE OR PROMISES TO MAKE A SI	IGNIFICANT CONT	RIBUTION TO			
THE VISUAL ARTS IN THE UNITED STATES. LAUREATES	OF THE BUCKSBA	UM AWARD			
RECEIVE A \$100,000 GRANT (PAID \$50,000 PER YEAR)	IN EACH OF TWO	YEARS) AND			
EXHIBITION OF THEIR WORK, A COMMEMORATIVE AWARD,		•			
CERTIFICATE. ANY ARTIST LIVING IN THE UNITED STA	TES MAI DE A P	OIENIIAL			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WHITNEY MUSEUM OF AMERICAN ART

Employer identification number

13-1789318 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions ☐ Tax indemnification and gross-up payments oxedge Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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. X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? Х **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х 6a a The organization? Х **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 Х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2013

13178931

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported as deferred	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in prior Form 990	
(1) ADAM D. WEINBERG	(i)	559,242.	0.	186,131.	48,466.	24,913.	818,752.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JOHN S. STANLEY	(i)	359,965.	0.	1,512.	29,018.	9,128.	399,623.	0.	
	(ii)	0.	0.	0,	0.	0.	0.	0.	
(3) IDEHEN ARUEDE	(i)	190,000.	0.	168.	7,996.	886.	199,050.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) NICHOLAS S. HOLMES	(i)	144,576.	0.	107.	9,558.	24,598.	178,839.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DONNA M. DESALVO	(i)	334,544.	0.	1,437.	39,172.	9,129.	384,282.	0.	
	(ii)	0.	0.	0,	0.	0.	0.	0.	
(6) ALEXANDRA WHEELER	(i)	295,776.	0.	715.	28,680.	24,931.	350,102.	0.	
	(ii)	0.	0.	0,	0.	0.	0.	0.	
(7) JEFFREY E. LEVINE	(i)	200,648.	0.	192.	13,889.	464.	215,193.	0.	
	(ii)	0.	0.	0,	0.	0.	0.	0.	
	(i)	187,857.	0.	176.	13,014.	24,695.	225,742.	0.	
	(ii)	0.	0.	0,	0.	0.	0.	0.	
(9) CHRISTY L. PUTNAM	(i)	177,714.	0.	1,076.	57,072.	8,892.	244,754.	0.	
	(ii)	0.	0.	0,	0.	0.	0.	0.	
(10) CAROL C. MANCUSI-UNGARO	(i)	209,431.	0.	2,575.	29,386.	9,041.	250,433.	0.	
ASSOC. DIR. CONSERVATION & RESEARCH	(ii)	0.	0.	0,	0.	0.	0.	0.	
(11) KATHRYN A. POTTS	(i)	162,400.	0.	215.	30,608.	381.	193,604.	0.	
	(ii)	0.	0.	0,	0.	0.	0.	0.	
(12) AMY ROTH	(i)	152,250.	0.	118.	6,626.	367.	159,361.	0.	
	(ii)	0.	0.	0,	0.	0.	0.	0.	
(13) BARBARA HASKELL	(i)	141,524.	0.	1,486.	18,885.	24,631.	186,526.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	150,000.	0.	123.	7,000.	8,790.	165,913.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2013 WHITNEY MUSEUM OF AMERICAN ART	13-1/09310	Page 3
Part III Supplemental Information		<u> </u>
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 con	nplete this part for any additional information.	
PART I, LINE 1A:		
THE MUSEUM'S DIRECTOR IS PROVIDED WITH A HOUSING ALLOWANCE		
AND REIMBURSEMENT FOR DEPENDENT CARE, UNDER CIRCUMSTANCES WHERE IT IS IN		
THE MUSEUM'S INTEREST FOR THE DIRECTOR AND SPOUSE TO ATTEND AFTER-HOURS OR		
OUT-OF-TOWN EVENTS. THE DIRECTOR ALSO HAS 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 - \$7,605		

SCHEDULE K (Form 990) Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

explanations, and any additional information in Part VI.

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

OMB No. 1545-0047

2013
Open to Public Inspection

Name of the organization Employer identification number WHITNEY MUSEUM OF AMERICAN ART 13-1789318 Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (c) CUSIP# (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No THE TRUST FOR CULTURAL RESOURCES OF A THE CITY OF NEW YORK 13-1789318 6497170Z1 08/01/11 134,329,619.SEE PART V BELOW Х Х Х D Part II Proceeds В С D Α 1 Amount of bonds retired 2 Amount of bonds legally defeased 134,335,175, 3 Total proceeds of issue ... 9 163 851 **4** Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 1,422,855, Issuance costs from proceeds **8** Credit enhancement from proceeds Working capital expenditures from proceeds 108,656,805 Capital expenditures from proceeds Other spent proceeds 11 Other unspent proceeds 2015 Year of substantial completion Yes No Yes No Yes No No Yes Х 14 Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Х Has the final allocation of proceeds been made? Х Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use В C D Α 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No Yes No Yes No Х which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of Х bond-financed property?

 Schedule K (Form 990) 2013
 WHITNEY MUSEUM OF AMERICAN ART
 13-1789318
 Page 2

Pa	rt III Private Business Use (Continued)									
			A			В		С		D
3a	Are there any management or service contracts that may result in private	Yes	No		Yes	No	Yes	No	Yes	No
	business use of bond-financed property?	Х								
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								
	Are there any research agreements that may result in private business use of bond-financed property?		Х							
	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by					1		•		
_	entities other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of					, -		, -		
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government		.00	%		%		%		%
6	Total of lines 4 and 5		.00	%		%		%		<u> </u>
7	Does the bond issue meet the private security or payment test?		Х					1		
_	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?		х							
r	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		1			1		1		
-	of			%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections			70		7,0		<u> </u>		
	1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all nonqualified									
Ĭ	bonds of the issue are remediated in accordance with the requirements under									
	Regulations sections 1.141-12 and 1.145-2?	Х								
Par	rt IV Arbitrage				<u>I</u>				<u> </u>	
· u	Abadgo		Α			В		С		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate?	103	X		103	110	103	110	103	110
	If "No" to line 1, did the following apply?				l			1	<u> </u>	<u> </u>
	Rebate not due yet?		Х							
	Exception to rebate?		х						<u> </u>	
	No rebate due?		Х						<u> </u>	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate				l				<u> </u>	<u> </u>
	computation was performed									
3	Is the bond issue a variable rate issue?		Х							
_	Has the organization or the governmental issuer entered into a qualified		 	-						
70	hedge with respect to the bond issue?		x							
<u> </u>	Name of provider		·	-		1		I		
	Term of hedge									
	Was the hedge superintegrated?									
	Was the hedge terminated?		<u> </u>	-						†

 Schedule K (Form 990) 2013
 WHITNEY MUSEUM OF AMERICAN ART
 13-1789318
 Page 3

Part IV Arbitrage (Continued)								
		A	l l	3	(C	I)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action								
	,	Ą	E	3	(<u> </u>	ı)
	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?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K (see instr	uctions).					
SCHEDULE K, SUPPLEMENTAL INFORMATION: THE PROCEEDS OF THE BONDS WILL BE								
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; A	.ND							
(III) FUND CERTAIN COSTS AND EXPENSES INCIDENTAL TO ISSUANCE OF THE BOND	S							
AND RELATED PURPOSES.								
THE DIFFERENCE IN ISSUE PRICE AND TOTAL PROCEEDS IS DUE TO \$5,555.75 OF								
INVESTMENT EARNINGS.								
FUNDS WERE CAPITALIZED FOR INTEREST PAYMENTS DURING THE CONSTRUCTION PER	TOD							
ONLY. THE BALANCE OF CAPITALIZED INTEREST FUNDS AS OF 6/30/14 WAS	.100							
\$9,163,851.								
45,105,051.								
THE BOND PROCEEDS WERE USED TO FINANCE THE CONSTRUCTION OF A NEW MUSEUM								
BUILDING. THE BUILDING HAS BEEN SUBSTANTIALLY COMPLETED AND IS SCHEDULED	ТО							
OPEN TO THE PUBLIC ON MAY 1, 2015.								
·								

SCHEDULE M (Form 990)

Noncash Contributions

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Employer identification number 13-1789318

	WHITNEY MUSEUM OF	AMERICAN	ART		13-178	9318		
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributed items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art	Х	1		AUCTION VALUE			
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	Х	31	4,303,000.	FAIR MARKET VALU	 E		
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)	Х	6	279,000.	FAIR MARKET VALU	E		
26	Other ()			,				
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82		-				27	
		, ,	·				Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 - 28, t	hat it must hold for			
	at least three years from the date of the initial							
	the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties							
	contributions?		_			32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.			· ·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE 1	M, LINE 32B:
AS PART O	F THE MUSEUM'S CAPITAL CAMPAIGN, ARTISTS DONATED
WORKS OF	ART FOR THE PURPOSES OF SALE. IN CONNECTION WITH THOSE SALES,
THE MUSEU	M ENGAGED GALLERIES TO CONSIGN THE WORKS FOR SALE.

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization **Employer identification number** WHITNEY MUSEUM OF AMERICAN ART 13-1789318 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MUSEUM IS CONSTRUCTING A 210 000 - SOUARE 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 WILL PROVIDE 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. THE MUSEUM ANTICIPATES OPENING THE NEW BUILDING TO THE PUBLIC ON MAY 1 2015. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ART, WE FOSTER THE WORK OF LIVING ARTISTS AT CRITICAL MOMENTS IN THEIR 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: WHITNEY BIENNIAL 2014 (MARCH 7-MAY 25, 2014), AND JEFF KOONS: A RETROSPECTIVE (JUNE 27-OCTOBER 19, 2014). ADDITIONALLY, THE MUSEUM PRESENTED TWO DISCRETE FILM AND VIDEO INSTALLATIONS: DAVID HOCKNEY: THE JUGGLERS (MAY 23-SEPTEMBER 1, 2013) AND T.J. WILCOX: IN THE AIR (SEPTEMBER 19, 2013-FEBURARY 9, 2014). PERFORMANCES AT THE MUSEUM INCLUDED: PHILIPPE GRANDRIEUX: UNREST (OCTOBER 18, 2013), A SERIES OF PERFORMANCES ASSOCIATED WITH THE EXHIBITION RITUALS OF RENTED ISLAND SARAH MICHELSON: 4 (JANUARY 24-FEBRUARY 2, 2014), AND AN EXTENDED SERIES OF PERFORMANCES ASSOCIATED WITH WHITNEY BIENNIAL 2014. THE

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

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

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
MUSEUM ALSO PRESENTED TOURING EXHIBITIONS AT VENUES ACROSS THE UNITED	
STATES, INCLUDING: RICHARD ARTSCHWAGER!, HOPPER DRAWINGS, AND ROBERT	
INDIANA: BEYOND LOVE, AS WELL AS ONGOING TOURS OF REAL/SURREAL, LEGACY:	
THE EMILY FISHER LANDAU COLLECTION, AND ALEX KATZ.	
PERFORMANCES AT THE MUSEUM INCLUDED: PHILIPPE GRANDRIEUX: UNREST	
(OCTOBER 18, 2013), A SERIES OF PERFORMANCES ASSOCIATED WITH THE	
EXHIBITION RITUALS OF RENTED ISLAND, SARAH MICHELSON: 4 (JANUARY	
24-FEBRUARY 2, 2014), AND AN EXTENDED SERIES OF PERFORMANCES ASSOCIATED	
WITH WHITNEY BIENNIAL 2014.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
NEW BUILDING, MAKING SIGNIFICANT STRIDES ON RESEARCH AND PREPARATION	
FOR EXHIBITIONS UPCOMING THROUGH FY '17, SUCH AS RETROSPECTIVES OF	
FRANK STELLA AND STUART DAVIS. THE WHITNEY'S LIBRARY CONTINUES TO	
DIGITIZE ITS SPECIAL COLLECTIONS TO MAKE THEM MORE WIDELY ACCESSIBLE	
AND PRESERVE THEIR CONTENT, INCLUDING THE MUSEUM'S EXHIBITION	
CATALOGUES, ARTISTS' CORRESPONDENCE AND EPHEMERA, ITS HISTORICAL	
DOCUMENTS, AND ITEMS FROM THE PERSONAL LIBRARY OF JULIANA FORCE, THE	
WHITNEY'S INAUGURAL DIRECTOR AND CLOSE ASSOCIATE OF THE MUSEUM'S	
FOUNDER, GERTRUDE VANDERBILT WHITNEY.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
CONTINUED TO GROW MUSEUM PARTNERSHIPS WITH DOWNTOWN SCHOOLS, SENIOR	
CENTERS, AND COMMUNITY-BASED ORGANIZATIONS, AND CONVENED BIMONTHLY	
MEETINGS WITH THE WHITNEY EDUCATION COMMUNITY ADVISORY NETWORK (WECAN),	
A GROUP OF LOCAL RESIDENTS, TEACHERS, PARENTS, AND REPRESENTATIVES FROM	
COMMUNITY-BASED ORGANIZATIONS IN THE WHITNEY'S FUTURE NEIGHBORHOOD.	

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
WECAN DISCUSSES WAYS THAT THE WHITNEY CAN BECOME AN ESSENTIAL RESOURCE	
FOR THIS DIVERSE AND DYNAMIC COMMUNITY. OUR SCHOOL PROGRAMS HAVE BEEN	
WORKING WITH 3 NEW YORK CITY PUBLIC SCHOOLS FOR THE LAST 6 YEARS.	
THROUGH THESE LONG-TERM SCHOOL PARTNERSHIPS, THE MUSEUM SEEKS TO WORK	
WITH THE ENTIRE SCHOOL COMMUNITY, INCLUDING ADMINISTRATORS, TEACHERS,	
STUDENTS, AND PARENTS. THE MUSEUM'S PROGRAMS HAVE CREATED A POSITIVE	
IMPACT ON TEACHING AND LEARNING, IMPROVED SCHOOL CULTURE, AND INCREASED	
PARENTAL ENGAGEMENT. BUILDING ON THIS SUCCESS, THE MUSEUM IS WORKING	
ON ESTABLISHING PARTNERSHIPS WITH 5 MORE PUBLIC SCHOOLS LOCATED IN	
DOWNTOWN MANHATTAN AND BROOKLYN IN PREPARATION FOR THE MOVE TO THE NEW	
BUILDING. THE MUSEUM'S EDUCATION DEPARTMENT ALSO CONTINUED OUR	
LONGITUDINAL STUDY ON TEEN ARTS PARTICIPATION, FUNDED BY THE FEDERAL	
GOVERNMENT'S INSTITUTE OF MUSEUM AND LIBRARY SERVICES. A COLLABORATION	
WITH THE WALKER ART CENTER, LAMOCA, AND THE CONTEMPORARY ARTS MUSEUM	
HOUSTON, THIS PROJECT EXPLORES THE LONG-TERM IMPACT OF TEEN ARTS	
PROGRAMS ON PARTICIPANTS, MUSEUMS, AND THEIR COMMUNITIES. FINALLY, THE	
WHITNEY CONTINUES TO PILOT STUDIO PROGRAMS, INCLUDING HANDS-ON ART	
MAKING WORKSHOPS BASED ON CURRENT EXHIBITIONS FOR AUDIENCES OF ALL	
AGES. 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 \$ 1,096,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ -38,000.	

FORM 990, PART VI, SECTION A, LINE 1:

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number
IN ACCORDANCE WITH THE MUSEUM'S BY-LAWS, THE EXECUTIVE	
COMMITTEE CONSISTS ENTIRELY OF MUSEUM TRUSTEES. THE EXECUTIVE COMMITTEE	
CURRENTLY CONSISTS OF 20 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:	
MELVA BUCKSBAUM (VICE CHAIRMAN) AND RAYMOND J. LEARSY	
(TRUSTEE) - FAMILY RELATIONSHIP.	
THOMAS H. LEE (TRUSTEE) AND JONATHAN O. LEE (TRUSTEE) - FAMILY	
RELATIONSHIP.	
NEIL G. BLUHM (PRESIDENT) AND JOHN C. PHELAN (VICE PRESIDENT) - BUSINESS	
RELATIONSHIP.	
NEIL G. BLUHM (PRESIDENT) AND JAMES A. GORDON (TRUSTEE) - 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	hadula 0 (Faura 000 av 000 F7) (0040

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
RELATED 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. ANNUALLY THE BOARD AND OFFICERS OF THE MUSEUM COMPLETE A CONFLICTS	
OF INTEREST QUESTIONNAIRE. RESPONSES ARE COMPILED, REVIEWED WITH THE	_
GENERAL COUNSEL AND CHIEF OPERATING OFFICER, AND ANY CONFLICTS ARE	
FORWARDED TO THE PRESIDENT. 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 ANNUALLY TO	
REVIEW PERFORMANCE AND COMPENSATION FOR THE DIRECTOR AND THREE OTHER SENIOR	
MEMBERS OF STAFF: CHIEF OPERATING OFFICER, CHIEF CURATOR/DEPUTY DIRECTOR	
AND DEPUTY DIRECTOR FOR DEVELOPMENT. AS PART OF THE PROCESS, THE COMMITTEE	
REVIEWS COMPARATIVE DATA OBTAINED FROM THREE TO FOUR INDEPENDENT SOURCES.	
THESE SOURCES PROVIDE DATA FOR SIMILAR POSITIONS IN NEW YORK CITY AS WELL	
AS NATIONALLY. THE COMPENSATION REVIEW PROCESS AS DESCRIBED ABOVE WAS LAST	

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
UNDERTAKEN IN 2013.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AZ,CA,CO,CT,GA,HI,IL,MD,MA,MI,NJ,NC,OH,PA,RI,TN,VA,WA,NY	
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 -1,524,000.	
FORM 990 - GENERAL	
AMOUNTS REFLECTED IN THE 2013 FORM 990 FOR THE YEAR ENDED	
JUNE 30, 2014 HAVE BEEN ROUNDED TO THE NEAREST THOUSAND TO CONFORM WITH	
THE PRESENTATION IN THE MUSEUM'S AUDITED FINANCIAL STATEMENTS.	