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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

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

C Name of organization: THE NEWARK MUSEUM ASSOCIATION
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 49 WASHINGTON STREET _____
 City or town, state or country, and ZIP + 4: NEWARK, NJ 07102

D Employer identification number: 22-1487275

E Telephone number: (973) 596-6550

F Name and address of principal officer: MEME OMOGBAI, 49 WASHINGTON STREET, NEWARK, NJ 07102

G Gross receipts \$ 34,489,542

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number: _____

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

J Website: WWW.NEWARKMUSEUM.ORG

K Form of organization: Corporation Trust Association Other _____
L Year of formation: 1909 **M** State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE NEWARK MUSEUM OPERATES FOR THE BENEFIT OF THE PUBLIC AS A MUSEUM OF SERVICE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	51
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	326
	6 Total number of volunteers (estimate if necessary)	6	492
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,237,105	10,749,109
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	560,725	536,234
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,382,234	4,471,683
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,252	467,585
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,408,316	16,224,611
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,167,495	9,827,357
	b Total fundraising expenses (Part IX, column (D), line 25) 2,080,635	201,405	219,857
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,007,890	8,253,292
19 Revenue less expenses Subtract line 18 from line 12	17,376,790	18,300,506	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	31,526	-2,075,895
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	68,267,558	69,286,207
		1,250,983	1,763,010
		67,016,575	67,523,197

Part II Signature Block

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

Sign Here
 Signature of officer: _____ Date: 2013-08-08
 MEME OMOGBAI ASST TREASURER & COO
 Type or print name and title

Paid Preparer Use Only
 Preparer's name: GARRETT M HIGGINS Preparer's signature: _____ Date: 2013-08-08
 Check if self-employed PTIN: P00543209
 Firm's name: O'CONNOR DAVIES LLP Firm's EIN: 27-1728945
 Firm's address: 665 FIFTH AVENUE Phone no: (212) 286-2600
 NEW YORK, NY 10022

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TRANSFORM INDIVIDUALS OF ALL AGES AND THE LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL COMMUNITIES THAT WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 5,048,534 including grants of \$) (Revenue \$)

EXHIBITIONS 1 EXPANDING AFRICA AT THE NEW MUSEUM NEW VISIONS, NEW GALLERIES - CONVEYS A SLICE OF THE DIVERSITY OF HISTORICAL AND CONTEMPORARY AFRICAN ART2 IN HER EYES WOMEN BEHIND AND IN FRONT OF THE CAMERA - THIS EXHIBITION FEATURES PHOTOGRAPHS BY WOMEN WHO EXAMINE FEMALE IDENTITY IN THEIR WORK

4b (Code) (Expenses \$ 4,134,941 including grants of \$) (Revenue \$)

REGISTRAR & CURATORIAL CONSERVATION AND CATALOGING OF THE MUSEUM COLLECTIONS - RESEARCHING IMAGE LOCATIONS, MOVEMENT AND STAGING OF OBJECTS THROUGHOUT THE MUSEUM

4c (Code) (Expenses \$ 3,747,369 including grants of \$) (Revenue \$ 1,001,448)

EDUCATION, SCIENCE, ART AND HUMANITIES PROGRAMS SERVE AS A VITAL LINK BETWEEN THE MUSEUM AND IT PUBLIC ENSURING A WELCOMING ACCESSIBLE LEARNING ENVIRONMENT FOR ALL PROGRAMS DRAW FROM THE ART, SCIENCE, HISTORY AND CULTURAL COLLECTIONS OF THE MUSEUM TO EDUCATE, INSPIRE, AND ENGAGE OUR DIVERSE AUDIENCES THE SCIENCE DEPARTMENT CONTINUES TO CREATIVELY AND EFFECTIVELY MEET THE MUSEUM'S MISSION THROUGH THE DEVELOPMENT OF EXHIBITIONS, FAMILY, SCHOOL, YOUTH PROGRAMS AND FESTIVALS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,930,844

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 109		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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 326		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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 Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	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?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	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		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed NJ, NY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MEME OMOGBAI ASST TREASURER & COO 49 WASHINGTON STREET NEWARK, NJ (973) 596-6550

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b	842,834				
	c Fundraising events 1c	795,502				
	d Related organizations 1d					
	e Government grants (contributions) 1e	6,686,102				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,424,671				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	10,749,109				
Program Service Revenue		Business Code				
	2a EDUC PGMS & WORKSHOPS	900099	367,714	367,714		
	b REGISTRATION FEES	900099	168,520	168,520		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	536,234				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	1,050,422			1,050,422	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	247,125			
		(ii) Personal				
		b Less rental expenses	38,072			
		c Rental income or (loss)	209,053			
	d Net rental income or (loss)	209,053			209,053	
	7a Gross amount from sales of assets other than inventory	(i) Securities	18,672,422	2,416,809		
		(ii) Other				
		b Less cost or other basis and sales expenses	17,667,970	0		
		c Gain or (loss)	1,004,452	2,416,809		
	d Net gain or (loss)	3,421,261			3,421,261	
	8a Gross income from fundraising events (not including \$ 795,502 of contributions reported on line 1c) See Part IV, line 18	a	71,250			
		b Less direct expenses b	308,757			
c Net income or (loss) from fundraising events		-237,507			-237,507	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	715,346				
	b Less cost of goods sold b	250,132				
	c Net income or (loss) from sales of inventory	465,214	465,214			
Miscellaneous Revenue	Business Code					
11a BUS&COM COUNCIL EVENTS	900099	22,408		22,408		
b PENSION PLAN FORTFEIT	900099	3,769		3,769		
c TRIP INCOME	900099	2,048		2,048		
d All other revenue		2,600		2,600		
e Total. Add lines 11a-11d		30,825				
12 Total revenue. See Instructions		16,224,611	1,001,448	0	4,474,054	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
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, trustees, and key employees.	920,896		920,896	
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.	6,668,538	4,739,594	950,933	978,011
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	583,219	397,702	103,452	82,065
9	Other employee benefits.	982,024	631,453	220,272	130,299
10	Payroll taxes.	672,680	422,486	163,014	87,180
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	62,797		62,797	
c	Accounting.	141,320		141,320	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	219,857			219,857
f	Investment management fees.	294,409		189,092	105,317
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	678,314	589,016	86,548	2,750
12	Advertising and promotion.	184,040	184,040		
13	Office expenses.	1,249,583	839,948	138,794	270,841
14	Information technology.	1,900	1,900		
15	Royalties.				
16	Occupancy.	1,355,441	1,247,006	67,772	40,663
17	Travel.	189,575	104,329	65,375	19,871
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	35,032	7,333	10,814	16,885
20	Interest.	5,132		5,132	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,930,111	1,775,702	96,506	57,903
23	Insurance.	238,800	200,592	11,940	26,268
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	ACQ OF WORKS OF ART	1,192,945	1,192,945		
b	MEMBERSHIP TOURS	237,606	237,606		
c	EQUIPMENT RENTAL & MAIN	219,038	183,992	10,952	24,094
d	STAFF TRAINING	143,318	90,291	34,396	18,631
e	All other expenses	93,931	84,909	9,022	
25	Total functional expenses. Add lines 1 through 24e.	18,300,506	12,930,844	3,289,027	2,080,635
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	6,998,969	1	7,840,110
	2 Savings and temporary cash investments	816,954	2	2,112,374
	3 Pledges and grants receivable, net	3,755,894	3	2,382,859
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	198,254	8	174,270
	9 Prepaid expenses and deferred charges	517,315	9	442,447
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 54,061,116		
	b Less accumulated depreciation	10b 38,403,443	15,807,032	10c 15,657,673
	11 Investments—publicly traded securities	34,578,006	11	34,853,240
	12 Investments—other securities See Part IV, line 11	5,409,300	12	5,660,640
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	185,834	15	162,594
16 Total assets. Add lines 1 through 15 (must equal line 34)	68,267,558	16	69,286,207	
Liabilities	17 Accounts payable and accrued expenses	750,983	17	741,437
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	500,000	23	1,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	21,573
	26 Total liabilities. Add lines 17 through 25	1,250,983	26	1,763,010
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	49,616,130	27	50,239,093
	28 Temporarily restricted net assets	4,501,949	28	4,270,081
	29 Permanently restricted net assets	12,898,496	29	13,014,023
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	67,016,575	33	67,523,197	
34 Total liabilities and net assets/fund balances	68,267,558	34	69,286,207	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,224,611
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,300,506
3	Revenue less expenses Subtract line 2 from line 1	3	-2,075,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,016,575
5	Net unrealized gains (losses) on investments	5	2,582,517
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,523,197

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	22,936,683	17,579,715	19,022,524	13,237,105	10,749,109	83,525,136
2 Tax revenues levied for the organization'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	22,936,683	17,579,715	19,022,524	13,237,105	10,749,109	83,525,136
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)						3,437,214
6 Public support. Subtract line 5 from line 4						80,087,922

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	22,936,683	17,579,715	19,022,524	13,237,105	10,749,109	83,525,136
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,124,247	950,338	978,170	1,016,086	1,297,547	5,366,388
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 assets (Explain in Part IV)					30,825	30,825
11 Total support (Add lines 7 through 10)						88,922,349
12 Gross receipts from related activities, etc (see instructions)					12	6,199,347

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90.070 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	88.530 %

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME BUSINESS COMMUNITY COUNCIL EVENTS - 2012 AMOUNT \$ 22,408 TRIP INCOME - 2012 AMOUNT \$ 2,048 BOOK SALE - 2012 AMOUNT \$ 442 VENDING MACHINES - 2012 AMOUNT \$ 1,730 PENSION PLAN FORFEITURES - 2012 AMOUNT \$ 3,769 AUCTION REVENUE - 2012 AMOUNT \$ 428

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE NEWARK MUSEUM ASSOCIATION

Employer identification number 22-1487275

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 3 columns: Description, Held at the End of the Year (2a-2d), and Yes/No. Rows include purpose of easements, number of easements, and monitoring details.

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

Table with 3 columns: Description, Revenues, and Assets. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,825,039	43,753,255	41,598,842		
b Contributions	2,331,349	414,194	904,941		
c Net investment earnings, gains, and losses	4,342,981	215,868	4,251,468		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,726,760	3,558,278	3,001,996		
f Administrative expenses					
g End of year balance	43,772,609	40,825,039	43,753,255		

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

- a** Board designated or quasi-endowment ▶ 67.800 %
 - b** Permanent endowment ▶ 29.380 %
 - c** Temporarily restricted endowment ▶ 2.820 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		47,993,290	34,737,869	13,255,421
c Leasehold improvements				
d Equipment		4,284,977	3,665,574	619,403
e Other		1,782,849		1,782,849
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,657,673

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

1	Total revenue, gains, and other support per audited financial statements	1	18,845,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,582,517
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	38,072
e	Add lines 2a through 2d	2e	2,620,589
3	Subtract line 2e from line 1	3	16,224,611
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	16,224,611

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

1	Total expenses and losses per audited financial statements	1	18,338,578
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	38,072
e	Add lines 2a through 2d	2e	38,072
3	Subtract line 2e from line 1	3	18,300,506
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	18,300,506

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE VALUE OF THE MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION, AND GIFTS OF ART OBJECTS ARE EXCLUDED FROM REVENUE IN THE STATEMENTS OF ACTIVITIES PURCHASES OF ART OBJECTS BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENTS OF ACTIVITIES THE MUSEUM'S POLICY IS TO EXCLUSIVELY UTILIZE RESTRICTED ACQUISITION FUNDS TO ACQUIRE NEW OBJECTS FOR ITS COLLECTIONS
	PART III, LINE 4	THE MUSEUM'S DISTINGUISHED COLLECTIONS ARE PRESENTED IN EIGHTY GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS OF SEVEN BUILDINGS IN THE CENTER OF ONE OF AMERICA'S OLDEST CITIES THE CAMPUS ENCOMPASSES THE BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARMS SCHOOLHOUSE AND THE RECENTLY COMPLETED HORIZON PLAZA, A WELCOMING STREETScape/PLAZA WITH GREENERY, DYNAMIC LIGHTING, AND POTENTIALLY A MAJOR PUBLIC ART INSTALLATION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE PRIMARY OBJECTIVE OF THE MUSEUM'S ENDOWMENT FUNDS IS TO PROVIDE A STABLE STREAM OF INCOME TO SUPPORT ITS OPERATIONS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT DISCLOSURE THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENT EXPENSES REPORTED IN PART VIII, LINE 6B 38,072
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENT EXPENSES REPORTED IN PART VIII, LINE 6B 38,072

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

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. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes entry for THE WHELAN GROUP (TWG).

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

NJ, NY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL GALA (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	866,752			866,752
	2 Less Contributions	795,502			795,502
	3 Gross income (line 1 minus line 2)	71,250			71,250
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	103,950			103,950
	7 Food and beverages	101,459			101,459
	8 Entertainment				
	9 Other direct expenses	103,348			103,348
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(308,757)
11 Net income summary Combine line 3, column (d), and line 10 ▶				-237,507	

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	AN INITIAL PAYMENT OF \$21,000 WAS DUE UPON THE EXECUTION OF THE AGREEMENT THEREAFTER, TWG WILL INVOICE THE MUSEUM \$16,000 ON THE FIRST DAY OF EACH MONTH DURING THE CONTRACT PERIOD REIMBURSABLE EXPENSES WILL NOT EXCEED AN EXPENSE BUDGET OF \$10,000 WITHOUT THE MUSEUM'S EXPRESS WRITTEN PERMISSION REIMBURSABLE EXPENSES WILL BE CHARGED IN THE MONTH FOLLOWING THE MONTH IN WHICH THEY ARE INCURRED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY SUE PRICE SEE SCH J PART III DIRECTOR & CEO	(i)	239,275	0	321,927	25,113	13,128	599,443	321,927
	(ii)	0	0	0	0	0	0	0
(2) MEME OMOGBAI SEE SCH J PART III ASST TREASURER & COO	(i)	221,761	0	70,024	22,940	6,728	321,453	70,024
	(ii)	0	0	0	0	0	0	0
(3) CHARLES TANTILLO DIRECTOR FACILITY OPERATIONS	(i)	127,904	0	0	12,732	18,238	158,874	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	MARY SUE PRICE AND MEME OMOGBAI PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AS A RESULT OF THE PLAN'S TERMINATION, IN 2012, MARY SUE RECEIVED A PAYMENT OF \$321,927 AND MEME RECEIVED A PAYMENT OF \$70,024 FROM THE PLAN, WHICH WAS INCLUDED IN THEIR FORMS 2012 W-2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE NEWARK MUSEUM ASSOCIATION

Employer identification number 22-1487275

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art-Works of art, Art-Historical treasures, Art-Fractional interests, Books and publications, Clothing and household goods, Cars and other vehicles, Boats and planes, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs and medical supplies, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other.

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

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), and 33 (If the organization did not report an amount in column (c) for a type of property...).

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

Identifier	Return Reference	Explanation
NON REPORTING OF REVENUE	PART I, LINE 33	THE VALUE OF THE MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION, AND GIFTS OF ART OBJECTS ARE EXCLUDED FROM REVENUE IN THE STATEMENTS OF ACTIVITIES PURCHASES OF ART OBJECTS BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENTS OF ACTIVITIES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE TREASURER, AND MUSEUM TRUSTEE, MR PETER SAYRE HAS A BUSINESS RELATION WITH GARY SHAW, ANOTHER TRUSTEE OF THE MUSEUM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE BOARD OF TRUSTEES OF THE MUSEUM ESTABLISHES THE CLASSES OF MEMBERS, AND THE MEMBER'S QUALIFICATIONS, PRIVILEGES AND DUTIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MUSEUM'S MEMBERS ELECT THE MUSEUM'S TRUSTEES OTHER THAN THE EX-OFFICIO TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	AMENDMENTS TO THE BYLAWS ARE APPROVED BY THE MUSEUM'S MEMBERS, AND UNDER THE NEW JERSEY NON-PROFIT CORPORATION ACT, CERTAIN SIGNIFICANT TRANSACTIONS REQUIRE MEMBER'S APPROVAL SUCH AS MERGER, CONSOLIDATION AND DISSOLUTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE NEWARK MUSEUM HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT, REVIEWED BY THE MUSEUM'S OUTSIDE LEGAL COUNCIL, AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE IT IS ELECTRONICALLY SENT TO ALL THE MUSEUM'S TRUSTEES FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUP, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED BY THE MUSEUM'S TRUSTEES FOR FILING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>THE MUSEUM'S CONFLICT OF INTEREST POLICY IS REVIEWED PERIODICALLY, BY THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES, COMMITTEE MEMBERS, AND OFFICERS OF THE MUSEUM COMPLETE ANNUAL CONFLICT AND RELATED PARTY QUESTIONNAIRES THE MUSEUM'S CONFLICT OF INTEREST POLICY REQUIRES THAT TRUSTEES AND OFFICERS DISCLOSE CONFLICTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OF TRUSTEES OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCLOSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OF TRUSTEES OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST THE CHAIRPERSON OF THE BOARD OF TRUSTEES OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE WHETHER THE MUSEUM CAN AND/OR SHOULD OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT APPROPRIATE OR REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE MUSEUM'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT THE MINUTES OF THE BOARD OF TRUSTEES AND ALL COMMITTEES SHALL CONTAIN 1 THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD OF TRUSTEES' OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED 2 THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE MUSEUM CONDUCTS A DETAILED REVIEW OF COMPENSATION FOR ITS DIRECT/CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS AND KEY EMPLOYEES ENSURES THAT THE COMPENSATION LEVELS COMPARE WITH ART MUSEUMS IN HISTORIC DISTRICTS ACROSS THE COUNTRY AS PART OF THIS PROCESS THE MUSEUM ALSO CONSIDERS PUBLISHED COMPENSATION SURVEYS AND COMPENSATION INFORMATION INCLUDED IN FORMS 990 FILED BY OTHER ART MUSEUMS THIS INFORMATION IS REVIEWED BY THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (AS MORE PARTICULARLY SET FORTH IN THE MUSEUM'S BYLAWS), WHEN THEN APPROVES ANY CHANGES IN COMPENSATION CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED THROUGH MINUTES OF THE COMMITTEE'S MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE MUSEUM MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FORM 990 AS WELL AS THE FORM 1023 ARE AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE MUSEUM DIRECTLY.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE MUSEUM MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, CERTIFICATE OF INCORPORATION, AND BYLAWS AVAILABLE UPON WRITTEN REQUEST BY CALLING THE MUSEUM DIRECTLY

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE MUSEUM HAS AN AUDIT COMMITTEE WHICH MONITORS THE AUDIT PROCESS AND ENSURES COMPLIANCE WITH THE SYSTEM OF INTERNAL CONTROLS, AND APPLICABLE LAWS THE AUDIT COMMITTEE ALSO MONITORS THE SELECTION, INDEPENDENCE AND PERFORMANCE OF EXTERNAL AUDITORS AND FACILITATES THE COMMUNICATION PROCESS BETWEEN THE EXTERNAL AUDITORS AND MANAGEMENT AND THE BOARD OF TRUSTEES THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 22-1487275
Name: THE NEWARK MUSEUM ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW H RICHARDS PRESIDENT	8 00	X		X				0	0	0
ARLENE LIEBERMAN CHAIR	15 00	X		X				0	0	0
GLORA HOPKINS BUCK VICE PRESIDENT	8 00	X		X				0	0	0
MARY SUE PRICE SEE SCH J PART III DIRECTOR & CEO	60 00	X		X				561,202	0	38,241
MEME OMOGBAI SEE SCH J PART III ASST TREASURER & COO	60 00	X		X				291,785	0	29,668
PETER B SAYRE TREASURER	5 00	X		X				0	0	0
ANGELO J GENOVA TRUSTEE	2 00	X						0	0	0
ANN B DICKENSON TRUSTEE	5 00	X						0	0	0
ASHLEY M PERTSEMLIDIS TRUSTEE	2 00	X						0	0	0
BARBARA D WELDON TERM ENDED FEBRUARY 2012	2 00	X						0	0	0
CAROLINE DORSA TERM ENDED MAY 2012	2 00	X						0	0	0
CHRISTINE C GILFILLAN TRUSTEE	2 00	X						0	0	0
CLIFFORD BLANCHARD TRUSTEE	2 00	X						0	0	0
D NICHOLAS MICELI TRUSTEE	2 00	X						0	0	0
DAVE BARGER TRUSTEE	2 00	X						0	0	0
DONALD M KARP TRUSTEE	2 00	X						0	0	0
DOROTHY D LEWIS TRUSTEE	2 00	X						0	0	0
ELEANORE K COHEN TRUSTEE	5 00	X						0	0	0
FRANCIS A WOOD TRUSTEE	2 00	X						0	0	0
GARY SHAW TRUSTEE	2 00	X						0	0	0
GRIZEL UBARRY TRUSTEE	2 00	X						0	0	0
GURDON B WATTLES TRUSTEE	2 00	X						0	0	0
JACOB S BUURMA TRUSTEE	2 00	X						0	0	0
JAZZ J MERTON TRUSTEE	2 00	X						0	0	0
JEROME W GOTTESMAN TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOAN KALKIN TRUSTEE	2 00	X						0	0	0
JOSEPH BUCKLY TRUSTEE	2 00	X						0	0	0
JOSEPH MELONE TRUSTEE	5 00	X						0	0	0
JUDITH LIEBERMAN TRUSTEE	2 00	X						0	0	0
KATHY GRIER TRUSTEE	5 00	X						0	0	0
KEITH DOLIN TRUSTEE	2 00	X						0	0	0
LINDA M A RODRIGUES TRUSTEE	2 00	X						0	0	0
MONA GIBSON TRUSTEE	2 00	X						0	0	0
PATRICIA HALL CURVIN TRUSTEE	2 00	X						0	0	0
PATRICIA P LUNKA TRUSTEE	2 00	X						0	0	0
PAUL M GRAVES TRUSTEE	3 00	X						0	0	0
POONAM KHUBANI TRUSTEE	2 00	X						0	0	0
RICHARD K WEINROTH TRUSTEE	2 00	X						0	0	0
ROBERT H DOHERTY TRUSTEE	2 00	X						0	0	0
RONALD M OLLIE TRUSTEE	2 00	X						0	0	0
RUTH C LIPPER TRUSTEE	2 00	X						0	0	0
SAMUEL A DELGADO TRUSTEE	2 00	X						0	0	0
SETH L ROSEN TRUSTEE	2 00	X						0	0	0
SHAHID MALIK TRUSTEE	2 00	X						0	0	0
SHEILA NUGENT CARTER TRUSTEE	2 00	X						0	0	0
SOPHIA SHENG TRUSTEE	2 00	X						0	0	0
STEPHANIE GLICKMAN TRUSTEE	2 00	X						0	0	0
STEPHEN R EHRlich TRUSTEE	3 00	X						0	0	0
SUSAN M BAER TRUSTEE	2 00	X						0	0	0
THEODORE G KOVEN TRUSTEE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
THOMAS H KEAN JR TRUSTEE	2 00	X						0	0	0	
WILLIAM F TAGGERT TRUSTEE	2 00	X						0	0	0	
WILMA GELFAND TRUSTEE	2 00	X						0	0	0	
CHARLES TANTILLO DIRECTOR FACILITY OPERATIONS	50 00					X		127,904	0	30,970	
ISMAEL CALDERON DIRECTOR OF SCIENCE	50 00					X		118,144	0	10,629	
KATHY ALLEGRO DIRECTOR OF INFORMATION TECH	50 00					X		108,530	0	23,315	
MARK ALBIN DIRECTOR OF MARKETING	50 00					X		117,585	0	29,608	
MARY DOUGHERTY GORA DIRECTOR OF DEVELOPMENT	50 00					X		132,530	0	13,486	