



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE NEWARK MUSEUM ASSOCIATION		D Employer identification number 22-1487275
	Doing business as		E Telephone number (973) 596-6550
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 30,401,509
	49 WASHINGTON STREET		
City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07102		F Name and address of principal officer STEVEN KERN 49 WASHINGTON STREET NEWARK, NJ 07102	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: WWW NEWARKMUSEUM ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 FTHE 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	38
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37	
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	243	
6 Total number of volunteers (estimate if necessary)	6	247	
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)	10,753,545	9,054,337
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	441,217	425,155
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,409,531	4,024,636
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	504,574	314,440
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,108,867	13,818,568
	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)	7,558,960	8,061,133
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,563,932	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,212,899	7,849,893
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,771,859	15,911,026	
19 Revenue less expenses Subtract line 18 from line 12	1,337,008	-2,092,458	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	76,219,739	70,444,701
	22 Net assets or fund balances Subtract line 21 from line 20	1,578,935	1,342,661
		74,640,804	69,102,040

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	2016-05-09 Date
	STEVEN KERN DIRECTOR & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GARRETT M HIGGINS	Preparer's signature GARRETT M HIGGINS	Date 2016-05-09	Check <input type="checkbox"/> if self-employed	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES LLP			Firm's EIN ▶ 27-1728945	
	Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022			Phone no (212) 286-2600	

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

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission

SINCE ITS FOUNDING IN 1909 BY PIONEERING MUSEOLOGIST JOHN COTTON DANA, THE NEWARK MUSEUM HAS EMBRACED THE RICHNESS OF WORLD CULTURES AND HAS MADE EDUCATION, ACCESS AND CIVIC SERVICE CENTRAL TO ITS MISSION CONTINUED ON SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,768,472 including grants of \$) (Revenue \$)

EXHIBITIONS DURING 2015, THE NEWARK MUSEUM DESIGNED AND INSTALLED 15 PROJECTS THAT ENCOMPASSED APPROXIMATELY 18,000 SQUARE FEET OF INTERIOR GALLERY SPACE THIS INCLUDED SIX NEW INSTALLATIONS DESIGNED AND INSTALLED IN THE MUSEUM'S "PERMANENT" GALLERIES JEWELRY FROM PEARLS TO PLATINUM TO PLASTIC, CHROMATIC, THE CITY & HARLEM RENAISSANCE, THE ART OF CIVIL RIGHTS, A WORLD SO FAR ZAC OVE AND ABSTRACTING NATURE [SEE CONTINUATION ON SCHEDULE O]IN ITS CHANGING GALLERIES, THE NEWARK MUSEUM DESIGNED AND INSTALLED FOUR EXHIBITIONS ROYALS & REGALIA INSIDE THE PALACES OF NIGERIA'S MONARCHS, MY ROCK STARS HASSAN HAJJAJ, THE SHAPE OF LIGHT, GABRIEL DAWE, AND OUTSIDE THE LINES PROGRAMMATIC DETAILS THE MUSEUM STAFF COLLABORATED EXTENSIVELY INTERDEPARTMENTALLY (CURATORIAL, REGISTRARS, EDUCATION, FACILITIES, IT, ETC) AND APPLY ITS DIVERSE SKILLS CREATIVITY IN SUPPORT THE MUSEUM'S MISSION BY DESIGNING AND INSTALLING EXHIBITIONS THAT - SHOWCASED THE FACES OF THE DESCENDANTS OF NIGERIA'S MONARCHS THAT SERVE AS THE CUSTODIANS OF CULTURAL HERITAGE (ROYALS & REGALIA INSIDE THE PALACES OF NIGERIA'S MONARCHS)- CAST NEW LIGHT ON DEFINING 'ROCK STAR AND MUSICAL ADMIRATION (MY ROCK STARS HASSAN HAJJAJ)- HIGHLIGHTED THE BREADTH AND DEPTH OF THE MUSEUM'S OWN COLLECTION WITH PIECES FROM ACROSS THE MAIN FOUR COLLECTIONS TO SHOWCASE ARTISTS WHO EXPLORE COLOR AND TEXTURE (OUTSIDE THE LINES)- BOLDLY EXHIBITED THE INTERSECTION OF SCIENCE, ART AND ENGINEERING WITH SITE SPECIFIC WORKS (THE SHAPE OF LIGHT, GABRIEL DAWE)

4b (Code) (Expenses \$ 3,077,322 including grants of \$) (Revenue \$ 732,570)

EDUCATION, SCIENCE, ART AND HUMANITIES PROGRAMS THE NEWARK MUSEUM, KNOWN FOR THE FAMILY AND SCHOOL PROGRAMS WITH GRAVITY AND DEPTH PROVIDED A MULTITUDE OF PROGRAMS COVERING ART, HUMANITIES, SCIENCE, TECHNOLOGY AND ENGINEERING, ALL SERVING AS A VITAL LINK BETWEEN THE MUSEUM, EXHIBITS AND THE PUBLIC, ENSURING A WELCOMING ACCESSIBLE LEARNING ENVIRONMENT FOR ALL UTILIZING ITS UNIQUE POSITION AS A LEADER IN ARTS AND SCIENCES, THE MUSEUM PROVIDED A NUMBER OF SUCCESSFUL PROGRAMS FOR SCHOOL CHILDREN AND THEIR TEACHERS, FAMILIES AND ADULTS IN 2015 [SEE CONTINUATION ON SCHEDULE O]THE MUSEUM MAINTAINS DISTRICT CONTRACTS WITH BOTH NEWARK PUBLIC SCHOOLS (3RD & 5TH GRADES) AND JERSEY CITY PUBLIC SCHOOLS (5TH & 8TH GRADES) WHICH INCLUDE PROFESSIONAL DEVELOPMENT FOR TEACHERS AND GALLERY AND STUDIO ACTIVITIES AT THE MUSEUM FOR STUDENTS AS A RESULT OF THE MUSEUM'S ROBUST LEARNING PROGRAMS AND STEAM EDUCATION INITIATIVES OVER 86,000 SCHOOL CHILDREN CAME TO THE NEWARK MUSEUM OR HAD A MUSEUM EDUCATOR IN THEIR CLASSROOM IN 2015, REPRESENTING 719 PUBLIC AND PRIVATE SCHOOLS THROUGHOUT NORTHERN AND CENTRAL NEW JERSEY PROGRAMS RANGED EXTENSIVELY IN SCOPE AND SIZE RANGING FROM SCIENCE LABS AND GALLERIES (INCLUDING BUT NOT LIMITED TO FORENSIC SCIENCE, CHEMISTRY, DYNAMIC EARTH AND GEOLOGY ROCKS!), ART AND HUMANITIES PROGRAMS (INCLUDING WHO DONE IT IN THE BALLANTINE HOUSE AND EXPRESS YOURSELF - EXPLORING THE WORLD THROUGH ART, WHICH INCLUDES THREE MODULES FOR AMERICAN ART, AFRICAN ART AND ASIAN ART - ALL USING THE MUSEUM'S OWN TEACHING COLLECTION) AND PLANETARIUM SHOWS IN ADDITION TO SCHOOL PROGRAMS, THE MUSEUM OPERATES WEEKEND DROP-IN PROGRAMMING FOR FAMILIES AND THE SUMMER CAMP NEWARK IN 2015 REGULAR WEEKEND ART AND GALLERY TOURS WERE ACCOMPANIED BY THE MUSEUM'S NEW INITIATIVE TO PROVIDE PROGRAMMING FOR 3 - 5 YEAR OLDS AND THEIR FAMILIES WITH GENEROUS SUPPORT OF THE NICHOLSON FOUNDATION, THE MUSEUM CONTINUED 'CREATIVE PLAY' A WEEKLY DROP-IN PROGRAM FOR PRESCHOOLERS AND THEIR ADULTS THE PROGRAM IS MEANT TO SERVE ALL MUSEUM FAMILIES, BUT FOCUSED SPECIFICALLY ON CHILDREN FROM NEWARK'S SOUTH WARD WITH A YEAR OF EXPERIENCE AND UNDERSTANDING OF THE COMMUNITY, THE MUSEUM CONTINUES TO MAKE NECESSARY CHANGES TO IMPROVE THE PROGRAM, WHICH WILL CONTINUE INTO 2016 CAMP NEWARK, SERVES OVER 500 CAMPER BETWEEN AGES 3 AND 14 IN 2015 THE MUSEUM EXPANDED THE AGE RANGE FROM 13 TO 14 IN RESPONSE TO AN OVERWHELMING REQUEST FROM MANY LONG-TERM CAMPERS IN 2015, CAMP NEWARK SERVED AGAIN OFFERED MAKER CORPS, WITH THREE LOCAL COLLEGE STUDENTS WORKING AS SPECIALISTS OFFERING TECHNOLOGY BASED ACTIVITIES, ADDING A NEW, POSITIVE DYNAMIC TO THE CAMP EXPLORERS PROGRAMTHE EXPLORERS PROGRAM AT THE NEWARK MUSEUM, IN ITS 21ST YEAR IN 2015, IS DESIGNED TO PROVIDE SELECTED STUDENTS WITH AS MANY ACADEMIC EXPERIENCES AS POSSIBLE AND IS A HIGHLY SUCCESSFUL COLLEGE AND JOB PREPAREDNESS PROGRAM THAT PROVIDES AT-RISK URBAN HIGH SCHOOL STUDENTS WITH EDUCATION, EMPLOYMENT AND MENTORING OPPORTUNITIES THE EXPLORES PROGRAM FOLLOWS AN EXTRAORDINARILY EXTENSIVE CURRICULUM IMPLEMENTED THROUGH WORKSHOPS FIELD TRIPS AND INTERNSHIP AT THE MUSEUM SOME OF THE WORKSHOPS DURING THE PAST YEAR INCLUDE - MATERIAL SCIENCE, ENTREPRENEURSHIP WORKSHOP, FINANCIAL LITERACY AND MAKER SPACE-DRIVEN WORKSHOPS FOR THE 2015 - 2016 SCHOOL YEAR THE MUSEUM RECEIVED A GRANT FROM THE WALTON FAMILY FOUNDATION TO FURTHER SERVE AS YOUTH LEADER BY RECRUITING TEEN AUDIENCES THROUGH AGE-APPROPRIATE ACTIVITIES IN THE GALLERIES AND REPRESENTING THE MUSEUM AT COMMUNITY-WIDE EVENTS IN 2015, THE MUSEUM GRADUATED 15 STUDENTS FROM THE PROGRAM FAMILY PROGRAMSDINOSAUR DAY WAS THE BIGGEST FESTIVAL OF THE YEAR, SERVING APPROXIMATELY 5,000 VISITORS KIDS MADE FOSSIL RUBBINGS, CREATED PTERODACTYL PUPPETS, PANNED FOR MINERALS AND GEMS IN THE MINERAL SLUICE AND RAN FROM A LIFE-SIZED ANIMATRONIC BABY TYRANNOSAURUS REX DINOSAUR DAY ONLY REPRESENTS A SMALL PORTION OF THE FAMILY PROGRAMS HERE AT THE MUSEUM IN 2015, THE MUSEUM HELD THE 2ND ANNUAL NEWARK MINI MAKER FAIRE, FURTHER SUPPORTING THE MUSEUM'S MAKER PROGRAMMING THIS WAS IN ADDITION TO THE ANNUAL HOLIDAY PROGRAMMING INVITING FAMILIES IN TO CELEBRATE ALL TRADITIONS OF THE HOLIDAY SEASON MARTIN LUTHER KING, JR DAYTHE MARTIN LUTHER KING JR DAY CELEBRATION IS AN EVENT THAT DRAWS 1,000 TO 1,500 PEOPLE PER YEAR THIS YEAR THE MUSEUM CELEBRATED FILM SCREENINGS, SPOKEN WORD PERFORMANCES AND WORDS OF INSPIRATION FROM NEWARK'S MAYOR, THE HONORABLE RAS J BARAKA JAZZ IN THE GARDEN, THE LONGEST CONTINUOUSLY RUNNING CULTURAL PROGRAM IN NEWARK, CELEBRATED ITS 50TH YEAR IN 2015 THE SERIES OPENED WITH DEE DEE BRIDGEWATER IN A SPECIAL FRIDAY NIGHT CELEBRATION EVENT FOR THE 50TH ANNIVERSARY SEASON, THE MUSEUM ALSO BROUGHT IN JOSE JAMES, AN ARTIST WHO WAS FEATURED IN THE EXHIBITION HASSAN HAJJAJ MY ROCK STARS ADULT PROGRAMSIN 2015, THE MUSEUM HOSTED OVER 10,000 ADULTS IN SPECIAL GALLERY AND EXHIBITION TOURS THIS WAS IN ADDITION TO THE MUSEUM'S ANNUAL TIBET LECTURE, RENAMED FOR PAST BOARD DIRECTOR KEVIN SHANLEY, AND ENTITLED PEAKS OF FAITH TIBETAN AND KOREAN BUDDHIST ART WITH GUEST SPEAKER DR MAYA STILLER EXPLORING THE VISUAL JOURNEY OF THE BUDDHIST ARTISTIC LEGACY OF BOTH KOREA AND TIBET THE MUSEUM ADDED A NEW SERIES ENTITLED, SECOND SUNDAYS, OCCURRING THE SECOND SUNDAY OF EVERY MONTH BEGINNING IN NOVEMBER AND CONTINUING INTO 2016, THE MUSEUM IS OFFERING CUSTOM-DESIGNED GALLERY TOURS, LECTURES, PERFORMANCES, HANDS-ON WORKSHOPS FOR VISITORS OF ALL AGES, ARTIST AND MAKER DEMONSTRATIONS, PERFORMANCES, FILES AND CATERED BRUNCH THESE LIVELY DAYS ENCOURAGED THOSE FAMILIAR WITH THE MUSEUM TO BRING FRIENDS AND ENTICED NEW AUDIENCES TO EXPLORE THE RESOURCES OF THE MUSEUM, SOCIALIZE IN OUR SPECTACULAR GALLERIES, AND FIND CONNECTIONS TO THE MUSEUM'S COLLECTIONS MARKETING AND PUBLIC OUTREACHTHE NEWARK MUSEUM'S MARKETING STRATEGY IS DEEPLY ROOTED IN COMMUNITY ENGAGEMENT AND THE BUILDING OF RELATIONSHIPS RELATIONSHIPS WITH OUR EXISTING AND POTENTIAL AUDIENCES AND COLLABORATIVE PARTNERS IN AN EFFORT TO MOVE THEM ALL THROUGH A PROGRESSIVE PROCESS OF INVOLVEMENT AS A FIRST STEP IN THIS PROCESS, THE BASIC UNDERSTANDING IS THAT BEFORE PEOPLE CAN ENJOY THE MUSEUM THEY MUST FIRST GET TO KNOW THE MUSEUM ONCE THEY GET TO KNOW THE MUSEUM WE WANT TO BUILD TRUST THAT THE MUSEUM WILL DELIVER ON ITS BRAND PROMISE WHICH IS TO PROVIDE CONSISTENT, HIGH QUALITY MUSEUM EXPERIENCES THAT ARE APPROPRIATE FOR PEOPLE OF ALL AGES AND ALL BACKGROUNDS TO PROVIDE INTELLECTUAL STIMULATION, OPPORTUNITIES FOR SOCIALIZATION, INFORMAL LEARNING AND FUN BY DELIVERING ON OUR BRAND PROMISE THE NEWARK MUSEUM WILL INCREASE REPEAT VISITATION AND GENERATE POSITIVE WORD OF MOUTH, THE MOST CREDIBLE AND EFFECTIVE METHOD OF ACHIEVING AUDIENCE DEVELOPMENT COLLABORATIVE PARTNERS ARE USUALLY EAGER TO FORM RELATIONSHIPS WITH ORGANIZATIONS SUBSCRIBING TO THESE CORE BELIEFS IN 2015 THE NEWARK MUSEUM LAUNCHED A NEW PROGRAM TO ALLOW NEWARK RESIDENTS TO NOT ONLY GET FREE ADMISSION TO THE MUSEUM, BUT TO JOIN AT A FAMILY MEMBERSHIP LEVEL THE PROGRAM PROVIDES NEWARK RESIDENTS WITH THE OPPORTUNITY TO INCORPORATE THE MUSEUM AS A DEEPER PART OF THEIR COMMUNITY AND TO ALLOW GREATER CONVERSATIONS FOR THE GROWING NEEDS OF NEWARK

4c (Code) (Expenses \$ 3,074,879 including grants of \$) (Revenue \$)

REGISTRAR & CURATORIAL THESE HIGHLIGHTED PROJECTS ARE IN ADDITION TO THE ONGOING CARE AND CONSERVATION OF THE MUSEUM'S PERMANENT COLLECTIONS IN 2015, 128 OBJECTS UNDERWENT CONSERVATION EFFORTS, 11,022 OBJECTS WERE ADDED TO THE MUSEUM'S ONLINE SEARCHABLE DATABASE AND 173 OBJECTS WERE ACCESSIONED INTO THE PERMANENT COLLECTION IN 2015, THE REGISTRAR AND CURATORIAL STAFF JOINTLY WORKED TOWARD PHOTOGRAPHING, DOCUMENTING AND CLEARING COPYRIGHTS FOR VARIOUS FUTURE PUBLICATIONS INCLUDING OBJECTS FROM THE MUSEUM'S AMERICAN, CHINESE, KOREAN AND AFRICAN COLLECTIONS RIGHTS & REPRODUCTION REQUESTS TOALED 103 IMAGES [SEE CONTINUATION ON SCHEDULE O]2015 MARKED A YEAR OF FOCUSING ON THE MUSEUM'S EDUCATION LOAN COLLECTION WITH 4,412 OBJECTS PROCESSED FOR EDUCATION LOAN ALSO IN 2015, MARKED THE ARRIVAL OF THE GRANT-FUNDED FULL-TIME CONSERVATOR TO THE STAFF WHILE FOCUSING ON RE-HOUSING OF THE ASIAN COLLECTION, THE CONSERVATOR WILL BE AVAILABLE TO ASSIST IN CONSERVATION FOR COLLECTION BASED SPECIAL EXHIBITIONS THE CONSERVATOR HAS ADDED INCREDIBLE VALUE TO ASSISTING THE CONSERVATIONS EFFORTS AT THE NEWARK MUSEUM

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

4e Total program service expenses 10,920,673

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> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		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</i> (see instructions) <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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	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? <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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
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.		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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).		
7a	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	
7b	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.		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring 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.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
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.		
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.		
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.		
13c	Enter the amount of reserves on hand.		
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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	1a 38		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 37		
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?		No
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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records C ELIZABETH ARON DEPUTY DIRECTOR OF FINANCE & ADMIN 49 WASHINGTON STREET NEWARK, NJ 07102 (973) 596-6681

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,164,688	0	258,029	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
JOHN O'HARA COMPANY INC 25 KEARNEY STREET EAST ORANGE, NJ 07017	ARCHITECTS	213,917
CROZIER FINE ARTS 525 W 20TH ST NEW YORK, NY 10011	ART STORAGE/SHIPPING SERVICES	116,709
HANOVER PRINTING OF NJ INC 175 US HIGHWAY 4 FAIRFIELD, NJ 070042327	PRINTING SERVICES	104,585

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b	722,781				
	c	Fundraising events 1c	637,967				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	5,317,410				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,376,179				
	g	Noncash contributions included in lines 1a-1f \$	5,477				
	h	Total. Add lines 1a-1f	9,054,337				
Program Service Revenue			Business Code				
	2a	EDUC PGMS & WORKSHOPS	611710	252,168	252,168		
	b	REGISTRATION FEES	900099	172,987	172,987		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		425,155			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	379,671			379,671	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	214,539			
			(ii) Personal				
			b Less rental expenses	17,285			
			c Rental income or (loss)	197,254			
	d	Net rental income or (loss)		197,254		197,254	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	19,318,597	447,770		
			(ii) Other				
			b Less cost or other basis and sales expenses	16,121,402	0		
			c Gain or (loss)	3,197,195	447,770		
	d	Net gain or (loss)		3,644,965		3,644,965	
	8a	Gross income from fundraising events (not including \$ 637,967 of contributions reported on line 1c) See Part IV, line 18	a	95,040			
			b Less direct expenses b	287,353			
c Net income or (loss) from fundraising events				-192,313		-192,313	
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	464,316				
		b Less cost of goods sold b	156,901				
		c Net income or (loss) from sales of inventory		307,415	307,415		
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900099	2,084		2,084		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,084				
12	Total revenue. See Instructions		13,818,568	732,570	0	4,031,661	

Part IX Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	475,983		288,476	187,507
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	211,497		128,181	83,316
7	Other salaries and wages	5,293,874	3,032,883	963,059	1,297,932
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	501,388	358,326	35,920	107,142
9	Other employee benefits	1,041,080	697,009	109,745	234,326
10	Payroll taxes	537,311	349,253	64,477	123,581
11	Fees for services (non-employees)				
a	Management				
b	Legal	36,152		36,152	
c	Accounting	66,860		66,860	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	326,521	212,239	55,508	58,774
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	516,906	315,724	172,677	28,505
12	Advertising and promotion	480,619	363,250	40,013	77,356
13	Office expenses	769,263	453,711	251,678	63,874
14	Information technology	111,358	14,651	90,074	6,633
15	Royalties				
16	Occupancy	828,230	743,333	18,824	66,073
17	Travel	173,559	143,208	21,280	9,071
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,883	18,897	15,068	15,918
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,659,468	1,493,472	33,199	132,797
23	Insurance	288,205	251,189	10,463	26,553
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	1,684,389	1,684,389		
b	REPAIRS AND MAINT	567,205	518,424	11,692	37,089
c	MEMBERSHIP TOURS	118,899	118,899		
d	EQUIPMENT RENTAL & MAIN	117,468	96,908	13,075	7,485
e	All other expenses	54,908	54,908		
25	Total functional expenses. Add lines 1 through 24e	15,911,026	10,920,673	2,426,421	2,563,932
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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	8,375,134	1	5,808,590
	2 Savings and temporary cash investments	4,090,974	2	6,032,159
	3 Pledges and grants receivable, net	1,527,432	3	838,658
	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	139,476	8	133,421
	9 Prepaid expenses and deferred charges	452,408	9	362,935
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 55,872,780		
	b Less accumulated depreciation	10b 43,753,501	13,576,780	10c 12,119,279
	11 Investments—publicly traded securities	22,511,658	11	21,000,987
	12 Investments—other securities. See Part IV, line 11	25,513,852	12	24,105,705
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	32,025	15	42,967
16 Total assets. Add lines 1 through 15 (must equal line 34)	76,219,739	16	70,444,701	
Liabilities	17 Accounts payable and accrued expenses	1,369,481	17	1,114,207
	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		23	
	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	209,454	25	228,454
	26 Total liabilities. Add lines 17 through 25	1,578,935	26	1,342,661
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	54,382,105	27	50,151,623
	28 Temporarily restricted net assets	6,740,714	28	4,925,044
	29 Permanently restricted net assets	13,517,985	29	14,025,373
	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	74,640,804	33	69,102,040	
34 Total liabilities and net assets/fund balances	76,219,739	34	70,444,701	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,818,568
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,911,026
3	Revenue less expenses Subtract line 2 from line 1	3	-2,092,458
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,640,804
5	Net unrealized gains (losses) on investments	5	-3,424,296
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	-22,010
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,102,040

Part 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 <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	

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 CHAIR	15 00	X		X				0	0	0
GLORIA HOPKINS BUCK VICE PRESIDENT	8 00	X		X				0	0	0
CLIFFORD BLANCHARD VICE PRESIDENT	8 00	X		X				0	0	0
ROBERT H DOHERTY VICE PRESIDENT	8 00	X		X				0	0	0
STEPHANIE GLICKMAN VICE PRESIDENT	8 00	X		X				0	0	0
PETER B SAYRE TREASURER	5 00	X		X				0	0	0
STEVEN KERN SECRETARY, DIRECTOR & CEO	60 00	X		X			270,499	0	60,576	
SUSAN M BAER TRUSTEE	2 00	X						0	0	0
DAVE BARGER TRUSTEE	2 00	X						0	0	0
SARA BONESTEEL TRUSTEE	2 00	X						0	0	0
JOSEPH L BUCKLY TRUSTEE	2 00	X						0	0	0
JACOB S BUURMA TRUSTEE	2 00	X						0	0	0
SHEILA NUGENT CARTER TRUSTEE	2 00	X						0	0	0
ELEANORE K COHEN TRUSTEE	2 00	X						0	0	0
PATRICIA HALL CURVIN TRUSTEE THROUGH FEB 2015	2 00	X						0	0	0
SAMUEL A DELGADO TRUSTEE	2 00	X						0	0	0
ANN B DICKENSON TRUSTEE THROUGH FEB 2015	2 00	X						0	0	0
KEITH DOLIN TRUSTEE	2 00	X						0	0	0
STEPHEN R EHRlich TRUSTEE THROUGH FEB 2015	2 00	X						0	0	0
WILMA GELFAND TRUSTEE	2 00	X						0	0	0
ANGELO J GENOVA TRUSTEE	2 00	X						0	0	0
CHRISTINE C GILFILLAN TRUSTEE	2 00	X						0	0	0
JEROME W GOTTESMAN TRUSTEE	2 00	X						0	0	0
CORY M GRAY TRUSTEE	2 00	X						0	0	0
KATHY GRIER 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
DONALD M KARP TRUSTEE	2 00	X						0	0	0
THOMAS H KEAN JR TRUSTE THROUGH FEB 2015	2 00	X						0	0	0
POONAM KHUBANI TRUSTEE THROUGH MARCH 2015	2 00	X						0	0	0
THEODORE G KOVEN TRUSTEE THROUGH FEB 2015	2 00	X						0	0	0
DOROTHY D LEWIS TRUSTEE THROUGH FEB 2015	2 00	X						0	0	0
ARLENE LIEBERMAN TRUSTEE	2 00	X						0	0	0
JUDITH LIEBERMAN TRUSTEE THROUGH FEB 2015	2 00	X						0	0	0
RUTH C LIPPER TRUSTEE THROUGH FEB 2015	2 00	X						0	0	0
SHAHID MALIK TRUSTEE	2 00	X						0	0	0
JOSEPH J MELONE TRUSTEE	2 00	X						0	0	0
JAZZ J MERTON TRUSTEE	2 00	X						0	0	0
D NICHOLAS MICELI TRUSTEE	2 00	X						0	0	0
RONALD M OLLIE TRUSTEE	2 00	X						0	0	0
ASHLEY M PERTSEMLIDIS TRUSTEE	2 00	X						0	0	0
DR LINDA M A RODRIGUES TRUSTEE	2 00	X						0	0	0
SETH L ROSEN TRUSTEE	2 00	X						0	0	0
GARY SHAW TRUSTEE	2 00	X						0	0	0
SOPHIA SHENG TRUSTEE	2 00	X						0	0	0
MONICA SLATER STOKES TRUSTEE	2 00	X						0	0	0
GRIZEL UBARRY TRUSTEE THROUGH FEB 2015	2 00	X						0	0	0
JAY WEINSTEIN TRUSTEE	2 00	X						0	0	0
FRANCIS A WOOD TRUSTEE	2 00	X						0	0	0
C ELIZABETH ARON DEPUTY DIR , FINANCE & ADMIN	50 00			X				128,364	0	16,544
ULYSSES DIETZ SR CURATOR, DECORATIVE AR	40 00					X		120,905	0	43,099

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			
SONNET TAKAHISA DEPUTY DIR , ENGAGEMENT & INNOVATION	50 00					X		117,860	0	53,651
KRISTIN CURRY DIR , INSTITUTIONAL GRANTS & SPNRSHPS	40 00					X		112,040	0	30,320
TIMOTHY WINTEMBERG DEPUTY DIR , EXHIBITION & DESIGN	40 00					X		110,530	0	13,668
CHRISTA CLARKE SR CURATOR, ARTS OF GLOBAL AFRICA	40 00					X		103,556	0	29,608
MEME OMOGBAI FORMER ASST TREASURER & COO	0 00						X	200,934	0	10,563

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

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.

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

Department of the Treasury
Internal Revenue Service

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	13,237,105	10,749,109	11,473,876	10,753,545	9,057,837	55,271,472
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	13,237,105	10,749,109	11,473,876	10,753,545	9,057,837	55,271,472
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						55,271,472

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	13,237,105	10,749,109	11,473,876	10,753,545	9,057,837	55,271,472
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,016,086	1,297,547	1,179,817	805,800	594,210	4,893,460
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 VI.)		30,825	4,293	2,012	2,084	39,214
11 Total support. Add lines 7 through 10						60,204,146
12 Gross receipts from related activities, etc. (see instructions)					12	5,562,927
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91.810%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	90.610%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	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/ OTHER REVENUE - 2012 AMOUNT \$ 442 2013 AMOUNT \$ 4,293 2014 AMOUNT \$ 2,012 2015 AMOUNT \$ 2,084 VENDING MACHINES - 2012 AMOUNT \$ 1,730 PENSION PLAN FORFEITURES - 2012 AMOUNT \$ 3,769 AUCTION REVENUE - 2012 AMOUNT \$ 428

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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?

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

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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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

- a Board designated or quasi-endowment 67.960%
b Permanent endowment 28.270%
c Temporarily restricted endowment 3.770%
The percentages on lines 2a, 2b, and 2c should equal 100%

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

Small table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUND LONG/SHORT EQUITY	7,599,174	F
(B) LIMITED PARTNERSHIP	16,506,531	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	24,105,705	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
REFUNDABLE ADVANCES	228,454
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	228,454

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,088,536
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-3,424,296
b	Donated services and use of facilities	2b	3,500
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	17,285
e	Add lines 2a through 2d	2e	-3,403,511
3	Subtract line 2e from line 1	3	13,492,047
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	326,521
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	326,521
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,818,568

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

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

1	Total expenses and losses per audited financial statements	1	15,627,300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,500
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	39,295
e	Add lines 2a through 2d	2e	42,795
3	Subtract line 2e from line 1	3	15,584,505
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	326,521
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	326,521
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	15,911,026

Part XIII Supplemental Information

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

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 UTILIZE BOARD DESIGNATED AND 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 IN ADDITION TO THE MAIN BUILDINGS, THE CAMPUS INCLUDES THE BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARMS SCHOOLHOUSE AND THE HORIZON PLAZA
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
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 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED IN PART VIII, LINE 6B 17,285
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED IN PART VIII, LINE 6B 17,285 WRITE-OFF OF UNCOLLECTIBLE REVENUES 22,010

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number
22-1487275

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		7,559,174
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			7,559,174
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			7,559,174

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities ► _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV, LINE 3	THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 5471 BECAUSE IT DOES NOT MEET THE APPLICABLE OWNERSHIP REQUIREMENT

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

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

		(a)Event #1 SPRING GALA (event type)	(b)Event #2 BENEFIT LUNCHEON (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	645,172	87,835		733,007
	2 Less Contributions	563,972	73,995		637,967
	3 Gross income (line 1 minus line 2)	81,200	13,840		95,040
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	104,034	7,687		111,721
	7 Food and beverages	72,373	18,398		90,771
	8 Entertainment				
	9 Other direct expenses	71,240	13,621		84,861
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				287,353
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-192,313	

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity conducted in

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

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. 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).

Return Reference	Explanation
------------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

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

2015

Open to Public Inspection

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								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b 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.</p>										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>										
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	Yes	No								
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN KERN SECRETARY, DIRECTOR & CEO	(i)	251,928	17,500	1,071	33,938	26,638	331,075	0
	(ii)	0	0	0	0	0	0	0
2 ULYSSES DIETZ SR CURATOR, DECORATIVE AR	(i)	119,350	0	1,555	15,190	27,909	164,004	0
	(ii)	0	0	0	0	0	0	0
3 SONNET TAKAHISA DEPUTY DIR , ENGAGEMENT & INNOVATION	(i)	117,860	0	0	15,729	37,922	171,511	0
	(ii)	0	0	0	0	0	0	0
4 MEME OMOGBAI FORMER ASST TREASURER & COO	(i)	0	0	200,934	0	10,563	211,497	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MS MEME OMOGBAI'S SEPARATION AGREEMENT DATED NOVEMBER 7, 2014, THE NEWARK MUSEUM ASSOCIATION PAID A SEVERANCE PAYMENT TO MS MEME OMOGBAI DURING 2015 IN THE AMOUNT OF \$200,934. THIS PAYMENT WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.
PART I, LINE 7	BONUS IS PAID BASED ON THE PERFORMANCE OF THE INDIVIDUAL AND WITHIN THE APPROVED BUDGET. BONUS WAS TAXABLE AND REPORTED ON THE INDIVIDUAL'S 2014 FORM W-2.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	43	0	
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				
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 ▶ (AIRLINE TICKETS/VOUCHERS)	X	4	5,477 FMV	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part III 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.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B) OF SCHEDULE M
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 STATEMENT OF ACTIVITIES PURCHASES OF ART OBJECTS BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES

Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE MUSEUM IS AN INTERNATIONAL LEADER IN THE THOUGHTFUL APPROACH TO COLLECTING AND PRESENTATION, CONNECTING OBJECTS IN ITS COLLECTIONS TO THE CULTURAL NEEDS OF ITS COMMUNITIES, PRODUCING INTERDISCIPLINARY PROJECTS IN THE HUMANITIES AND SCIENCES, AND MAKING IMPORTANT CONNECTIONS ACROSS TRADITIONAL COLLECTING AREAS ONE OF THE GREATEST AND MOST INFLUENTIAL IN THE UNITED STATES, THE MUSEUM IS HOME TO EXTRAORDINARY GLOBAL COLLECTIONS IN THE ARTS A CENTURY AFTER ITS FOUNDING, THE MUSEUM IS NOW CUSTODIAN TO OVER 250,000 OBJECTS IN THE DEPARTMENTS OF AMERICAN ART, ASIAN ART, AFRICAN ART, DECORATIVE ARTS, ANCIENT MEDITERRANEAN ART, NUMISMATICS AND THE LARGEST NATURAL SCIENCE COLLECTION IN THE STATE OF NEW JERSEY THE MUSEUM'S GOALS AND OBJECTIVES ARE GUIDED BY ITS MISSION, WHICH MANDATES THAT THE NEWARK MUSEUM, AS IT HAS SINCE ITS FOUNDING, OPERATES IN THE PUBLIC TRUST AS A MUSEUM OF SERVICE, A LEADER IN CONNECTING OBJECTS AND IDEAS TO THE NEEDS AND WISHES OF ITS CONSTITUENCIES OUR ART AND SCIENCE COLLECTIONS HAVE THE POWER TO EDUCATE, INSPIRE AND TRANSFORM INDIVIDUALS OF ALL AGES AND THE LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES WE SERVE IN THE WORDS OF THE FOUNDING DIRECTOR, JOHN COTTON DANA, "A GOOD MUSEUM ATTRACTS, ENTERTAINS, AROUSES CURIOSITY, LEADS TO QUESTIONING - AND THUS PROMOTES LEARNING" DEDICATED TO ARTISTIC EXCELLENCE, EDUCATION AND COMMUNITY ENGAGEMENT, THE MUSEUM HAS EVINCED A HISTORIC COMMITMENT TO BROADENING, DEEPENING AND DIVERSIFYING ARTS PARTICIPATION THE MUSEUM ACCOMPLISHES ITS MISSION WITH EXHIBITIONS, EDUCATIONAL AND PUBLIC PROGRAMS, PUBLICATIONS, AND AN ART REFERENCE LIBRARY WITH SIGNIFICANT PRIMARY RESEARCH COLLECTIONS BY COLLABORATING WITH OTHER PUBLIC AND PRIVATE EDUCATIONAL, SOCIAL, CULTURAL, BUSINESS AND GOVERNMENTAL INSTITUTIONS, THE MUSEUM ACHIEVES A BROAD IMPACT, BOTH LOCALLY AND GLOBALLY THE MUSEUM DEVOTES A SUBSTANTIAL PORTION OF ITS FACILITIES TO YOUTH, FAMILY AND SCHOOL PROGRAMS AND ENSURES THAT ITS EDUCATIONAL RESOURCES, COLLECTIONS AND FACILITIES ARE READILY ACCESSIBLE TO A BROAD AUDIENCE REPRESENTING DIVERSE INTERESTS, AGES AND BACKGROUNDS NEARLY TWO OUT OF THREE MEMBERS OF THE MUSEUM'S ANNUAL AUDIENCE ARE ENGAGED BY AN EDUCATIONAL PROGRAM THE MUSEUM HAS CONSISTENTLY BEEN CITED FOR EXCELLENCE IN EXHIBITION AND EDUCATION INITIATIVES BY GOVERNMENT AUTHORITIES, NATIONAL FUNDING SOURCES AND PROFESSIONAL ASSOCIATIONS 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 IN ADDITION TO THE MAIN BUILDINGS, THE CAMPUS INCLUDES THE BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARMS SCHOOLHOUSE AND THE HORIZON PLAZA IN 2015, THE MUSEUM BEGAN EXPLORING SEVERAL STRATEGIC CAPITAL PROJECTS, INCLUDING RE-OPENING THE ORIGINAL FRONT ENTRANCE AT 49 WASHINGTON STREET, RE-INSTALLING THE AFRICAN GALLERIES ON THE 1ST FLOOR AND CREATING SPECIAL EXHIBITION SPACE ON THE 2ND FLOOR</p>

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE NEWARK MUSEUM COLLABORATED WITH AN OUTSIDE ACCOUNTING FIRM TO PREPARE ITS FORM 990 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 AND REVIEWED BY THE MUSEUM'S OUTSIDE LEGAL COUNSEL, IT IS PRESENTED TO THE AUDIT COMMITTEE. AFTER THE AUDIT COMMITTEE REVIEWS/APPROVES THE FORM 990 AND WHEN THE RETURN 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 SUMMARIZED AND DISCUSSED WITH THE OUTSIDE ACCOUNTING FIRM. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED BY THE MUSEUM'S TRUSTEES FOR FILING.

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>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE MUSEUM CONDUCTS A DETAILED REVIEW OF COMPENSATION FOR ITS DIRECTOR/CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS AND KEY EMPLOYEES AND 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), WHO THEN APPROVES ANY CHANGES IN COMPENSATION THIS PROCESS WAS LAST UNDERTAKEN IN 2015 CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED THROUGH MINUTES OF THE COMMITTEE'S MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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 ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, CERTIFICATE OF INCORPORATION, BYLAWS, AND FORM 1023 ARE AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE MUSEUM DIRECTLY.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	WRITE-OFF OF UNCOLLECTIBLE REVENUES -22,010

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE MUSEUM HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE SELECTION OF AN INDEPENDENT AUDITOR AND THE AUDIT OF THE MUSEUM'S FINANCIAL STATEMENTS. THE MUSEUM DID NOT CHANGE ITS OVERSIGHT PROCESS DURING THE TAX YEAR.