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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
THE NEWARK MUSEUM ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
49 WASHINGTON STREET

City or town, state or province, country, and ZIP or foreign postal code
NEWARK, NJ 07102

D Employer identification number
22-1487275

E Telephone number
(973) 596-6550

G Gross receipts \$ 26,481,253

F Name and address of principal officer
STEVEN KERN
49 WASHINGTON STREET
NEWARK, NJ 07102

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

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

J Website: ▶ WWW.NEWARKMUSEUM.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1909

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE NEWARK MUSEUM OPERATES FOR THE BENEFIT OF THE PUBLIC AS A MUSEUM OF SERVICE

2 Check this box 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)	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	31
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	260
6 Total number of volunteers (estimate if necessary)	200
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,054,337	9,671,682
9 Program service revenue (Part VIII, line 2g)	425,155	382,106
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,024,636	2,432,366
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	314,440	325,906
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,818,568	12,812,060
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
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)	8,061,133	9,184,710
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,752,828		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,849,893	8,300,491
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,911,026	17,485,201
19 Revenue less expenses Subtract line 18 from line 12	-2,092,458	-4,673,141

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	70,444,701	67,261,932
21 Total liabilities (Part X, line 26)	1,342,661	1,356,647
22 Net assets or fund balances Subtract line 21 from line 20	69,102,040	65,905,285

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: STEVEN KERN DIRECTOR & CEO
Date: 2017-05-12

Paid Preparer Use Only
Print/Type preparer's name: GARRETT M HIGGINS
Preparer's signature: GARRETT M HIGGINS
Date: 2017-05-12
Check 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

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 \$ 5,407,924 including grants of \$) (Revenue \$)

EXHIBITIONS DURING 2016, THE NEWARK MUSEUM DESIGNED AND INSTALLED 11 PROJECTS THAT ENCOMPASSED APPROXIMATELY 20,000 SQUARE FEET OF INTERIOR GALLERY SPACE THIS INCLUDED TWO NEW INSTALLATIONS DESIGNED AND INSTALLED IN THE MUSEUM'S PERMANENT GALLERIES A MAJOR RENOVATION AND REINSTALLATION OF THE DISTINGUISHED COLLECTION OF NATIVE AMERICAN ART IN THE ACCLAIMED NATIVE ARTISTS OF NORTH AMERICA ALONG WITH THE REINSTALLATION OF THE AMERICAN ART GALLERIES NOW ENTITLED SEEING AMERICA AND HOT, HOTTER, HOTTEST NEW JERSEY CLAY IN THE BALLANTINE HOUSE [SEE CONTINUATION ON SCHEDULE O] IN ITS CHANGING GALLERIES, THE NEWARK MUSEUM HOTTED AND INSTALLED THREE EXHIBITIONS WONDROUS WORLDS ART & ISLAM ACROSS TIME & PLACE, MODERN HEROICS 75 YEARS OF AFRICAN-AMERICAN EXPRESSIONISM AT THE NEWARK MUSEUM, AND NEWARK STORIES PROGRAMMATIC DETAILS THE MUSEUM STAFF COLLABORATED EXTENSIVELY INTERDEPARTMENTALLY (CURATORIAL, REGISTRARS, EDUCATION, FACILITIES, IT, ETC) AND APPLIED ITS DIVERSE SKILLS CREATIVITY IN SUPPORT THE MUSEUM'S MISSION BY DESIGNING AND INSTALLING EXHIBITIONS THAT - CELEBRATED THE 350TH ANNIVERSARY OF THE FOUNDING OF THE CITY OF NEWARK WITH A FOCUS ON A DIVERSE GROUP OF FOUR LEADERS IN BUILDING THE MUSEUM'S COLLECTIONS AND SERVICE TO THE COMMUNITY (NEWARK MAKER CITY AND NEWARK STORIES) - HIGHLIGHTED THE BREADTH AND DEPTH OF THE MUSEUM'S OWN COLLECTION OF ISLAMIC ART WITH WORKS FROM ACROSS THE DEPARTMENTS AND ENGAGED THE REGION'S MUSLIM COMMUNITY (WONDROUS WORLDS) - MOUNTED A SIGNIFICANT EXHIBITION OF AFRICAN-AMERICAN EXPRESSIONISM THAT UNDERScoreD THE MUSEUM'S 80-YEAR HISTORY OF COLLECTING AND EXHIBITING WORK BY AFRICAN-AMERICAN ARTISTS - ACHIEVED NATIONAL ACCLAIM WITH THE REINSTALLATION OF THE NATIVE AMERICAN COLLECTION WHICH IS CONSIDERED A NEW STANDARD FOR THE DISPLAY AND INTERPRETATION OF SENSITIVE CULTURAL MATERIAL (NATIVE ARTISTS OF NORTH AMERICA)

4b (Code) (Expenses \$ 3,597,167 including grants of \$) (Revenue \$ 656,274)

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 2016 [SEE CONTINUATION ON SCHEDULE O] THE MUSEUM MAINTAINS DISTRICT CONTRACTS WITH BOTH NEWARK PUBLIC SCHOOLS (4TH GRADE) 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 STOP MOTION ANIMATION, MOLD MAKING AND CODING IN THE MAKERSPACE, 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 2016 REGULAR WEEKEND ART AND GALLERY TOURS WERE ACCOMPANIED BY THE MUSEUM'S CONTINUING 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 FOCUSES SPECIFICALLY ON CHILDREN FROM NEWARK'S SOUTH WARD IN 2016, THE MUSEUM DEVELOPED AND INTRODUCED "CREATIVE PLAY BACKPACKS," AN INTERACTIVE EXPERIENCE THAT PROVIDES STRUCTURE FOR FAMILY VISITS BY OFFERING CHILDREN AND FAMILIES THE CHANCE TO BORROW A BACKPACK CONTAINING PORTABLE VIEWING TOOLS AND A DISCUSSION GUIDE TO USE WITH ARTWORKS IN THE GALLERIES, AS WELL AS AN ACTIVITY TO COMPLETE TOGETHER AFTERWARD DESIGNED WITH EARLY CHILDHOOD LEARNING IN MIND, THE BACKPACKS INTRODUCE ART VOCABULARY AND ENCOURAGE OBSERVATION AND VERBAL EXPRESSION THE MUSEUM CONTINUES TO EVALUATE AND IMPROVE THE PROGRAM, WHICH WILL CONTINUE INTO 2017 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 2016, CAMP NEWARK AGAIN OFFERED MAKER CORPS, WITH TWO LOCAL COLLEGE STUDENTS WORKING AS SPECIALISTS OFFERING TECHNOLOGY BASED ACTIVITIES, ADDING A NEW, POSITIVE DYNAMIC TO THE CAMP EXPLORERS PROGRAM -THE EXPLORERS PROGRAM AT THE NEWARK MUSEUM, IN ITS 22ND YEAR IN 2016, 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 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 - COLLEGE READINESS, YOUTH EVENTS (TEEN NIGHTS AT THE MUSEUM), RESUME BUILDING, PUBLIC SPEAKING AND FINANCIAL LITERACY FOR THE 2016 - 2017 SCHOOL YEAR THE MUSEUM RECEIVED GRANTS FROM AT&T, PROVIDENT BANK FOUNDATION, AND AVIATION DEVELOPMENT COUNCIL 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 2016, THE MUSEUM GRADUATED 10 STUDENTS FROM THE PROGRAM FAMILY PROGRAMS -IN 2016, THE MUSEUM HELD THE 3RD 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 ANNUAL EVENT THAT DREW 1,528 PEOPLE IN 2016 THIS YEAR THE MUSEUM PRESENTED FILM SCREENINGS, SPOKEN WORD PERFORMANCES, AND LIVE PERFORMANCES JAZZ IN THE GARDEN, THE LONGEST CONTINUOUSLY RUNNING CULTURAL PROGRAM IN NEWARK, CELEBRATED ITS 50TH YEAR IN 2016 THE SERIES OPENED WITH DEE DEE BRIDGEGWATER IN A SPECIAL FRIDAY NIGHT CELEBRATION EVENT THE MUSEUM ALSO BROUGHT IN JOSE JAMES, AN ARTIST WHO WAS FEATURED IN THE EXHIBITION HASSAN HAJJA MY ROCK STARS GRAMMY AWARD WINNER AND STAR BASSIST RON CARTER CLOSED OUT THE SEASON WITH AN EVENING PERFORMANCE IN THE DREYFUSS GARDEN ADULT PROGRAMS -IN 2016, THE MUSEUM HOSTED OVER 10,000 ADULTS IN SPECIAL GALLERY AND EXHIBITION TOURS PUBLIC PROGRAMS BROUGHT FIVE THOUSAND PEOPLE INTO THE MUSEUM FOR VARIED OFFERINGS, INCLUDING SENIOR FRIDAYS, LECTURES, WORKSHOPS, FILM SCREENINGS, SYMPOSIA, ARTIST CONVERSATIONS, AND TALKS THE MUSEUM CONTINUED ITS SERIES OF SECOND SUNDAYS, OCCURRING THE SECOND SUNDAY OF EVERY MONTH ON SECOND SUNDAYS, THE MUSEUM OFFERS CUSTOM-DESIGNED GALLERY TOURS, LECTURES, PERFORMANCES, HANDS-ON WORKSHOPS FOR VISITORS OF ALL AGES, ARTIST AND MAKER DEMONSTRATIONS, PERFORMANCES, AND LIVE MUSIC, ALONG WITH AN ARRAY OF REFRESHMENTS FOR PURCHASE 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 IN 2016, 2,475 PEOPLE PARTICIPATED IN A SECOND SUNDAY PROGRAM MARKETING AND PUBLIC OUTREACH -THE 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 2016 THE NEWARK MUSEUM CONTINUED A PROGRAM TO ALLOW NEWARK RESIDENTS TO NOT ONLY GET FREE ADMISSION TO THE MUSEUM, BUT TO JOIN AT A FAMILY MEMBERSHIP LEVEL FOR FREE, PARTICULARLY IMPORTANT AS THE MUSEUM CELEBRATED THE 350TH ANNIVERSARY OF THE FOUNDING OF THE CITY 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 EVOLVING NEEDS AND EXPECTATIONS OF NEWARK

4c (Code) (Expenses \$ 3,556,105 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 2016, 390 OBJECTS UNDERWENT CONSERVATION EFFORTS, 10,040 OBJECTS WERE ADDED TO THE MUSEUM'S ONLINE SEARCHABLE DATABASE AND 332 OBJECTS WERE ACCESSIONED INTO THE PERMANENT COLLECTION IN 2016, 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, WHICH ARE CURRENTLY IN PRODUCTION OR RECENTLY PUBLISHED [SEE CONTINUATION ON SCHEDULE O] RIGHTS & REPRODUCTION REQUESTS TOTALED 86 IMAGES IN 2016, WORK CONTINUED ON THE MUSEUM'S EDUCATION LOAN COLLECTION WITH 3,673 OBJECTS PROCESSED FOR EDUCATION LOAN

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

4e Total program service expenses 12,561,196

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	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?		
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>		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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (32), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (NJ, NY), 18 (Own website, Another's website, Upon request, Other), 19, 20 (C ELIZABETH ARON DEPUTY DIRECTOR FINANCE & ADMIN 49 WASHINGTON STREET NEWARK, NJ 07102 (973) 596-6681).

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	716,918			
	c Fundraising events	1c	823,459			
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,125,862			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,005,443			
	g Noncash contributions included in lines 1a-1f \$ _____ 35,000					
	h Total. Add lines 1a-1f		9,671,682			
Program Service Revenue		Business Code				
	2a EDUC PGMS & WORKSHOPS	611710	214,140	214,140		
	b REGISTRATION FEES	900099	140,966	140,966		
	c EXHIBITION RENTALS	900099	27,000	27,000		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		382,106				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		466,254		466,254	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		154,869				
		b Less rental expenses	6,724			
		c Rental income or (loss)	148,145			
	d Net rental income or (loss)		148,145		148,145	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		14,096,755	(ii) Other	1,117,246		
		b Less cost or other basis and sales expenses	13,247,889	0		
		c Gain or (loss)	848,866	1,117,246		
	d Net gain or (loss)		1,966,112		1,966,112	
	8a Gross income from fundraising events (not including \$ 823,459 of contributions reported on line 1c) See Part IV, line 18	a		121,499		
		b Less direct expenses		290,765		
c Net income or (loss) from fundraising events			-169,266		-169,266	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	397,983	b	123,815			
	c Net income or (loss) from sales of inventory		274,168	274,168		
Miscellaneous Revenue	Business Code					
11a INSURANCE REIMBURSEMENT	900099	68,914		68,914		
b OTHER REVENUE	900099	3,945		3,945		
c _____						
d All other revenue						
e Total. Add lines 11a-11d		72,859				
12 Total revenue. See Instructions		12,812,060	656,274	0	2,484,104	

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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	684,540		414,875	269,665
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,090,894	4,058,396	517,815	1,514,683
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	533,985	392,876	47,972	93,137
9 Other employee benefits	1,274,314	857,343	170,773	246,198
10 Payroll taxes	600,977	390,635	90,148	120,194
11 Fees for services (non-employees)				
a Management				
b Legal	42,117		42,117	
c Accounting	79,700		79,700	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	413,609	277,152	67,189	69,268
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	642,205	397,324	135,169	109,712
12 Advertising and promotion	775,773	605,106	39,746	130,921
13 Office expenses	1,000,172	753,306	194,596	52,270
14 Information technology	115,365	13,263	93,830	8,272
15 Royalties				
16 Occupancy	711,427	675,855	14,229	21,343
17 Travel	240,590	128,217	65,288	47,085
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,914	24,268	46,646	9,000
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,174,017	1,115,317	23,479	35,221
23 Insurance	296,167	284,515	4,662	6,990
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	1,770,396	1,770,396		
b REPAIRS AND MAINT	721,635	678,324	26,164	17,147
c EQUIPMENT RENTAL & MAIN	129,230	30,729	96,779	1,722
d MEMBERSHIP TOURS	108,174	108,174		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,485,201	12,561,196	2,171,177	2,752,828
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,808,590	1	3,733,007
	2 Savings and temporary cash investments	6,032,159	2	5,445,316
	3 Pledges and grants receivable, net	838,658	3	1,535,101
	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	133,421	8	126,491
	9 Prepaid expenses and deferred charges	362,935	9	45,911
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 57,085,766		
	b Less accumulated depreciation	10b 44,927,518	12,119,279	10c 12,158,248
	11 Investments—publicly traded securities	21,000,987	11	20,882,228
	12 Investments—other securities See Part IV, line 11	24,105,705	12	23,308,319
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	42,967	15	27,311
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,444,701	16	67,261,932	
Liabilities	17 Accounts payable and accrued expenses	1,114,207	17	1,132,110
	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	228,454	25	224,537
	26 Total liabilities. Add lines 17 through 25	1,342,661	26	1,356,647
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	50,151,623	27	47,516,234
	28 Temporarily restricted net assets	4,925,044	28	4,853,678
	29 Permanently restricted net assets	14,025,373	29	13,535,373
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	69,102,040	33	65,905,285
	34 Total liabilities and net assets/fund balances	70,444,701	34	67,261,932

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	12,812,060
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,485,201
3	Revenue less expenses Subtract line 2 from line 1	3	-4,673,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,102,040
5	Net unrealized gains (losses) on investments	5	1,512,322
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	-35,936
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,905,285

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c 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</p>	Yes	
<p>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?</p>	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	Yes	

Additional Data

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

Form 990 (2016)

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW H RICHARDS CHAIR	15 00	X		X				0	0	0
GLORIA HOPKINS BUCK VICE PRESIDENT UNTIL FEB 2016	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
CHRISTINE C GILFILLAN VICE PRESIDENT	8 00	X		X				0	0	0
PETER B SAYRE TREASURER	8 00	X		X				0	0	0
STEVEN KERN SECRETARY, DIRECTOR & CEO	60 00	X		X				266,729	0	57,600
SUSAN M BAER TRUSTEE UNTIL AUG 2016	2 00	X						0	0	0
DAVE BARGER 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			
SARA BONESTEEL TRUSTEE	2 00	X						0	0	0
JOSEPH L BUCKLY TRUSTEE UNTIL FEB 2016	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 UNTIL FEB 2016	2 00	X						0	0	0
LERESSA CROCKETT TRUSTEE	2 00	X						0	0	0
SAMUEL A DELGADO TRUSTEE UNTIL FEB 2016	2 00	X						0	0	0
KEITH DOLIN TRUSTEE	2 00	X						0	0	0
WILMA GELFAND TRUSTEE	2 00	X						0	0	0
ANGELO J GENOVA TRUSTEE UNTIL FEB 2016	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			
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
JOAN KALKIN TRUSTEE UNTIL FEB 2016	2 00	X						0	0	0
DONALD M KARP TRUSTEE UNTIL FEB 2016	2 00	X						0	0	0
ARLENE LIEBERMAN TRUSTEE	2 00	X						0	0	0
JUDITH LIEBERMAN TRUSTEE	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

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			
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
JAY WEINSTEIN TRUSTEE	2 00	X						0	0	0
FRANCIS A WOOD 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			
C ELIZABETH ARON DEPUTY DIR , FINANCE & ADM	50 00			X				127,874	0	15,880
DEBORAH KASINDORF DEPUTY DIR , INSTITUTIONAL ADVANCEMENT	50 00				X			165,645	0	50,812
SONNET TAKAHISA DEPUTY DIR , ENGAGEMENT & INNOVATION	50 00					X		124,629	0	50,158
ULYSSES DIETZ SR CURATOR, DECORATIVE ARTS	40 00					X		124,610	0	42,260
KRISTIN CURRY DIR , INSTITUTIONAL GRANTS	40 00					X		118,981	0	29,943
TIMOTHY WINTEMBERG DEPUTY DIR , EXHIBITIONS & DESIGN	40 00					X		114,062	0	14,082
DAVID MAY DIR , FACILITY OPERATIONS	40 00					X		106,881	0	39,926

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

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 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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	10,749,109	11,473,876	10,753,545	9,021,901	9,671,682	51,670,113
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	10,749,109	11,473,876	10,753,545	9,021,901	9,671,682	51,670,113
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						51,670,113

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	10,749,109	11,473,876	10,753,545	9,021,901	9,671,682	51,670,113
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,297,547	1,179,817	805,800	594,210	621,123	4,498,497
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	72,859	112,073
11	Total support. Add lines 7 through 10						56,280,683

12 Gross receipts from related activities, etc (see instructions) **12** 5,331,934

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14** 91.810%

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15** 91.810%

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2016.** 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

b **10%-facts-and-circumstances test—2015.** 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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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 I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

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 2016 AMOUNT \$ 3,945 VENDING MACHINES - 2012 AMOUNT \$ 1,730 PENSION PLAN FORFEITURES - 2012 AMOUNT \$ 3,769 AUCTION REVENUE - 2012 AMOUNT \$ 428 IN SURANCE REIMBURSEMENT - 2016 AMOUNT \$ 68,914

Schedule A Form 990 of 990-E 2016

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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? Yes No

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)? Yes No

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? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	49,608,807	52,126,984	49,446,301	43,988,137	40,825,039
b Contributions	1,127,247	955,158	73,333	644,957	2,546,876
c Net investment earnings, gains, and losses	2,823,485	152,573	4,345,795	7,704,398	4,342,982
d Grants or scholarships					
e Other expenditures for facilities and programs	4,382,084	3,299,753	1,738,445	2,891,191	3,726,760
f Administrative expenses	413,609	326,155			
g End of year balance	48,763,846	49,608,807	52,126,984	49,446,301	43,988,137

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 69 650 %
 - b** Permanent endowment ▶ 27 750 %
 - c** Temporarily restricted endowment ▶ 2 600 %
- 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
- | | | |
|--|--------------------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | <input type="checkbox"/> | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | <input type="checkbox"/> | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b** Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		51,463,125	40,414,199	11,048,926
c Leasehold improvements				
d Equipment		5,044,571	4,513,319	531,252
e Other		578,070		578,070
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				12,158,248

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	7,628,296	F
(B) LIMITED PARTNERSHIP	15,680,023	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	23,308,319	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
REFUNDABLE ADVANCES	224,537
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	224,537

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	13,917,497
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,512,322
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	6,724
e	Add lines 2a through 2d	2e	1,519,046
3	Subtract line 2e from line 1	3	12,398,451
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	413,609
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	413,609
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	12,812,060

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	17,114,252
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	42,660
e	Add lines 2a through 2d	2e	42,660
3	Subtract line 2e from line 1	3	17,071,592
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	413,609
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	413,609
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,485,201

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-1487275

Name: THE NEWARK MUSEUM ASSOCIATION

Supplemental 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

Supplemental Information

Return Reference	Explanation
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 FARM'S SCHOOLHOUSE AND THE HORIZON PLAZA.

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2013

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED IN PART VIII, LINE 6B 6,724

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED IN PART VIII, LINE 6B 6,724 WRITE-OFF OF UNCOLLECTIBLE PLEDGES 35,936

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

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.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(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		7,623,296
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			7,623,296
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			7,623,296

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SPRING GALA (event type)	BENEFIT LUNCHEON (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	853,040	91,918		944,958
2	Less Contributions	746,541	76,918		823,459
3	Gross income (line 1 minus line 2)	106,499	15,000		121,499
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	34,797	14,263		49,060
	7 Food and beverages	169,975	15,315		185,290
	8 Entertainment				
	9 Other direct expenses	45,906	10,509		56,415
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-169,266

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 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
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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.

2016

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>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<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>	2									
<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>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<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>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<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>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	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>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	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>	7	No								
<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>	8	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>	9									

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
------------------	-------------

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **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**

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 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	101	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)	X	25	35,000	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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

Part II Supplemental Information.

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

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 32B	HIRE AND USE OF THIRD PARTIES THE NEWARK MUSEUM OCCASIONALLY CONTRACTS WITH COMMERCIAL AUCTION HOUSES SUCH AS SOTHEBY'S TO SELL NON-CASH CONTRIBUTIONS OF WORKS OF ART OR PERSONAL PROPERTY THESE GIFTS MAY BE WORKS THAT HAVE BEEN PART OF THE COLLECTION FOR YEARS, BUT THAT HAVE BEEN RECENTLY DE-ACCESSIONED, OR THEY MAY BE WORKS OF ART OR PERSONAL PROPERTY DONATED TO THE MUSEUM THAT DO NOT FIT IN WITH THE MUSEUM'S COLLECTIONS
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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

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

2016

Open to Public Inspection

Employer identification number

22-1487275

990 Schedule O, Supplemental Information

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 PRESENTING, 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 EXTRA ORDINARY 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 LOCAL 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 THE CAMPUS ENCOMPASSES THE BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARMS SCHOOLHOUSE AND THE RECENTLY COMPLETED HORIZON PLAZA, A WELCOMING STREETSCAPE/PLAZA WITH GREENERY AND DYNAMIC LIGHTING IN 2015, THE MUSEUM BEGAN EXPLORING SEVERAL STRATEGIC CAPITAL PROJECTS, INCLUDING RE-OPENING T</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 1	HE 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 AND IN 2016 COMPLETE D THE PLAN, DESIGN, AND PRECONSTRUCTION PHASE OF THE PROJECT

990 Schedule O, Supplemental Information

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

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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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

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</p> <ol style="list-style-type: none">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 EXISTED2 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

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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 2016 CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED THROUGH MINUTES OF THE COMMITTEE'S MEETING

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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

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	WRITE-OFF OF UNCOLLECTIBLE PLEDGES -35,936

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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