

Form 990  
2016Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

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 NEW ORLEANS MUSEUM OF ART		D Employer identification number 72-6000331	
Doing business as			
E Telephone number (504) 658-4101		F Name and address of principal officer SUSAN M TAYLOR 1 COLLINS DIBOLL CIR NEW ORLEANS, LA 70124	
G Gross receipts \$ 21,134,187		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No," attach a list (see instructions)	
H(c) Group exemption number ►		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ► WWW NOMA ORG		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	
L Year of formation 1911		M State of legal domicile LA	

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
TO INSPIRE THE LOVE OF ART, TO COLLECT, PRESERVE, EXHIBIT AND PRESENT EXCELLENCE IN THE VISUAL ARTS, TO EDUCATE, CHALLENGE, AND ENGAGE A DIVERSE PUBLIC

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

3	43
4	43
5	115
6	950
7a	75,544
7b	44,869

8 Contributions and grants (Part VIII, line 1h) . . . . .  
 9 Program service revenue (Part VIII, line 2g) . . . . .  
 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .  
 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .  
 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year	Current Year
6,174,925	11,753,198
1,080,234	812,822
4,299,619	7,152,832
-873,505	-527,457
10,681,273	19,191,395

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .  
 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  
 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  
 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  
 b Total fundraising expenses (Part IX, column (D), line 25) ► 1,098,864  
 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .  
 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  
 19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Prior Year	Current Year
0	0
0	0
4,283,633	4,252,971
0	0
3,853,536	5,275,856
8,137,169	9,528,827
2,544,104	9,662,568

20 Total assets (Part X, line 16) . . . . .  
 21 Total liabilities (Part X, line 26) . . . . .  
 22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

Beginning of Current Year	End of Year
60,607,744	67,854,601
460,476	488,662
60,147,268	67,365,939

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  
SUSAN M TAYLOR EXECUTIVE DIRECTOR  
Type or print name and title

2017-11-07

Date

Paid Preparer Use Only	Print/Type preparer's name SHARON CASSIERE	Preparer's signature SHARON CASSIERE	Date	Check <input type="checkbox"/> if self-employed	PTIN P00543368
	Firm's name ► POSTLETHWAITE & NETTERVILLE		Firm's EIN ► 72-1202445		
	Firm's address ► ONE GALLERIA BLVD STE 2100 METAIRIE, LA 70001		Phone no (504) 837-5990		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**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

THE MISSION OF THE NEW ORLEANS MUSEUM OF ART IS TO INSPIRE THE LOVE OF ART, TO COLLECT, PRESERVE, EXHIBIT AND PRESENT EXCELLENCE IN THE VISUAL ARTS, TO EDUCATE, CHALLENGE AND ENGAGE A DIVERSE PUBLIC

---



---

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 4,189,505 including grants of \$ ) (Revenue \$ 679,423 )  
 See Additional Data

---

**4b** (Code ) (Expenses \$ 884,022 including grants of \$ ) (Revenue \$ 70,811 )  
 See Additional Data

---

**4c** (Code ) (Expenses \$ 599,682 including grants of \$ ) (Revenue \$ 62,588 )  
 See Additional Data

---

(Code ) (Expenses \$ 146,136 including grants of \$ ) (Revenue \$ 177,660 )

MEMBERSHIP PROGRAMTHE NEW ORLEANS MUSEUM OF ART OFFERS NUMEROUS MEMBERSHIP PACKAGES THAT OFFER VARIOUS LEVELS OF UNIQUE CULTURAL PROGRAMS AND SUPPORT OF NOMA. THESE MEMBERSHIP PRIVILEGES INCLUDE SPECIAL PREVIEWS OF ALL EXHIBITIONS, A QUARTERLY PUBLICATION WITH ADVANCE NOTICE OF EDUCATIONAL PROGRAMS AND SPECIAL EVENTS, AS WELL AS ARTICLES ON EXHIBITIONS, COLLECTIONS, ARTISTS, WORKS OF ART AND OTHER RELATED SUBJECTS AS WELL AS OTHER PRIVILEGES APPROPRIATE FOR THE LEVEL OF GIVING

---

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 146,136 including grants of \$ ) (Revenue \$ 177,660 )

**4e** Total program service expenses ► 5,819,345

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	No
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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
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)? If "Yes," complete Schedule D, Part XI	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	No
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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I (see instructions)	17	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? If "Yes," complete Schedule G, Part II	18	Yes
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

**Part IV Checklist of Required Schedules (continued)**

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**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? If "Yes," complete Schedule I, Parts I and II . . . . .

**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? If "Yes," complete Schedule I, Parts I and III . . . . .

**23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .

**24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a . . . . .  
**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? If "Yes," complete Schedule L, Part I . . . . .  
**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

**26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .

**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? If "Yes," complete Schedule L, Part III . . . . .

**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? If "Yes," complete Schedule L, Part IV . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**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? If "Yes," complete Schedule L, Part IV . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  
**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  
**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>20a</b>		No
<b>20b</b>		
<b>21</b>		No
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>	Yes	
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>		No
<b>35a</b>		No
<b>35b</b>		
<b>36</b>		No
<b>37</b>		No
<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	69	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			<b>1c</b> Yes
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	115	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b> Yes
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b> Yes
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .			<b>3b</b> Yes
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			<b>4a</b> No
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b> No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b> No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b> No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>			<b>7a</b> Yes
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			<b>7b</b> Yes
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7c</b> No
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7e</b> No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		<b>7f</b> No
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			<b>7g</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7h</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>8</b>
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>9a</b>
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>9b</b>
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		<b>12a</b>
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			<b>13a</b>
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b> No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .			<b>14b</b>

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	43	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	43	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes	
<b>a</b> The governing body?	<b>8b</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990	<b>12a</b>	Yes	
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12b</b>		No
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12c</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>13</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>14</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>15a</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>15b</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>16a</b>		No
<b>b</b> Other officers or key employees of the organization	<b>16b</b>		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed►	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records ►GAIL ASPRODITES 1 COLLINS DIBOLL CIRCLE NEW ORLEANS, LA 70124 (504) 658-4101	

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
See Additional Data Table		Former	Highest compensated employee	Officer	Key employee			
			</td					

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 5

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>1a</b> Federated campaigns . . .	<b>1a</b>				
<b>b</b> Membership dues . . .	<b>1b</b>	849,545			
<b>c</b> Fundraising events . . .	<b>1c</b>	1,902,287			
<b>d</b> Related organizations	<b>1d</b>				
<b>e</b> Government grants (contributions)	<b>1e</b>	188,422			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,812,944			
<b>g</b> Noncash contributions included in lines 1a-1f \$		202,321			
<b>h Total.</b> Add lines 1a-1f . . . . .			11,753,198		
Program Service Revenue		Business Code			
<b>2a</b> ADMISSION CHARGES		712110	545,295	545,295	
<b>b</b> DEACCESSIONS		712110	90,738	90,738	
<b>c</b> EXHIBITION PROGRAMS		712110	70,811	70,811	
<b>d</b> EDUCATION PROGRAMS		712110	62,588	62,588	
<b>e</b> MEMBERS' EVENTS		712110	43,390	43,390	
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .			812,822		
Other Revenue					
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			382,095		382,095
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses	349,290				
<b>c</b> Rental income or (loss)	437,922				
<b>d</b> Net rental income or (loss) . . . . .	-88,632			75,544	-164,176
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses	6,770,737				
<b>c</b> Gain or (loss)	0				
<b>d</b> Net gain or (loss) . . . . .	6,770,737		6,770,737		6,770,737
<b>8a</b> Gross income from fundraising events (not including \$ 1,902,287 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	193,458			
<b>b</b> Less direct expenses . . . . .	b	1,331,404			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-1,137,946		-1,137,946
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a	351,126			
<b>b</b> Less cost of goods sold . . . . .	b	173,466			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			177,660	177,660	
Miscellaneous Revenue	Business Code				
<b>11a</b> DEEPWATER HORIZON ECONOMIC SETTLE		900099	521,461		521,461
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .			521,461		
<b>12 Total revenue.</b> See Instructions . . . . .			19,191,395	990,482	75,544
					6,372,171

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	546,310	327,786	109,262	109,262
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	2,922,946	1,159,990	1,353,046	409,910
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	164,264	87,178	71,049	6,037
9 Other employee benefits	347,152	136,060	175,152	35,940
10 Payroll taxes	272,299	104,074	124,826	43,399
11 Fees for services (non-employees)				
a Management				
b Legal	15		15	
c Accounting	21,200		21,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	90,384		90,384	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	636,083	492,012	76,433	67,638
12 Advertising and promotion	148,359	24,200	419	123,740
13 Office expenses	851,290	519,655	157,206	174,429
14 Information technology				
15 Royalties				
16 Occupancy	131,996	69,364	62,632	
17 Travel	150,522	85,177	38,416	26,929
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	68,377	11,099	6,659	50,619
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	727,784	629,678	78,601	19,505
23 Insurance	115,720	4,996	109,734	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 FEDERAL UBIT	3,200		3,200	
b LOUISIANA UBIT	2,400		2,400	
c ACQUISITIONS OF ART	2,095,382	2,095,382		
d REPAIRS & MAINTENANCE	135,296	25,309	109,987	
e All other expenses	97,848	47,385	19,997	30,466
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,528,827	5,819,345	2,610,618	1,098,864
<b>26 Joint costs.</b> 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 . . . . .	654,241	<b>1</b>	997,592	
	2 Savings and temporary cash investments . . . . .	1,495,920	<b>2</b>	1,727,685	
	3 Pledges and grants receivable, net . . . . .	457,345	<b>3</b>	4,668,069	
	4 Accounts receivable, net . . . . .		<b>4</b>		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>		
	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		<b>6</b>		
	7 Notes and loans receivable, net . . . . .		<b>7</b>		
	8 Inventories for sale or use . . . . .	101,553	<b>8</b>	180,044	
	9 Prepaid expenses and deferred charges . . . . .	170,810	<b>9</b>	255,108	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a   24,241,983			
	b Less accumulated depreciation	10b   11,945,884	12,891,007	<b>10c</b>	12,296,099
	11 Investments—publicly traded securities . . . . .		<b>11</b>	47,493,362	
	12 Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	236,642	
	13 Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>		
	14 Intangible assets . . . . .		<b>14</b>		
	15 Other assets See Part IV, line 11 . . . . .		<b>15</b>		
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	60,607,744	<b>16</b>	67,854,601	
Liabilities	17 Accounts payable and accrued expenses . . . . .	460,476	<b>17</b>	488,662	
	18 Grants payable . . . . .		<b>18</b>		
	19 Deferred revenue . . . . .		<b>19</b>		
	20 Tax-exempt bond liabilities . . . . .		<b>20</b>		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>		
	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 . . . . .		<b>22</b>		
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	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		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	460,476	<b>26</b>	488,662	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27 Unrestricted net assets . . . . .	23,902,826	<b>27</b>	24,580,614	
	28 Temporarily restricted net assets . . . . .	10,507,109	<b>28</b>	16,747,992	
	29 Permanently restricted net assets . . . . .	25,737,333	<b>29</b>	26,037,333	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30 Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
	33 Total net assets or fund balances . . . . .	60,147,268	<b>33</b>	67,365,939	
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	60,607,744	<b>34</b>	67,854,601	

**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	19,191,395
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	9,528,827
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	9,662,568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	60,147,268
5	Net unrealized gains (losses) on investments . . . . .	5	-2,443,897
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,365,939

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-6000331

**Name:** NEW ORLEANS MUSEUM OF ART

Form 990 (2016)

---

### **Form 990, Part III, Line 4a:**

COLLECTION DEPARTMENT SERVICES & ACQUISITIONSTHE HEART OF NOMA IS ITS FINE ART COLLECTION THE MUSEUM EMPLOYS A PROFESSIONAL CURATORIAL STAFF WHOSE FUNCTION IS TO CARE FOR ITS COLLECTIONS, CARRY OUT RESEARCH ON THE OBJECTS IN THE COLLECTION, ORGANIZE SPECIAL EXHIBITIONS ON PARTICULAR SUBJECTS OR THEMES, WRITE SCHOLARLY INTERPRETATIVE ARTICLES, CATALOGUES AND BOOKS ON ART SUBJECTS, RECOMMEND AND OVERSEE NEEDED RESTORATION AND CONSERVATION TREATMENT ON OBJECTS IN THE COLLECTION, CULTIVATE AND ADVISE PRIVATE ART COLLECTORS AND ENCOURAGE DONATIONS, SEEK OUT AND RECOMMEND OBJECTS FOR ACQUISITION OR DEACCESSION BY THE MUSEUM THE MUSEUM HAS DEVELOPED AN ACCESSION POLICY FOR ACQUIRING WORKS OF ART EITHER THROUGH PURCHASE OR BY GIFT WITH A GOAL OF CONTINUING TO AUGMENT ITS HOLDINGS IN THE AREAS OF ITS STRENGTHS RATHER THAN INAUGURATING NEW AREAS THE MUSEUM HAS FOCUSED ITS COLLECTING ACTIVITIES IN SEVERAL SPECIALIZED AREAS BY FOCUSING ON CONTINUING TO UPGRADE IN THESE SELECTED AREAS, THE MUSEUM HAS BEEN ABLE TO ASSEMBLE AN IMPORTANT COLLECTION OF BOTH QUALITY AND DEPTH WHILE ART PURCHASES ARE ESSENTIALLY LIMITED TO THE DESIGNATED AREAS OF SPECIALIZATION, THE BOARD AND STAFF ARE ALWAYS WILLING TO CONSIDER NEW AREAS OF COLLECTING AS OPPORTUNITIES ARISE, PARTICULARLY THROUGH DONATIONS THE OVERRIDING CRITERION FOR PURCHASE OR ACCEPTANCE OF GIFTS IS THE QUALITY OF INDIVIDUAL WORKS OF ART THE EIGHT AREAS OF COLLECTION SPECIALIZATION ARE EUROPEAN ART FROM THE 16TH THROUGH 21ST CENTURIES (PARTICULARLY THE WORKS OF THE FRENCH SCHOOL), THE ARTS OF THE AMERICAS (PRE-COLUMBIAN, LATIN AMERICAN, AND AMERICAN PAINTING AND SCULPTURE), AFRICAN AND OCEANIC ART, ASIAN ART (PARTICULARLY CHINESE AND JAPANESE OF THE EDO PERIOD 1615-1867), PHOTOGRAPHY, DECORATIVE ARTS, GRAPHICS AND SCULPTURE THE DIRECTOR OF THE MUSEUM, IN CONSULTATION WITH THE CURATORIAL STAFF, RECOMMENDS ALL PURCHASES AND GIFTS TO THE ACCESSIONS COMMITTEE OF THE BOARD OF TRUSTEES FOR THEIR APPROVAL OR DISAPPROVAL THE FULL BOARD THEN APPROVES THE RECOMMENDATIONS OF THE ACCESSIONS COMMITTEE

---

## **Form 990, Part III, Line 4b:**

EXHIBITION SERVICES THE MUSEUM'S EXHIBITION PROGRAM IS TWO-FOLD INSTALLATION OF THE PERMANENT COLLECTION AND PRESENTATION OF SPECIAL TEMPORARY EXHIBITIONS SELECTIONS FROM THE PERMANENT COLLECTION ARE INSTALLED BY THE CURATORIAL STAFF IN THE GALLERIES IN AN ARRANGEMENT WHICH WILL REFLECT THE CONTINUITY OF THE HISTORY OF ART A MEANINGFUL PROGRESSION OF PERIODS AND CULTURES WILL AID THE MUSEUM VISITOR IN HIS/HER APPRECIATION AND UNDERSTANDING OF THE ARTWORKS WHEN AVAILABLE, WORKS ON LOAN FROM OTHER SOURCES CAN EFFECTIVELY AUGMENT THE INSTALLATIONS AND FILL IN GAPS IN THE COLLECTION TO COMPLEMENT THE PERMANENT COLLECTION INSTALLATIONS, THE CURATORIAL STAFF DESIGNS A PROGRAM OF SPECIAL TEMPORARY EXHIBITIONS OF VARIOUS SIZES PRESENTED THROUGHOUT THE YEAR THESE EXHIBITIONS ORIGINATED BY THE STAFF OR BROUGHT IN FROM OTHER NATIONAL OR INTERNATIONAL SOURCES TO OFFER A WIDE VARIETY OF SUBJECTS, THEMES, STYLISTIC MODES, CULTURES, AND ARTISTS

---

## **Form 990, Part III, Line 4c:**

EDUCATION DIVISION THE MUSEUM'S EDUCATION DEPARTMENT FOCUSES ON IN-HOUSE AND OUTREACH ACTIVITIES. PROFESSIONAL MUSEUM STAFF TRAIN VOLUNTEER DOCENTS TO GIVE GUIDED TOURS OF THE MUSEUM AND DEVISE AND IMPLEMENT EDUCATIONAL PROGRAMS SUCH AS LECTURES, SYMPOSIUMS, FILMS, CONCERTS, FAMILY FESTIVALS WITH SPECIFIC THEMES, CHILDREN'S ART CLASSES AND DOCENT LEAD SCHOOL TOURS TO COMPLIMENT THE SPECIAL EXHIBITIONS AND PERMANENT COLLECTION. OUTREACH PROGRAMS ARE FOCUSED TEACHER WORKSHOPS AND SCHOOL CURRICULUM BASED PROGRAMS IMBEDDED IN DESIGNATED PUBLIC SCHOOLS. WITH THE GREATEST NEEDS THE EDUCATION DIVISION SERVICED APPROXIMATELY 35,000 PEOPLE IN THE COMMUNITY IN 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
ERIC BLUE	1 00	Former Or Director Individual trustee	Key employee Employee Officer Institutional trustee	Highest compensated Employee		0	0
BOARD MEMBER	.....	X				0	0
CAMMIE MAYER	1 00	.....	X			0	0
BOARD MEMBER	.....					0	0
JULI MILLER HART	1 00	.....	X			0	0
BOARD MEMBER	.....					0	0
ELIZABETH MONAGHAN	1 00	.....	X			0	0
BOARD MEMBER	.....					0	0
LYNES SLOSS	1 00	.....	X			0	0
BOARD MEMBER	.....					0	0
THOMAS REESE	1 00	.....	X			0	0
BOARD MEMBER	.....					0	0
JUSTIN AUGUSTINE III	1 00	.....	X			0	0
BOARD MEMBER	.....					0	0
MELANEE USDIN	1 00	.....	X			0	0
BOARD MEMBER	.....					0	0
GAIL BERTUZZI	1 00	.....	X			0	0
BOARD MEMBER	.....					0	0
ELIZABETH BOONE	1 00	.....	X			0	0
BOARD MEMBER	.....					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
SCOTT COWEN ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
ADREA HEEBE ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
SUSU STALL ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
ROB STEEG ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
MARGO DUBOS ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
KITTY SHERRILL ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
BRENDA MOFFITT ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JOLIE SHELTON ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
STEPHANIE FEOLI ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
DENNIS LAUSCHA ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	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	
		Former Or Director	Individual trustee	Institutional trustee				
					Highest compensated employee			
					Officer			
					Key employee			
RUSS HERMAN	1 00		X			0	0	0
BOARD MEMBER	.....							
FRANK STEWART	1 00		X			0	0	0
BOARD MEMBER	.....							
BRITTON SANDERFORD	1 00		X			0	0	0
BOARD MEMBER	.....							
MITCH LANDRIEU	1 00		X			0	0	0
BOARD MEMBER	.....							
STEPHEN PERRY	1 00		X			0	0	0
BOARD MEMBER	.....							
MICHAEL SMITH	1 00		X			0	0	0
BOARD MEMBER	.....							
LOUIS LUPIN	1 00		X			0	0	0
BOARD MEMBER	.....							
ROBERT HINCKLEY	1 00		X			0	0	0
BOARD MEMBER	.....							
DARYL BYRD	1 00		X			0	0	0
BOARD MEMBER	.....							
SUSAN GUDRY	1 00		X			0	0	0
BOARD MEMBER	.....							

**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
ROBIN BURGESS ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
PENNY FRANCIS ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
DANA HANSEL ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
SIDDHARTH BHANSALI ..... BOARD MEMBER	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
DONNA PERRET ROSEN ..... BOARD MEMBER - EXECUTIVE COMMITTEE	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
TOMMY COLEMAN ..... BOARD MEMBER - EXECUTIVE COMMITTEE	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
DAVID F EDWARDS ..... BOARD MEMBER - EXECUTIVE COMMITTEE	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
JANICE PARMELEE ..... BOARD MEMBER - TREASURER	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
SYDNEY BESTHOFF III ..... BOARD MEMBER - VICE-PRESIDENT	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
SUZANNE THOMAS ..... BOARD MEMBER - VICE-PRESIDENT	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		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
		Officer	Key Employee	Non-Executive Director	Former				
MIKE SIEGEL	2 00						0	0	0
BOARD MEMBER - VICE-PRESIDENT	.....	X	X						
HERSCHEL ABBOTT JR	2 00						0	0	0
BOARD MEMBER - SECRETARY	.....	X	X						
JULIE GEORGE	3 00						0	0	0
BOARD MEMBER - PRESIDENT	.....	X	X						
GAIL ASPRODITES	35 00								
ASST DIRECTOR FOR ADMINISTRATION	.....		X				123,189	0	22,849
SUSAN M TAYLOR	35 00								
EXECUTIVE DIRECTOR	.....		X				362,127	0	38,144
LISA ROTONDO MCCORD	35 00					X			
ASST DIRECTOR FOR CURATORIAL	.....					X	110,331	0	19,866
BROOKE MINTO	35 00					X			
ASST DIRECTOR FOR DEVELOPMENT	.....					X	102,243	0	5,048
ALLISON REID	35 00					X			
ASST DIRECTOR FOR EDUCATION	.....					X	102,324	0	14,323

**SCHEDULE A**  
(Form 990 or  
990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
NEW ORLEANS MUSEUM OF ART**Employer identification number**

72-6000331

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

Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2016**

**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**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	5,233,915	9,527,098	6,064,253	6,193,645	11,753,198	38,772,109
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	3,330,000	2,975,000	2,975,000	2,975,000	2,975,000	15,230,000
4	<b>Total.</b> Add lines 1 through 3	8,563,915	12,502,098	9,039,253	9,168,645	14,728,198	54,002,109
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)						5,992,228
6	<b>Public support.</b> Subtract line 5 from line 4						48,009,881

**Section B. Total Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
7	Amounts from line 4	8,563,915	12,502,098	9,039,253	9,168,645	14,728,198	54,002,109
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	774,901	517,702	496,964	676,824	731,385	3,197,776
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 )	946				521,461	522,407
11	<b>Total support.</b> Add lines 7 through 10						57,722,292
12	Gross receipts from related activities, etc (see instructions)					12	6,196,856

**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	83 170 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	82 470 %
16a	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
16 Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	

19a <b>33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
<b>b</b> <b>33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>

20 <b>Private foundation.</b> 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**

	<b>Yes</b>	<b>No</b>
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b>	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 <b>Part VI</b>	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 <b>Part VI</b>	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 <b>Part VI</b>	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		
a		
b		
c		
	11a	
	11b	
	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1		
	1	
2		
	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1		
	1	

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

	Yes	No
1		
	1	
2		
	2	
3		
	3	

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete **line 2** below
- The organization is the parent of each of its supported organizations Complete **line 3** below
- 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.**

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

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

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

- Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
2a		
2b		
3a		
3b		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b>	Distributable amount for 2016 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations (see instructions)</b>		
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2016</b>
		<b>(iii) Distributable Amount for 2016</b>
<b>1</b>	Distributable amount for 2016 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)	
<b>3</b>	Excess distributions carryover, if any, to 2016	
<b>a</b>		
<b>b</b>		
<b>c</b> From 2013. . . . .		
<b>d</b> From 2014. . . . .		
<b>e</b> From 2015. . . . .		
<b>f Total</b> of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2016 distributable amount		
<b>i</b> Carryover from 2011 not applied (see instructions)		
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f		
<b>4</b> Distributions for 2016 from Section D, line 7		
\$		
<b>a</b> Applied to underdistributions of prior years		
<b>b</b> Applied to 2016 distributable amount		
<b>c</b> Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
<b>7</b> <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c		
<b>8</b> Breakdown of line 7		
<b>a</b>		
<b>b</b> Excess from 2013. . . . .		
<b>c</b> Excess from 2014. . . . .		
<b>d</b> Excess from 2015. . . . .		
<b>e</b> 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**

2016

Open to Public  
InspectionSCHEDULE 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](http://www.irs.gov/form990).

Name of the organization NEW ORLEANS MUSEUM OF ART	Employer identification number 72-6000331
---	--

**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?  Yes  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?  Yes  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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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	<b>Held at the End of the Year</b>
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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
1c	
1d	
1e	
1f	

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 . . . . .	43,239,026	45,182,985	43,052,875	35,901,912	31,975,192
b Contributions . . . . .	248,100	150,500	29,957	366,693	231,304
c Net investment earnings, gains, and losses	4,796,800	167,617	3,670,933	8,111,105	4,977,120
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	2,194,146	2,137,111	1,455,585	1,206,599	1,198,949
f Administrative expenses . . . . .	211,687	124,965	115,195	120,236	82,755
g End of year balance . . . . .	45,878,093	43,239,026	45,182,985	43,052,875	35,901,912

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

a Board designated or quasi-endowment ► 26 440 %

b Permanent endowment ► 56 750 %

c Temporarily restricted endowment ► 16 810 %

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

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	436,260			436,260
b Buildings				
c Leasehold improvements		17,828,028	10,100,228	7,727,800
d Equipment . . . . .		1,110,643	511,991	598,652
e Other . . . . .		4,867,052	1,333,665	3,533,387
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ►				12,296,099

**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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 12 ) ►

**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	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►

**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

#### **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	17,358,886
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-2,443,897
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	611,388
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,832,509
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	19,191,395
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	19,191,395

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	10,140,214
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	611,388
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	611,388
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	9,528,826
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	9,528,826

**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:** 72-6000331  
**Name:** NEW ORLEANS MUSEUM OF ART

### Supplemental Information

Return Reference	Explanation
PART III, LINE 1A	IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART PURCHASED AND DONATED IS NOT CAPITALIZED DURING 2016 AND 2015, THE COST OF COLLECTION ITEMS PURCHASED BY THE MUSEUM AS A DECREASE IN THE APPROPRIATE CLASS OF NET ASSETS WAS \$2,441,803 AND \$751,101, RESPECTIVELY. WHEN NOT ON DISPLAY IN THE PERMANENT COLLECTION GALLERIES, THE OBJECTS ARE MAINTAINED IN CLIMATE CONTROLLED STORAGE. THE MUSEUM MAINTAINS POLICIES AND PROCEDURES ADDRESSING THE MAINTENANCE AND CONSERVATION OF THE COLLECTION, AS WELL AS OTHER ASPECTS OF ITS MANAGEMENT, INCLUDING ACCESSION/DEACCESSION POLICIES

## Supplemental Information

Return Reference	Explanation
PART III, LINE 4	<p>THE MUSEUM EMPLOYS A PROFESSIONAL CURATORIAL STAFF WHOSE FUNCTION IS TO CARE FOR ITS COLLECTIONS, CARRY OUT RESEARCH ON THE OBJECTS IN THE COLLECTION, ORGANIZE SPECIAL EXHIBITIONS ON PARTICULAR SUBJECTS OR THEMES, WRITE SCHOLARLY INTERPRETATIVE ARTICLES, CATALOGUES, AND BOOKS ON ART SUBJECTS, RECOMMEND AND OVERSEE NEEDED RESTORATION AND CONSERVATION TREATMENT ON OBJECTS IN THE COLLECTION, CULTIVATE AND ADVISE PRIVATE ART COLLECTORS AND ENCOURAGE DONATIONS, SEEK OUT AND RECOMMEND OBJECTS FOR ACQUISITION OR DEACCESSION BY THE MUSEUM, TRAIN VOLUNTEER DOCENTS TO GIVE GUIDED TOURS OF THE MUSEUM, DEVISE AND IMPLEMENT EDUCATIONAL PROGRAMS SUCH AS LECTURES, SYMPOSIUMS, FILMS, CONCERTS, FAMILY FESTIVALS ON SPECIFIC THEMES, STUDIO ART CLASSES, AND OTHER OUTREACH METHODS, FAMILY AND TEACHER WORKSHOPS FOR DESIGNATED PUBLIC SCHOOLS</p>

# Supplemental Information

Return Reference	Explanation
PART V, LINE 4	OPERATIONS, PROGRAMS, AND ACQUISITIONS OF FINE ART

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SECTION 121(5) OF TITLE 47 OF THE LOUISIANA REVISED STATUTES OF 1950. THE MUSEUM APPLIES A "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD FOR ALL TAX UNCERTAINTIES. THIS APPROACH ONLY ALLOWS THE RECOGNITION OF THOSE TAX BENEFITS THAT HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. AS A RESULT OF IMPLEMENTING THIS APPROACH, THE MUSEUM HAS REVIEWED ITS TAX POSITIONS AND DETERMINED THERE WERE NO OUTSTANDING OR RETROACTIVE TAX POSITIONS WITH LESS THAN A 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 437,922 COST OF GOODS SOLD 173,466

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 437,922 COST OF GOODS SOLD 173,466

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
NEW ORLEANS MUSEUM OF ART

Employer identification number

72-6000331

**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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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

	(a) Event #1 <b>ODYSSEY BALL</b> (event type)	(b) Event #2 <b>ART IN BLOOM</b> (event type)	(c) Other events <b>2</b> (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
<b>1</b> Gross receipts . . . . .	1,237,972	410,935	443,898	2,092,805
<b>2</b> Less Contributions . . . . .	1,145,372	374,945	381,970	1,902,287
<b>3</b> Gross income (line 1 minus line 2) . . . . .	92,600	35,990	61,928	190,518
<b>Direct Expenses</b>				
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .	92,681	60,886	38,053	191,620
<b>8</b> Entertainment . . . . .	10,000		8,641	18,641
<b>9</b> Other direct expenses . . . . .	635,597	257,567	226,709	1,119,873
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . .				1,330,134
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . .				-1,139,616

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

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

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

**13** Indicate the percentage of gaming activity conducted in

13a	%
13b	%

**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
------------------	-------------

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)Department of the  
Treasury  
Internal Revenue  
Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
NEW ORLEANS MUSEUM OF ART

Employer identification number

72-6000331

**Part I Questions Regarding Compensation****Yes****No****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> 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)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**1b****2****3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**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**a** Receive a severance payment or change-of-control payment?**4a** No**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**4b** No**c** Participate in, or receive payment from, an equity-based compensation arrangement?**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****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**5a** No**a** The organization?**5b** No**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**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**6a** No**a** The organization?**6b** No**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**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**7** No**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**8** No**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**9**

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN M TAYLOR EXECUTIVE DIRECTOR	(i) 362,127 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	(C) 21,200 ----- 0	(D) 16,944 ----- 0	(E) 400,271 ----- 0	(F) 0 ----- 0

**Part III Supplemental Information**

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

Return Reference

Explanation

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](http://www.irs.gov/form990)Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
NEW ORLEANS MUSEUM OF ART

Employer identification number

72-6000331

## 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	321	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 . . . . .	X	15	127,321	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► (FOOD & PAPER GOODS)	X	90	75,000	
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	11

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

**Part 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 WORKS OF ART DONATED, AND THE NUMBER OF CONTRIBUTORS OF SECURITIES AND FOOD/PAPER GOODS
PART I, LINE 33	IN CONFORMITY WITH SFAS 116

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

Department of the Treasury

~~Internal Revenue Service~~

Name of the organization

NEW ORLEANS MUSEUM OF ART

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

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

► Attach to Form 990 or 990-EZ.

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

**2016****Open to Public  
Inspection****Employer identification number**

72-6000331

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE THEN EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW AND COMPLIANCE PRIOR TO FILING

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL CONFLICT OF INTEREST STATEMENTS ARE FILED BY EACH TRUSTEE AND PROVIDED TO THE LEGAL COMMITTEE FOR REVIEW AND COMPLIANCE IF THE DIRECTOR OF NOMA DETERMINES THAT THERE MAY BE A CONFLICT OF INTEREST, IN THE CASE OF A TRUSTEE THE MATTER WILL BE REFERRED TO THE APPROPRIATE BOARD COMMITTEE IF A TRUSTEE HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, SUCH TRUSTEE SHALL ABSTAIN FROM VOTING ON ANY MATTER THAT INVOLVES SUCH ACTUAL OR POTENTIAL CONFLICT

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE. ALL OTHER COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR USING A COMBINATION OF THE NEW ORLEANS CIVIL SERVICE PAY PLAN, THE ASSOCIATION OF ART MUSEUM DIRECTORS ANNUAL SALARY SURVEY, AND LOCAL PRACTICING WAGES AS GUIDELINES

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL INFORMATION IS AVAILABLE UPON REQUEST, BY PAPER COPY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE OVERSIGHT OR SELECTION PROCESSES FOR THE AUDIT THAT THE ORGANIZATION'S COMMITTEE USES