

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

### A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

**C** Name of organization  
THE NEWARK MUSEUM ASSOCIATION

Doing business as

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

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

**D** Employer identification number  
22-1487275

**E** Telephone number  
(973) 596-6550

**G** Gross receipts \$ 38,803,207

**F** Name and address of principal officer  
DEBORAH KASINDORF  
49 WASHINGTON STREET  
NEWARK, NJ 07102

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

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

**J** Website: ▶ WWW.NEWARKMUSEUM.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1909 **M** State of legal domicile NJ

### Part I Summary

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

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	27
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	27
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	231
<b>6</b> Total number of volunteers (estimate if necessary)	200
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	9,671,682	13,025,100
<b>9</b> Program service revenue (Part VIII, line 2g)	382,106	293,609
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,432,366	3,622,704
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	325,906	134,836
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,812,060	17,076,249
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,184,710	9,327,270
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,686,081		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,300,491	10,687,933
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,485,201	20,015,203
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-4,673,141	-2,938,954

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	67,261,932	67,207,830
<b>21</b> Total liabilities (Part X, line 26)	1,356,647	1,503,176
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	65,905,285	65,704,654

### Part II Signature Block

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2018-05-15  
DEBORAH KASINDORF INTERIM CO-DIRECTOR/ DEPUTY DIR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: GARRETT M HIGGINS Preparer's signature: GARRETT M HIGGINS Date: 2018-05-14 Check  if self-employed PTIN: P00543209  
Firm's name: ▶ PKF O'CONNOR DAVIES LLP Firm's EIN: ▶ 27-1728945  
Firm's address: ▶ 665 FIFTH AVENUE Phone no: (212) 286-2600  
NEW YORK, NY 10022

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 SINCE ITS FOUNDING IN 1909 BY PIONEERING MUSEOLOGIST JOHN COTTON DANA, THE NEWARK MUSEUM HAS EMBRACED THE RICHNESS OF WORLD CULTURES AND HAS MADE EDUCATION, ACCESS AND CIVIC SERVICE CENTRAL TO ITS MISSION CONTINUED ON SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 8,141,021 including grants of \$ ) (Revenue \$ )  
 See Additional Data

**4b** (Code ) (Expenses \$ 3,541,234 including grants of \$ ) (Revenue \$ 547,286 )  
 See Additional Data

**4c** (Code ) (Expenses \$ 3,252,835 including grants of \$ ) (Revenue \$ )  
 See Additional Data

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

**4e Total program service expenses** ▶ 14,935,090

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, lobbying activities, and financial reporting.

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (27); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NJ, NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: C ELIZABETH ARON DEPUTY DIRECTOR FINANCE & ADMIN 49 WASHINGTON STREET NEWARK, NJ 07102 (973) 596-6681





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	781,172				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	880,767				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,326,068				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,037,093				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		221,665				
	<b>h Total.</b> Add lines 1a-1f . . . . .		13,025,100				
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> EDUC PGMS & WORKSHOPS	611710	164,530	164,530			
	<b>b</b> REGISTRATION FEES	900099	129,079	129,079			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .		293,609					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		477,877			477,877	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			90,827				
		<b>b</b> Less rental expenses	6,682				
		<b>c</b> Rental income or (loss)	84,145				
	<b>d</b> Net rental income or (loss) . . . . .			84,145		84,145	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			23,912,180	564,393			
		<b>b</b> Less cost or other basis and sales expenses	21,331,746	0			
		<b>c</b> Gain or (loss)	2,580,434	564,393			
	<b>d</b> Net gain or (loss) . . . . .			3,144,827		3,144,827	
	<b>8a</b> Gross income from fundraising events (not including \$ 880,767 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	89,475				
		<b>b</b> Less direct expenses . . . . .	295,006				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-205,531		-205,531
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	347,201					
	<b>b</b> Less cost of goods sold . . . . .	93,524					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			253,677	253,677		
Miscellaneous Revenue	<b>Business Code</b>						
<b>11a</b> OTHER REVENUE	900099	2,545			2,545		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,545				
<b>12 Total revenue.</b> See Instructions . . . . .			17,076,249	547,286	0	3,503,863	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,122,924		777,771	345,153
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	5,996,667	4,149,793	371,104	1,475,770
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	578,081	435,652	44,685	97,744
<b>9</b> Other employee benefits . . . . .	977,684	669,431	122,842	185,411
<b>10</b> Payroll taxes . . . . .	651,914	411,033	114,409	126,472
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	86,660		86,660	
<b>c</b> Accounting . . . . .	83,783		83,783	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	607,917	401,224	97,267	109,426
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	594,920	334,687	204,340	55,893
<b>12</b> Advertising and promotion . . . . .	706,445	547,823	52,124	106,498
<b>13</b> Office expenses . . . . .	728,025	571,815	113,070	43,140
<b>14</b> Information technology . . . . .	124,023	13,835	103,111	7,077
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	687,838	653,447	13,755	20,636
<b>17</b> Travel . . . . .	217,125	122,031	50,768	44,326
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	60,145	28,300	13,195	18,650
<b>20</b> Interest . . . . .	43,334		43,334	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,004,599	954,370	20,090	30,139
<b>23</b> Insurance . . . . .	292,465	280,992	4,588	6,885
<b>24</b> 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.)				
<b>a</b> ACQ OF WORKS OF ART	4,749,528	4,749,528		
<b>b</b> REPAIRS AND MAINT	509,596	490,282	8,367	10,947
<b>c</b> MEMBERSHIP TOURS	101,674	101,674		
<b>d</b> EQUIPMENT RENTAL & MAIN	89,856	19,173	68,769	1,914
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	20,015,203	14,935,090	2,394,032	2,686,081
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,733,007	<b>1</b>	6,204,116
	<b>2</b> Savings and temporary cash investments . . . . .	5,445,316	<b>2</b>	7,333,408
	<b>3</b> Pledges and grants receivable, net . . . . .	1,535,101	<b>3</b>	2,932,782
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> 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>	
	<b>6</b> 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>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	126,491	<b>8</b>	141,837
	<b>9</b> Prepaid expenses and deferred charges . . . . .	45,911	<b>9</b>	93,716
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	60,705,951		
	<b>b</b> Less accumulated depreciation	45,913,284		
		12,158,248	<b>10c</b>	14,792,667
	<b>11</b> Investments—publicly traded securities . . . . .	20,882,228	<b>11</b>	16,447,641
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	23,308,319	<b>12</b>	19,041,884
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	27,311	<b>15</b>	219,779	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	67,261,932	<b>16</b>	67,207,830	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,132,110	<b>17</b>	1,502,224
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	224,537	<b>25</b>	952
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,356,647	<b>26</b>	1,503,176
<b>Net Assets or Fund Balances</b>	<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>			
	<b>27</b> Unrestricted net assets	47,516,234	<b>27</b>	44,740,890
	<b>28</b> Temporarily restricted net assets . . . . .	4,853,678	<b>28</b>	7,418,391
	<b>29</b> Permanently restricted net assets	13,535,373	<b>29</b>	13,545,373
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	65,905,285	<b>33</b>	65,704,654	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	67,261,932	<b>34</b>	67,207,830	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,076,249
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,015,203
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,938,954
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	65,905,285
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,738,323
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	65,704,654

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1487275

**Name:** THE NEWARK MUSEUM ASSOCIATION

Form 990 (2017)

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

EXHIBITIONS SPRING OF 2017 SAW SITE PREPARATION AND CONSTRUCTION BEGIN AS PART OF THE STRATEGIC CAPITAL PROJECT TO REOPEN THE WASHINGTON STREET DOORS AND RENOVATE NUMEROUS OTHER SPACES AND GALLERIES FALL OF 2017 SAW THE COMPLETION OF MOST OF THE AFFECTED FIRST FLOOR SPACES AND THEIR TURNOVER TO THE MUSEUM FOR INSTALLATION OF ARTWORKS AND EXHIBITS AN ACCESSIBLE LIFT WAS ADDED TO ENGELHARD COURT, FOUR OUTDATED AIR HANDLING UNITS WERE REPLACED WITH NEW MODERN EQUIPMENT AND INTERIOR AND EXTERIOR LIGHTING SYSTEMS WERE ADDED OR UPGRADED [SEE CONTINUATION ON SCHEDULE O]THE PROJECT ALSO INCLUDED WORK TO REMEDIATE FLOODING IN COLLECTIONS STORAGE FROM OVERWHELMED STORM DRAINS AND UPGRADES TO OUR FIRE ALARM SYSTEMS OTHER PROJECTS INCLUDED NUMEROUS COOLING AND HEATING SYSTEMS UPGRADES IN 2018 THE CAPITAL PROJECT WILL CONCLUDE WITH THE WASHINGTON STREET DOORS REOPENING COMPLIMENTED BY A NEW ACCESIBLE RAMP, A RENOVATED PLAZA AND A NEW, LARGER SPECIAL EXHIBITION GALLERY WILL OPEN ON THE SECOND FLOOR OF THE MUSEUM'S MAIN BUILDINGDURING 2017, THE NEWARK MUSEUM DESIGNED AND INSTALLED TEN LARGE PROJECTS IN APPROXIMATELY 9,000 SQUARE FEET OF INTERIOR GALLERY SPACE THESE INCLUDED PROJECTS RELATED TO THE ONGOING RENOVATION PROJECT TO REOPEN THE WASHINGTON STREET DOORS, INCLUDING OPENING THE NEW WELCOME CENTER WITH A SITE-SPECIFIC MURAL, INSTALLATION OF THE MUSEUM'S GLOBAL AFRICA COLLECTION INTO A RENOVATED GALLERY, AND THE RELOCATION OF THE ANCIENT MEDITERRANEAN COLLECTION INTO THE MUSEUM'S SOUTH GALLERY ADDITIONAL INSTALLATIONS INCLUDED MOLLY HATCH REPERTOIRE IN THE ENGELHARD COURT, WHEN OBJECTS BECAME ART IN THE AMERICAN CRAFT GALLERY, STYLE, STATUS & STERLING INSTALLED IN THE DECORATIVE ARTS GALLERIES, MUSICAL ARTS OF ASIA, THE ANNUAL ROTATION FOR THE ASIAN COLLECTIONS, AND YINKA SHONIBARE PARTY TIME INSTALLED IN THE BALLANTINE HOUSE DINING ROOM ADDITIONAL ROTATIONS WERE PERFORMED IN THE AMERICAN ART GALLERIES

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

EDUCATION, SCIENCE, ART AND HUMANITIES PROGRAMS IN 2017, APPROXIMATELY 83,000 PEOPLE WERE ENGAGED IN MUSEUM-LED PROGRAMS SCHOOL, FAMILY AND YOUTH PROGRAMS AS PART OF SCHOOL PROGRAMS, THE MUSEUM CONTINUES TO CONTRACT WITH DISTRICTS IN NORTHERN AND CENTRAL NEW JERSEY, INCLUDING NEWARK PUBLIC SCHOOLS, JERSEY CITY SCHOOLS AND OTHERS, TO SERVE STUDENTS AND TEACHERS IN PUBLIC AND PRIVATE SCHOOLS THROUGH AN ARRAY OF PROFESSIONAL DEVELOPMENT ACTIVITIES, MUSEUM GALLERY EXPERIENCES AND OUTREACH CLASSES AT SCHOOLS [SEE CONTINUATION ON SCHEDULE O] TOPICAL AND THEMED LESSONS USE THE MUSEUM'S PERMANENT COLLECTIONS (E G NATIVE ARTISTS OF NORTH AMERICA, SEEING AMERICA, ASIAN ART, ARTS OF GLOBAL AFRICA, DYNAMIC EARTH, AND THE BALLANTINE HOUSE), SPECIAL EXHIBITIONS, THE PLANETARIUM AND THE MAKERSPACE TO INSPIRE LEARNING INTERDISCIPLINARY HUMANITIES AND STEAM-BASED LESSONS INTEGRATE THE GALLERY EXPERIENCE WITH ART STUDIO, SCIENCE LAB AND MAKERSPACE LESSONS THAT ALLOW STUDENTS TO EXPERIMENT AND CREATE WITH MATERIALS, TOOLS, AND THEIR OWN IMAGINATIONS IN ADDITION TO IN-SERVICE TRAINING FOR EDUCATORS IN NORTHERN AND CENTRAL NJ SCHOOL DISTRICTS, THE MUSEUM WORKS WITH COLLEGES AND UNIVERSITIES, INCLUDING RUTGERS, MONTCLAIR STATE UNIVERSITY, ESSEX COMMUNITY COLLEGE, SETON HALL UNIVERSITY, JOHNS HOPKINS UNIVERSITY AND SUNY ONEONTA AT COOPERSTOWN TO DEMONSTRATE THE VALUE OF THE NEWARK MUSEUM AS AN IMPORTANT TEACHING RESOURCE TO EDUCATORS-IN TRAINING IN ADDITION TO K-12 SCHOOL PROGRAMS, NEWARK MUSEUM DEVELOPED AND EXPANDED PROGRAMMING FOR EARLY LEARNERS AND THEIR CAREGIVERS WITH TREMENDOUS SUPPORT FROM KEY FUNDERS AND DEEP COMMUNITY-BASED PARTNERSHIPS THE CITY-WIDE ANNUAL PRE-SCHOOL NIGHT AT THE MUSEUM ATTRACTED OVER 2100 PEOPLE (PRESCHOOLERS, EDUCATORS AND FAMILY CAREGIVERS) WHO WERE ENCOURAGED TO USE THE MUSEUM AND OTHER RESOURCES TO MITIGATE THE EFFECTS OF SUMMER LEARNING LOSS IN 2017, THE MUSEUM CONTINUED TO GROW ITS PROGRAMS FOR FAMILIES DROP-IN PROGRAMS ON THE WEEKENDS DURING THE SCHOOL YEAR AND WEEKDAYS DURING THE SUMMER, SPECIAL EVENTS, FESTIVALS AND SEASONAL ACTIVITIES, AS WELL AS THE POPULAR CAMP NEWARK MUSEUM DROP-IN PROGRAMS COMBINE STORY-TELLING, MUSIC AND MOVEMENT EXPERIENCES IN THE GALLERIES, FOLLOWED BY A HANDS-ON ART-MAKING EXPERIENCE DESIGNED TO ENCOURAGE BOTH CHILD AND ADULT LEARNING A SERIES OF ONSITE EVENTS AND PARTICIPATION IN A NUMBER OF CITY-WIDE FESTIVALS ENCOURAGED ALMOST 10,000 CHILDREN AND ADULTS TO LEARN ABOUT AND COME EXPLORE THE NEWARK MUSEUM EVENTS INCLUDED THE 4TH ANNUAL GREATER NEWARK MINI MAKER FAIRE, FIRE MUSTER, HELD IN JUNE IN PARTNERSHIP WITH THE NEWARK FIRE DEPARTMENT HISTORICAL ASSOCIATION, A CAREFULLY SUPERVISED VIEWING IN HORIZON PLAZA OF THE TOTAL SOLAR ECLIPSE A CHILDREN'S CONCERT WITH WBGO JAZZ KIDS AND TEEN ARTS EXHIBITIONS AND RECEPTIONS CELEBRATING STUDENTS FROM NEWARK PUBLIC SCHOOLS AND THE 10TH CONGRESSIONAL DISTRICT IN 2017, CAMP NEWARK MUSEUM, SERVED ALMOST 500 CAMPERS BETWEEN AGES 3 AND 14 OF PARTICULAR NOTE IS THE ANNUAL DR MARTIN LUTHER KING JR DAY CELEBRATION IN JANUARY OVER 1,500 PEOPLE CAME TOGETHER AS A COMMUNITY TO PARTICIPATE IN COMMUNAL ART-MAKING ACTIVITIES, AND BE INSPIRED BY THE MUSEUM'S COLLECTIONS, AS WELL AS SPOKEN WORD, MUSIC, AND DANCE PERFORMANCES 2017 WAS A BANNER YEAR FOR THE NEWARK MUSEUM EXPLORERS PROGRAM AS IT WAS SELECTED AS ONE OF 12 NATIONAL PROGRAMS (FROM 340 NOMINEES) TO WIN THE PRESTIGIOUS NATIONAL ARTS AND HUMANITIES YOUTH PROGRAM AWARD THE NATIONAL ARTS AND HUMANITIES YOUTH PROGRAM AWARDS INITIATIVE WAS A SIGNATURE PROGRAM OF THE PRESIDENT'S COMMITTEE ON THE ARTS AND THE HUMANITIES IN PARTNERSHIP WITH THE NATIONAL ENDOWMENT FOR THE ARTS, THE NATIONAL ENDOWMENT FOR THE HUMANITIES, AND THE INSTITUTE OF MUSEUM AND LIBRARY SERVICES TO SHOWCASE THE EXCELLENCE AND IMPORTANCE OF OUT-OF-SCHOOL-TIME, YOUTH DEVELOPMENT-FOCUSED, ARTS AND HUMANITIES PROGRAMS IN THE LIVES OF YOUNG PEOPLE THE EXPLORERS PROGRAM IS GENEROUSLY SUPPORTED BY PSEG, AT&T, PROVIDENT BANK FOUNDATION AND THE AVIATION DEVELOPMENT COUNCIL ADULT AND PUBLIC PROGRAMS IN 2017, THE MUSEUM'S ADULT AND PUBLIC PROGRAMS BROUGHT OVER 11,000 PEOPLE INTO THE MUSEUM FOR VARIED OFFERINGS, INCLUDING SPECIAL GALLERY AND EXHIBITION TOURS, JAZZ IN THE GARDEN, SECOND SUNDAY AND LATE THURSDAY PROGRAMS, FILM SCREENINGS, LECTURES, COURSES AND WORKSHOPS, PLANETARIUM SHOWS, AND YOGA IN THE GALLERIES A LECTURE SERIES ON NATIVE AMERICAN ARTISTS WAS PRESENTED AS ANOTHER COMPONENT OF THE MUSEUM'S LIFELONG LEARNING AND CONTINUING EDUCATION PROGRAM SUPPORTED BY THE NEW JERSEY COUNCIL FOR THE HUMANITIES, THREE NATIVE AMERICAN SCHOLARS AND ARTISTS OFFERED PERSPECTIVES ON THE NEWLY RE-INSTALLED NATIVE AMERICAN ARTISTS OF NORTH AMERICA THE NEWARK MUSEUM'S JAZZ IN THE GARDEN SERIES CELEBRATED ITS 52ND YEAR OF SUMMERTIME OUTDOOR CONCERTS ATTRACTING ALMOST 1200 ATTENDEES SECOND SUNDAYS, A SERIES FOR ALL AGES, TOOK PLACE EACH MONTH FROM JANUARY JUNE, AND OCTOBER THROUGH DECEMBER" IN 2017 THEMATICALLY DESIGNED PROGRAMS SHOWCASED THE MUSEUM'S SPECIAL EXHIBITIONS AND PERMANENT COLLECTIONS AND ENHANCED THE GALLERY EXPERIENCE SUPPORTED BY HORIZON FOUNDATION, THE PROGRAMS WERE INCLUDED WITH GENERAL MUSEUM ADMISSION, AND ENGAGED ALMOST 2,000 PEOPLE MORE THAN 1200 VISITORS PARTICIPATED IN THE MONTHLY LATE THURSDAY PROGRAMS FROM APRIL THROUGH DECEMBER IN 2017, THE MUSEUM WAS SELECTED TO BE PART OF A COHORT OF 15 ARTS AND SENIOR CARE INSTITUTIONS FROM ACROSS THE COUNTRY TO ENGAGE IN THE WORK OF "CREATIVE AGING" CALLED SEEDING VITALITY ARTS, THE SUPPORT ALLOWED THE RE-ESTABLISHMENT OF ARTS WORKSHOP COURSES FOR ADULTS 55 AND OLDER MARKETING AND PUBLIC OUTREACH IN 2017, THE MUSEUM BEGAN WORK ON THE FIRST STAGE OF A REBRANDING INITIATIVE WITH THE GOAL OF BETTER COMMUNICATING WHAT IS UNIQUE AND COMPELLING ABOUT THE NEWARK MUSEUM THE MUSEUM RECEIVED FUNDING FROM BOTH THE PRUDENTIAL FOUNDATION AND THE NONPROFIT FINANCE FUND THROUGH THE NEWARK RESILIENCE INITIATIVE TO BEGIN THIS TWO-YEAR PROCESS BEGUN IN 2017 WITH A COMPREHENSIVE SURVEY OF MORE THAN 1,000 INDIVIDUALS INCLUDING MEMBERS, THE REBRANDING IMPLEMENTATION WILL CONCLUDE IN 2018 AND INVOLVE THE FOLLOWING COMPONENTS 1) INTERNAL BRAND TRAINING AND ROLL-OUT, 2) WEBSITE ENHANCEMENTS, 3) WAYFINDING AND SIGNAGE UPGRADES, 4) PRINTING OF ESSENTIAL COLLATERAL, AND 5) A BRAND LAUNCH ALSO, IN 2017 THE MARKETING DEPARTMENT MADE GREATER ADVANCES WITH ITS SOCIAL MEDIA AUDIENCES STEADY GROWTH WAS MADE ON BOTH FACEBOOK AND TWITTER, AND GREATER ENGAGEMENT ON THE MUSEUM'S PART WITH INSTAGRAM AND SNAPCHAT SNAPCHAT HAS PROVEN TO RESONATE WELL WITH YOUNG PROFESSIONALS AND COLLEGE- AND HIGH SCHOOL-AGE AUDIENCES FACEBOOK CONTINUES TO RESONATE WELL WITH FAMILIES, AS WE PROMOTE OUR EARLY LEARNER PROGRAMS THE PRIMARY BROADCAST PARTNER, NEWARK-BASED WBGO RADIO STATION WAS UTILIZED TO PROMOTE SECOND SUNDAYS AND JAZZ RELATED EVENTS LASTLY, THE 43RD ANNUAL NEWARK BLACK FILM FESTIVAL BROUGHT IN NEARLY 3,000 ADULTS AND CHILDREN, OVER THE 6-WEEKS SCREENING PERIOD HIGHWAY BILLBOARDS, REMAINED THE SINGLE LARGEST ADVERTISING SPEND IN 2017 TO PROMOTE NEW GALLERY EXHIBITIONS AND INSTALLATIONS

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

REGISTRAR & CURATORIAL THE MUSEUM IS AN INTERNATIONAL LEADER IN THE THOUGHTFUL APPROACH TO COLLECTING AND PRESENTING, CONNECTING OBJECTS IN ITS COLLECTIONS TO THE CULTURAL NEEDS OF ITS COMMUNITIES, PRODUCING INTERDISCIPLINARY PROJECTS IN THE HUMANITIES AND SCIENCES, AND MAKING IMPORTANT CONNECTIONS ACROSS TRADITIONAL COLLECTING AREAS ONE OF THE GREATEST AND MOST INFLUENTIAL IN THE UNITED STATES, THE MUSEUM IS HOME TO EXTRAORDINARY GLOBAL COLLECTIONS IN THE ARTS [SEE CONTINUATION ON SCHEDULE O] A CENTURY AFTER ITS FOUNDING, THE MUSEUM IS NOW CUSTODIAN TO OVER 130,000 OBJECTS IN THE DEPARTMENTS OF AMERICAN ART, ASIAN ART, AFRICAN ART, NATIVE AMERICAN ART, DECORATIVE ARTS, ANCIENT MEDITERRANEAN ART AND NUMISMAICS ADDITIONALLY, IT HOUSES THE LARGEST NATURAL SCIENCE COLLECTION IN THE STATE OF NEW JERSEY IN 2017, RIGHTS AND REPRODUCTION REQUESTS TOTALED 60 IMAGES IN 2017, 3232 OBJECTS WERE ADDED TO THE MUSEUM'S ONLINE SEARCHABLE DATABASE AND 238 PURCHASES WERE ACCESSIONED INTO OUR PERMANENT COLLECTION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW H RICHARDS ..... CHAIR UNTIL FEB 2017	15 00 .....	X		X				0	0	0
CLIFFORD BLANCHARD ..... CO-CHAIR	15 00 .....	X		X				0	0	0
CHRISTINE C GILFILLAN ..... CO-CHAIR	15 00 .....	X		X				0	0	0
JACOB S BUURMA ..... VICE PRESIDENT	8 00 .....	X						0	0	0
ROBERT H DOHERTY ..... VICE PRESIDENT	8 00 .....	X		X				0	0	0
STEPHANIE GLICKMAN ..... VICE PRESIDENT	8 00 .....	X		X				0	0	0
KATHY GRIER ..... VICE PRESIDENT	8 00 .....	X		X				0	0	0
PETER B SAYRE ..... TREASURER	10 00 .....	X		X				0	0	0
STEVEN KERN SECRETARY ..... DIRECTOR & CEO UNTIL NOV 2017	60 00 .....	X		X				281,742	0	256,281
DAVE BARGER ..... TRUSTEE UNTIL FEB 2017	2 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARA BONESTEEL ..... TRUSTEE	8 00 .....	X						0	0	0
JOSEPH L BUCKLY ..... TRUSTEE	2 00 .....	X						0	0	0
SHEILA NUGENT CARTER ..... TRUSTEE	2 00 .....	X						0	0	0
ELEANORE K COHEN ..... TRUSTEE	2 00 .....	X						0	0	0
LERESSA CROCKETT ..... TRUSTEE	2 00 .....	X						0	0	0
LEE ANN DILLON ..... TRUSTEE	2 00 .....	X						0	0	0
KEITH DOLIN ..... TRUSTEE UNTIL FEB 2017	2 00 .....	X						0	0	0
WILMA GELFAND ..... TRUSTEE UNTIL FEB 2017	2 00 .....	X						0	0	0
JEROME W GOTTESMAN ..... TRUSTEE UNTIL SEPT 2017	2 00 .....	X						0	0	0
CORY M GRAY ..... TRUSTEE	2 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALLEN J KARP ..... TRUSTEE	2 00 .....	X						0	0	0
ARLENE LIEBERMAN ..... TRUSTEE	2 00 .....	X						0	0	0
JUDITH LIEBERMAN ..... TRUSTEE	2 00 .....	X						0	0	0
SHAHID MALIK ..... TRUSTEE	2 00 .....	X						0	0	0
JOSEPH J MELONE ..... TRUSTEE UNTIL FEB 2017	2 00 .....	X						0	0	0
JAZZ J MERTON ..... TRUSTEE UNTIL FEB 2017	2 00 .....	X						0	0	0
D NICHOLAS MICELI ..... TRUSTEE	2 00 .....	X						0	0	0
RONALD M OLLIE ..... TRUSTEE	2 00 .....	X						0	0	0
ASHLEY M PERTSEMLIDIS ..... TRUSTEE UNTIL FEB 2017	2 00 .....	X						0	0	0
WILLIAM C ROBINSON ..... TRUSTEE	2 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR LINDA M A RODRIGUES ..... TRUSTEE	2 00 .....	X						0	0	0
SETH L ROSEN ..... TRUSTEE	8 00 .....	X						0	0	0
GARY SHAW ..... TRUSTEE UNTIL FEB 2017	2 00 .....	X						0	0	0
SOPHIA SHENG ..... TRUSTEE	2 00 .....	X						0	0	0
MONICA SLATER STOKES ..... TRUSTEE	2 00 .....	X						0	0	0
ERIC D WEINSTOCK ..... TRUSTEE	2 00 .....	X						0	0	0
JAY WEINSTEIN ..... TRUSTEE	2 00 .....	X						0	0	0
FRANCIS A WOOD ..... TRUSTEE UNTIL FEB 2017	2 00 .....	X						0	0	0
ULYSSES DIETZ ..... INTERIM CO-DIRECTOR/ CHIEF CURATOR	50 00 .....			X				131,533	0	42,147
DEBORAH KASINDORF ..... INTERIM CO-DIRECTOR/ DEPUTY DIRECTOR	50 00 .....			X				163,893	0	50,628

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C ELIZABETH ARON ..... DEPUTY DIR , FINANCE & ADMIN	50 00 .....			X				130,434	0	16,535
SONNET TAKAHISA DEPUTY ..... DIR , ENGAGEMENT & INNOVATION	50 00 .....					X		125,853	0	40,757
DAVID MAY ..... DIRECTOR OF OPERATIONS	50 00 .....					X		107,482	0	38,890
KRISTIN CURRY ..... DIRECTOR OF DEVELOPMENT	50 00 .....					X		105,021	0	27,133
CHRISTA CLARK ..... CURATOR OF AFRICAN ARTS	50 00 .....					X		100,182	0	30,276
CAROLYN CLARK ..... DIRECTOR OF HUMAN RESOURCES	50 00 .....					X		103,035	0	24,091

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
THE NEWARK MUSEUM ASSOCIATION

**Employer identification number**

22-1487275

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	11,473,876	10,753,545	9,021,901	9,671,682	13,025,100	53,946,104
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	11,473,876	10,753,545	9,021,901	9,671,682	13,025,100	53,946,104
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						53,946,104

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b>	Amounts from line 4	11,473,876	10,753,545	9,021,901	9,671,682	13,025,100	53,946,104
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,179,817	805,800	594,210	621,123	568,704	3,769,654
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,293	2,012	2,084	72,859	2,545	83,793
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						57,799,551
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	4,649,914

**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**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	93.330 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	91.810 %

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	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</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	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.		
	<b>1</b>		
<b>2</b>	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).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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.		
	<b>3b</b>		
<b>c</b>	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.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</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.		
	<b>4b</b>		
<b>c</b>	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.		
	<b>4c</b>		
<b>5a</b>	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).		
	<b>5a</b>		
<b>b</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?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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> .		
	<b>9a</b>		
<b>b</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> .		
	<b>9b</b>		
<b>c</b>	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> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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 <b>Part VI</b> ) See instructions	
<b>7 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 <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 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-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	BOOK SALE/ OTHER REVENUE - 2013 AMOUNT \$ 4,293 2014 AMOUNT \$ 2,012 2015 AMOUNT \$ 2,084 2016 AMOUNT \$ 3,945 2017 AMOUNT \$ 2,545 INSURANCE REIMBURSEMENT - 2016 AMOUNT \$ 68,914

Schedule A Form 990 of 990-E 2012

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE NEWARK MUSEUM ASSOCIATION

Employer identification number  
22-1487275

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

	(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)

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	48,763,846	49,608,807	52,126,984	49,446,301	43,988,137
<b>b</b> Contributions . . . . .	574,393	1,127,247	955,158	73,333	644,957
<b>c</b> Net investment earnings, gains, and losses	5,678,260	2,823,485	152,573	4,345,795	7,704,398
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	10,903,803	4,382,084	3,299,753	1,738,445	2,891,191
<b>f</b> Administrative expenses . . . . .	607,917	413,609	326,155		
<b>g</b> End of year balance . . . . .	43,504,779	48,763,846	49,608,807	52,126,984	49,446,301

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 64 850 %
  - b** Permanent endowment ▶ 31 130 %
  - c** Temporarily restricted endowment ▶ 4 020 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		53,316,129	43,093,933	10,222,196
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		2,820,321	2,701,707	118,614
<b>e</b> Other . . . . .		4,569,501	117,644	4,451,857
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				14,792,667

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) HEDGE FUND LONG/SHORT EQUITY	7,039,323	F
(B) LIMITED PARTNERSHIP	12,002,561	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	19,041,884	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
REFUNDABLE ADVANCES	952
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	952

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	19,213,337
<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>	2,738,323
<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>	6,682
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,745,005
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	16,468,332
<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>	607,917
<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>	607,917
<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>	17,076,249

**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>	19,413,968
<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>	6,682
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,682
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	19,407,286
<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>	607,917
<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>	607,917
<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>	20,015,203

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1487275

**Name:** THE NEWARK MUSEUM ASSOCIATION

## Supplemental Information

Return Reference	Explanation
PART III, LINE 1A	THE VALUE OF THE MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION, AND GIFTS OF ART OBJECTS ARE EXCLUDED FROM REVENUE IN THE STATEMENTS OF ACTIVITIES PURCHASES OF ART OBJECTS BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENTS OF ACTIVITIES THE MUSEUM'S POLICY IS TO UTILIZE BOARD DESIGNATED AND RESTRICTED ACQUISITION FUNDS TO ACQUIRE NEW OBJECTS FOR ITS COLLECTIONS

## Supplemental Information

Return Reference	Explanation
PART III, LINE 4	THE MUSEUM'S DISTINGUISHED COLLECTIONS ARE PRESENTED IN EIGHTY GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS OF SEVEN BUILDINGS IN THE CENTER OF ONE OF AMERICA'S OLDEST CITIES. IN ADDITION TO THE MAIN BUILDINGS, THE CAMPUS INCLUDES THE BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARM'S SCHOOLHOUSE AND THE HORIZON PLAZA.

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE PRIMARY OBJECTIVE OF THE MUSEUM'S ENDOWMENT FUNDS IS TO PROVIDE A STABLE STREAM OF INCOME TO SUPPORT ITS OPERATIONS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2014

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED IN PART VIII, LINE 6B 6,682

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED IN PART VIII, LINE 6B 6,682

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
THE NEWARK MUSEUM ASSOCIATION

**Employer identification number**  
  
22-1487275

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		7,039,323
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			7,039,323
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			7,039,323

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

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

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<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) Event #2	(c) Other events	(d)
		<b>2017 GALA</b> (event type)	<b>BENEFIT LUNCHEON</b> (event type)	(total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	872,357	97,885		970,242
	<b>2</b> Less Contributions . . . . .	797,357	83,410		880,767
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	75,000	14,475		89,475
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	101,959	3,859		105,818
	<b>7</b> Food and beverages . . . . .	91,891	13,360		105,251
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	66,361	17,576		83,937
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				295,006
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-205,531	

**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>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 \_\_\_\_\_

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

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

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- 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
 

<b>a</b>	The organization's facility	%
<b>b</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 provide any additional information (see instructions).

Return Reference	Explanation
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**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).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
THE NEWARK MUSEUM ASSOCIATION

Employer identification number  
22-1487275

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	Yes								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4A	PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MR STEVEN KERN'S SEPARATION AGREEMENT DATED NOVEMBER 20, 2017, THE NEWARK MUSEUM ASSOCIATION PAID A SEVERANCE PAYMENT TO MR STEVEN KERN IN THE AMOUNT OF \$30,555 IN 2017, WITH THE BALANCE ACCRUED FOR PAYMENT IN 2018 AS REFLECTED IN SCHEDULE J, PART II, COLUMN C. THE \$30,555 WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT ON HIS 2017 FORM W-2 AND REFLECTED ON SCHEDULE J, PART II, COLUMN B(III)

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE NEWARK MUSEUM ASSOCIATION

Employer identification number  
22-1487275

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	353	0	
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .				
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( PANASONIC EQUIPMENT )	X	1	124,179	COST
<b>26</b> Other ▶ ( AIRLINE TICKETS )	X	36	50,000	COST
<b>27</b> Other ▶ ( DONATED PERMITS )	X	1	47,486	COST
<b>28</b> Other ▶ ( _____ )				

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

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
<b>b</b> If "Yes," describe in Part II		
<b>33</b> 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 CONTRIBUTIONS IN PART I, COLUMN (B) OF SCHEDULE M
PART I, LINE 32B	HIRE AND USE OF THIRD PARTIES THE NEWARK MUSEUM OCCASIONALLY CONTRACTS WITH COMMERCIAL AUCTION HOUSES SUCH AS SOTHEBY'S TO SELL NON-CASH CONTRIBUTIONS OF WORKS OF ART OR PERSONAL PROPERTY THESE GIFTS MAY BE WORKS THAT HAVE BEEN PART OF THE COLLECTION FOR YEARS, BUT THAT HAVE BEEN RECENTLY DE-ACCESSIONED, OR THEY MAY BE WORKS OF ART OR PERSONAL PROPERTY DONATED TO THE MUSEUM THAT DO NOT FIT IN WITH THE MUSEUM'S COLLECTIONS
PART I, LINE 33	THE VALUE OF THE MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION, AND GIFTS OF ART OBJECTS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES PURCHASES OF ART OBJECTS BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES

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

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

OMB No 1545-0047

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).

**2017**

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>STATEMENT OF PROGRAM SERVICES AND ACCOMPLISHMENTS ONE OF THE GREATEST AND MOST INFLUENTIAL IN THE UNITED STATES, THE MUSEUM IS HOME TO EXTRAORDINARY GLOBAL COLLECTIONS IN THE ARTS MORE THAN A CENTURY AFTER ITS FOUNDING, THE MUSEUM IS NOW CUSTODIAN TO OVER 250,000 OBJECTS IN THE DEPARTMENTS OF AMERICAN ART, ASIAN ART, AFRICAN ART, DECORATIVE ARTS, ANCIENT MEDITERRANEAN ART, NUMISMATICS AND THE LARGEST NATURAL SCIENCE COLLECTION IN THE STATE OF NEW JERSEY THE MUSEUM'S GOALS AND OBJECTIVES ARE GUIDED BY ITS MISSION, WHICH MANDATES THAT THE NEWARK MUSEUM, AS IT HAS SINCE ITS FOUNDING, OPERATES IN THE PUBLIC TRUST AS A MUSEUM OF SERVICE AND A LEADER IN CONNECTING OBJECTS AND IDEAS TO THE NEEDS AND WISHES OF ITS CONSTITUENCIES OUR ART AND SCIENCE COLLECTIONS HAVE THE POWER TO EDUCATE, INSPIRE AND TRANSFORM INDIVIDUALS OF ALL AGES AND THE LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES WE SERVE IN THE WORDS OF THE FOUNDING DIRECTOR, JOHN COTTON DANA, "A GOOD MUSEUM ATTRACTS, ENTERTAINS, AROUSES CURIOSITY, LEADS TO QUESTIONING - AND THUS PROMOTES LEARNING " THE NEWARK MUSEUM ASSOCIATION IS DEDICATED TO ARTISTIC EXCELLENCE, EDUCATION AND COMMUNITY ENGAGEMENT, AND HAS MADE AN HISTORIC COMMITMENT TO BROADENING, DEEPENING AND DIVERSIFYING ARTS PARTICIPATION THE MUSEUM ACCOMPLISHES ITS MISSION WITH EXHIBITIONS, EDUCATIONAL AND PUBLIC PROGRAMS, PUBLICATIONS, AND AN ART REFERENCE LIBRARY WITH SIGNIFICANT PRIMARY RESEARCH COLLECTIONS BY COLLABORATING WITH OTHER PUBLIC AND PRIVATE EDUCATIONAL, SOCIAL, CULTURAL, BUSINESS AND GOVERNMENTAL INSTITUTIONS, THE MUSEUM ACHIEVES A BROAD IMPACT, BOTH LOCALLY AND GLOBALLY THE MUSEUM DEVOTES A SUBSTANTIAL PORTION OF ITS FACILITIES TO YOUTH, FAMILY, AND SCHOOL PROGRAMS AND ENSURES THAT ITS EDUCATIONAL RESOURCES, COLLECTIONS AND FACILITIES ARE READILY ACCESSIBLE TO A BROAD AUDIENCE REPRESENTING DIVERSE INTERESTS, AGES AND BACKGROUNDS NEARLY TWO OUT OF THREE MEMBERS OF THE MUSEUM'S ANNUAL AUDIENCE ARE ENGAGED BY AN EDUCATIONAL PROGRAM THE MUSEUM HAS CONSISTENTLY BEEN CITED FOR EXCELLENCE IN EXHIBITION AND EDUCATION INITIATIVES BY GOVERNMENT AUTHORITIES, NATIONAL FUNDING SOURCES AND PROFESSIONAL ASSOCIATIONS FOR EXAMPLE, IN 2017, THE NEWARK MUSEUM EXPLORERS PROGRAM WAS ONE OF ONLY TWELVE GROUPS THAT WON THE PRESTIGIOUS NATIONAL ARTS AND HUMANITIES YOUTH PROGRAM AWARD THE MUSEUM'S DISTINGUISHED COLLECTIONS ARE PRESENTED IN EIGHTY GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS OF SEVEN BUILDINGS THE CAMPUS ENCOMPASSES THE BALLANTINE HOUSE, A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARM SCHOOLHOUSE AND THE STREETScape HORIZON PLAZA IN 2017, THE MUSEUM REINSTALLED THE ARTS OF GLOBAL AFRICA, MOVING IT FROM THE 2ND FLOOR DOWN TO THE FIRST FLOOR ADDITIONALLY, THE ART OF THE ANCIENT MEDITERRANEAN EXHIBITION GALLERIES WERE REINSTALLED TO A LARGER AND MORE PROMINENT SPACE ON THE 1ST FLOOR</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE AMENDED BY-LAWS WERE ADOPTED BY THE BOARD OF TRUSTEES IN 2017. CHANGES MADE TO THE AMENDED BY-LAWS, INCLUDED THE FOLLOWING PRINCIPAL REVISIONS, IN ADDITION TO OTHER SMALLER CHANGES: 1) ESTABLISHMENT OF TRUSTEE CO-CHAIRS OF THE BOARD 2) CHANGE TO ALLOW ALL COMMITTEE CHAIRS TO SERVE ON THE EXECUTIVE COMMITTEE

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	AMENDMENTS TO THE BYLAWS ARE APPROVED BY THE MUSEUM'S MEMBERS, AND UNDER THE NEW JERSEY NO N-PROFIT CORPORATION ACT, CERTAIN SIGNIFICANT TRANSACTIONS REQUIRE MEMBER'S APPROVAL SUCH AS MERGER, CONSOLIDATION AND DISSOLUTION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE NEWARK MUSEUM COLLABORATED WITH AN OUTSIDE ACCOUNTING FIRM TO PREPARE ITS FORM 990 AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND REVIEWED BY THE MUSEUM'S OUTSIDE LEGAL COUNSEL, IT IS PRESENTED TO THE AUDIT COMMITTEE AFTER THE AUDIT COMMITTEE REVIEWS/APPROVES THE FORM 990 AND WHEN THE RETURN IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO ALL THE MUSEUM'S TRUSTEES FOR ANY COMMENTS ANY COMMENTS ARE THEN SUMMARIZED AND DISCUSSED WITH THE OUTSIDE ACCOUNTING FIRM EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED BY THE MUSEUM'S TRUSTEES FOR FILING

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE MUSEUM'S CONFLICT OF INTEREST POLICY IS REVIEWED PERIODICALLY, BY THE BOARD OF TRUSTEES. THE BOARD OF TRUSTEES, COMMITTEE MEMBERS, AND OFFICERS OF THE MUSEUM COMPLETE ANNUAL CONFLICT AND RELATED PARTY QUESTIONNAIRES. THE MUSEUM'S CONFLICT OF INTEREST POLICY REQUIRES THAT TRUSTEES AND OFFICERS DISCLOSE CONFLICTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OF TRUSTEES OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCLOSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OF TRUSTEES OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OF TRUSTEES OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE WHETHER THE MUSEUM CAN AND/OR SHOULD OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT APPROPRIATE OR REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE MUSEUM'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. THE MINUTES OF THE BOARD OF TRUSTEES AND ALL COMMITTEES SHALL CONTAIN:</p> <ol style="list-style-type: none"> <li>1. THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD OF TRUSTEES OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED.</li> <li>2. THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.</li> </ol>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE MUSEUM CONDUCTS A DETAILED REVIEW OF COMPENSATION FOR ITS DIRECTOR/CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS AND KEY EMPLOYEES AND ENSURES THAT THE COMPENSATION LEVELS COMPARE WITH ART MUSEUMS IN HISTORIC DISTRICTS ACROSS THE COUNTRY AS PART OF THIS PROCESS THE MUSEUM ALSO CONSIDERS PUBLISHED COMPENSATION SURVEYS AND COMPENSATION INFORMATION INCLUDED IN FORMS 990 FILED BY OTHER ART MUSEUMS THIS INFORMATION IS REVIEWED BY THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (AS MORE PARTICULARLY SET FORTH IN THE MUSEUM'S BYLAWS), WHO THEN APPROVES ANY CHANGES IN COMPENSATION THIS PROCESS WAS LAST UNDERTAKEN IN 2017 CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED THROUGH MINUTES OF THE COMMITTEE'S MEETING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE MUSEUM MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE THE RETURN IS POSTED ON GUIDESTAR ORG AND OTHER SIMILAR TYPES OF WEBSITES IN ADDITION, THE FORM 990 AS WELL AS ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, CERTIFICATE OF INCORPORATION, BYLAWS, AND FORM 1023 ARE AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE MUSEUM DIRECTLY

**990 Schedule O, Supplemental Information**

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