

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 \$ 56,801,947

F Name and address of principal officer
LINDA C HARRISON
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.NEWMUSEUM.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1909

M State of legal domicile NJ

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	27
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	243
6 Total number of volunteers (estimate if necessary)	153
7a Total unrelated business revenue from Part VIII, column (C), line 12	196,678
7b Net unrelated business taxable income from Form 990-T, line 34	-10,537

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	13,025,100	10,555,443
9 Program service revenue (Part VIII, line 2g)	293,609	537,722
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,622,704	9,694,921
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,836	749,552
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,076,249	21,537,638
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,327,270	8,471,304
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,776,891		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,687,933	6,815,688
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,015,203	15,286,992
19 Revenue less expenses Subtract line 18 from line 12	-2,938,954	6,250,646
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	67,207,830	62,426,494
21 Total liabilities (Part X, line 26)	1,503,176	1,186,703
22 Net assets or fund balances Subtract line 21 from line 20	65,704,654	61,239,791

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: 2019-05-15

LINDA C HARRISON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PKF O'CONNOR DAVIES LLP
Preparer's signature: [Signature]
Date: 2019-05-15
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

FOUNDED IN 1909 BY MUSEUM PIONEER AND VISIONARY JOHN COTTON DANA, THE NEWARK MUSEUM (THE "MUSEUM") IS ONE OF THE MOST INFLUENTIAL MUSEUMS IN THE UNITED STATES AND THE LARGEST ART AND EDUCATION INSTITUTION IN NEW JERSEY [SEE CONTINUATION ON SCHEDULE O]

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,272,239 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 3,397,404 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 2,951,443 including grants of \$) (Revenue \$ 997,376)
See Additional Data

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

4e Total program service expenses ▶ 10,621,086

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 123	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	243			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b	518,510		
	c Fundraising events	1c	894,252		
	d Related organizations	1d			
	e Government grants (contributions)	1e	5,082,140		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,060,541		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		10,555,443		

Program Service Revenue			Business Code			
	2a MEMBERSHIP DUES AND TOURS NTD		900099	214,413	214,413	
b EDUC PGMS & WORKSHOPS		611710	156,371	156,371		
c REGISTRATION FEES		900099	141,938	141,938		
d TRAVELING EXHIBITION		900099	25,000	25,000		
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			537,722			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		500,499			500,499	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			256,329				
		b Less rental expenses	18,953				
		c Rental income or (loss)	237,376				
	d Net rental income or (loss)			237,376		237,376	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			43,818,184	219,688			
		b Less cost or other basis and sales expenses	34,843,450	0			
		c Gain or (loss)	8,974,734	219,688			
	d Net gain or (loss)			9,194,422		9,194,422	
	8a Gross income from fundraising events (not including \$ 894,252 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	109,775			
c Net income or (loss) from fundraising events				-197,366		-197,366	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b	554,419				
	c Net income or (loss) from sales of inventory			459,654	459,654		
Miscellaneous Revenue		Business Code					
11a PARKING LOT INCOME		900099	249,888		196,678	53,210	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			249,888				
12 Total revenue. See Instructions			21,537,638	997,376	196,678	9,788,141	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	514,065	128,516	154,220	231,329
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,013,875	3,851,176	707,466	1,455,233
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	635,401	432,880	87,859	114,662
9 Other employee benefits	717,682	565,987	16,029	135,666
10 Payroll taxes	590,281	377,788	91,069	121,424
11 Fees for services (non-employees)				
a Management				
b Legal	49,864	6,214	43,650	
c Accounting	80,575		80,575	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	366,969	253,824	41,817	71,328
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	487,212	328,533	109,510	49,169
12 Advertising and promotion	521,277	280,915	5,269	235,093
13 Office expenses	870,849	709,004	93,046	68,799
14 Information technology	136,069	88,142	22,971	24,956
15 Royalties				
16 Occupancy	968,200	682,397	264,254	21,549
17 Travel	217,950	123,201	47,201	47,548
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,923	36,058	23,154	10,711
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,205,090	1,144,836	24,101	36,153
23 Insurance	290,367	277,188	5,323	7,856
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACQ OF WORKS OF ART	671,885	671,885		
b REPAIRS AND MAINT	589,261	565,674	9,449	14,138
c EQUIPMENT RENTAL & MAIN	131,525	84,308	30,011	17,206
d MEMBERSHIP TOURS	114,071			114,071
e All other expenses	44,601	12,560	32,041	
25 Total functional expenses. Add lines 1 through 24e	15,286,992	10,621,086	1,889,015	2,776,891
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,204,116	1	5,462,136
	2 Savings and temporary cash investments	7,333,408	2	7,729,894
	3 Pledges and grants receivable, net	2,932,782	3	1,827,726
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	141,837	8	156,411
	9 Prepaid expenses and deferred charges	93,716	9	253,958
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 62,908,838		
	b Less accumulated depreciation	10b 47,118,374	14,792,667	10c 15,790,464
	11 Investments—publicly traded securities	16,447,641	11	21,825,308
	12 Investments—other securities See Part IV, line 11	19,041,884	12	9,011,556
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	219,779	15	369,041
16 Total assets. Add lines 1 through 15 (must equal line 34)	67,207,830	16	62,426,494	
Liabilities	17 Accounts payable and accrued expenses	1,502,224	17	1,148,946
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	952	25	37,757
	26 Total liabilities. Add lines 17 through 25	1,503,176	26	1,186,703
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	44,740,890	27	44,336,916
	28 Temporarily restricted net assets	7,418,391	28	3,213,690
	29 Permanently restricted net assets	13,545,373	29	13,689,185
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	65,704,654	33	61,239,791	
34 Total liabilities and net assets/fund balances	67,207,830	34	62,426,494	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,537,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,286,992
3	Revenue less expenses Subtract line 2 from line 1	3	6,250,646
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,704,654
5	Net unrealized gains (losses) on investments	5	-10,760,943
6	Donated services and use of facilities	6	2,000
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	43,434
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,239,791

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-1487275

Name: THE NEWARK MUSEUM ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

EXHIBITIONS AND FACILITIES THE MUSEUM'S FIRE SUPPRESSION SYSTEMS WERE REVIEWED AND UPDATED TO ADDRESS THE NEED FOR ADDITIONAL HEADS IN SOME EMERGENCY EXITS AND EXHIBITION SPACE AND ADDING A SPRINKLER TO THE FUEL ROOM IN 2018, THE MUSEUM REINSTALLED THE NORTH WING ATRIUM SKYLIGHT TO RESOLVE A CONDENSATION ISSUE [SEE CONTINUATION ON SCHEDULE O]

Form 990, Part III, Line 4b:

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 PUBLIC PROGRAMMING IN THE HUMANITIES AND SCIENCES, AND MAKING IMPORTANT CONNECTIONS ACROSS TRADITIONAL COLLECTING AREAS AMONG ONE OF THE MOST DISTINCTIVE MUSEUMS IN THE UNITED STATES, THE MUSEUM IS HOME TO AN EXTRAORDINARILY DIVERSIFIED GLOBAL COLLECTION [SEE CONTINUATION ON SCHEDULE O]

Form 990, Part III, Line 4c:

PROGRAM SERVICES AND MARKETING IN 2018, THE MARKETING TEAM CONTINUED WORKING WITH AN EXTERNAL BRANDING PARTNER TOWARDS A BRAND REFRESH FOR THE MUSEUM, FOLLOWING EXTENSIVE QUANTITATIVE AND QUALITATIVE RESEARCH IN 2017. COMPLETED DELIVERABLES INCLUDED THE BRAND STRATEGY, DESIGN CONCEPTS, LOGO REDESIGN, TAGLINE AND ADVERTISING TEMPLATES. A FULL BRAND LAUNCH WILL OCCUR IN 2019. [SEE CONTINUATION ON SCHEDULE O]

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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
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		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
ARLENE LIEBERMAN VICE PRESIDENT	8 00	X		X				0	0	0
MARSHALL B MCLEAN VICE PRESIDENT	8 00	X		X				0	0	0
PETER B SAYRE TREASURER	10 00	X		X				0	0	0
SARA BONESTEEL 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			
JOSEPH L BUCKLY TRUSTEE	2 00	X						0	0	0
SHEILA NUGENT CARTER TRUSTEE THRU FEB 2018	2 00	X						0	0	0
JEFFREY S CHIESA 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
CORY M GRAY TRUSTEE THRU FEB 2018	2 00	X						0	0	0
JEFFREY S JACOBSON TRUSTEE	2 00	X						0	0	0
ALLEN J KARP TRUSTEE	2 00	X						0	0	0
JUDITH LIEBERMAN 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			
SHAHID MALIK TRUSTEE	2 00	X						0	0	0
NATALIE MCKENSIE TRUSTEE	2 00	X						0	0	0
D NICHOLAS MICELI TRUSTEE THRU FEB 2018	2 00	X						0	0	0
RONALD M OLLIE TRUSTEE	2 00	X						0	0	0
ANDREW H RICHARDS TRUSTEE	2 00	X						0	0	0
WILLIAM C ROBINSON TRUSTEE	2 00	X						0	0	0
DR LINDA M A RODRIGUES TRUSTEE THRU FEB 2018	2 00	X						0	0	0
SETH L ROSEN TRUSTEE	8 00	X						0	0	0
SOPHIA SHENG TRUSTEE THRU FEB 2018	2 00	X						0	0	0
MONICA SLATER STOKES 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			
ELIZA SHANLEY SUTTE TRUSTEE	2 00	X						0	0	0
ERIC D WEINSTOCK TRUSTEE	2 00	X						0	0	0
JAY WEINSTEIN TRUSTEE THRU FEB 2018	2 00	X						0	0	0
ULYSSES DIETZ DEPUTY DIRECTOR THRU OCT 2018	20 00			X				65,280	0	0
DEBORAH KASINDORF INTERIM SECRETARY / DEPUTY DIRECTOR	50 00			X				220,754	0	45,682
C ELIZABETH ARON DEPUTY DIR , FINANCE & ADMIN	50 00			X				161,602	0	20,747
SONNET TAKAHISA DEPUTY DIR , ENGAGEMENT & INNOVATION	50 00					X		132,377	0	31,608
TIM WINTEMBERG DEPUTY DIR , DESIGN & EXHIBITION	50 00					X		120,205	0	15,380
KRISTIN CURRY DIRECTOR OF DEVELOPMENT	50 00					X		107,546	0	28,072
DAVID MAY DIRECTOR OF OPERATIONS	50 00					X		106,914	0	40,952

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
CAROLYN CLARK DIRECTOR OF HUMAN RESOURCE	50 00					X		105,437	0	25,069	
STEVEN KERN FORMER SECRETARY & CEO	0 00						X	230,224	0	19,955	

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number
22-1487275

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	10,753,545	9,021,901	9,671,682	13,025,100	10,555,443	53,027,671
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	10,753,545	9,021,901	9,671,682	13,025,100	10,555,443	53,027,671
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						869,859
6	Public support. Subtract line 5 from line 4						52,157,812

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	10,753,545	9,021,901	9,671,682	13,025,100	10,555,443	53,027,671
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	805,800	594,210	621,123	568,704	756,828	3,346,665
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,012	2,084	72,859	2,545	53,210	132,710
11	Total support. Add lines 7 through 10						56,507,046
12	Gross receipts from related activities, etc (see instructions)					12	4,504,040
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	92.300 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	93.330 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	BOOK SALE/ OTHER REVENUE - 2014 AMOUNT \$ 2,012 2015 AMOUNT \$ 2,084 2016 AMOUNT \$ 3,945 2017 AMOUNT \$ 2,545 INSURANCE REIMBURSEMENT - 2016 AMOUNT \$ 68,914 PARKING LOT INCOME - 2018 AMOUNT \$ 53,210

Additional Data

Software ID:

Software Version:

EIN: 22-1487275

Name: THE NEWARK MUSEUM ASSOCIATION

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	BOOK SALE/ OTHER REVENUE - 2014 AMOUNT \$ 2,012 2015 AMOUNT \$ 2,084 2016 AMOUNT \$ 3,945 2017 AMOUNT \$ 2,545 INSURANCE REIMBURSEMENT - 2016 AMOUNT \$ 68,914 PARKING LOT INCOME - 2018 AMOUNT \$ 53,210

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number
22-1487275

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,504,779	48,763,846	49,608,807	52,126,984	49,446,301
b Contributions	363,500	574,393	1,127,247	955,158	73,333
c Net investment earnings, gains, and losses	-1,371,887	5,678,260	2,823,485	152,573	4,345,795
d Grants or scholarships					
e Other expenditures for facilities and programs	3,711,226	10,903,803	4,382,084	3,299,753	1,738,445
f Administrative expenses	366,979	607,917	413,609	326,155	
g End of year balance	38,418,187	43,504,779	48,763,846	49,608,807	52,126,984

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 63 340 %
 - b** Permanent endowment ▶ 35 630 %
 - c** Temporarily restricted endowment ▶ 1 030 %
- 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 |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		58,740,535	44,160,254	14,580,281
c Leasehold improvements				
d Equipment		2,942,425	2,747,567	194,858
e Other		1,225,878	210,553	1,015,325
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				15,790,464

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) LIMITED PARTNERSHIP	9,011,556	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	9,011,556	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
REFUNDABLE ADVANCES	37,757
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	37,757

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,224,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-10,760,943
b	Donated services and use of facilities	2b	2,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	62,387
e	Add lines 2a through 2d	2e	-10,696,556
3	Subtract line 2e from line 1	3	20,920,781
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	366,969
b	Other (Describe in Part XIII)	4b	249,888
c	Add lines 4a and 4b	4c	616,857
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	21,537,638

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

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

1	Total expenses and losses per audited financial statements	1	14,689,088
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	18,953
e	Add lines 2a through 2d	2e	18,953
3	Subtract line 2e from line 1	3	14,670,135
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	366,969
b	Other (Describe in Part XIII)	4b	249,888
c	Add lines 4a and 4b	4c	616,857
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	15,286,992

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 ACQUISITION FUNDS TO ACQUIRE NEW OBJECTS FOR ITS COLLECTIONS PROCEEDS FROM THE SALE OF COLLECTION ITEMS ARE REFLECTED AS INCREASES IN NET ASSETS IN THE STATEMENTS OF ACTIVITIES

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	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 PUBLIC PROGRAMMING IN THE HUMANITIES AND SCIENCES, AND MAKING IMPORTANT CONNECTIONS ACROSS TRADITIONAL COLLECTING AREAS AMONG ONE OF THE MOST DISTINCTIVE MUSEUMS IN THE UNITED STATES, THE MUSEUM IS HOME TO AN EXTRAORDINARILY DIVERSIFIED GLOBAL COLLECTION A CENTURY AFTER ITS FOUNDING, THE MUSEUM IS NOW CUSTODIAN TO OVER 300,000 OBJECTS IN THE DEPARTMENTS OF AMERICAN ART, ASIAN ART, AFRICAN ART, NATIVE AMERICAN ART, DECORATIVE ARTS, NUMISMATICS, AND AN IMPORTANT NATURAL SCIENCE COLLECTION THE MUSEUM IS ALSO THE HOME OF THE HISTORIC BALLANTINE HOUSE IN 2018, RIGHTS AND REPRODUCTION REQUESTS TOTALED 110 IMAGES IN 2018, 3434 OBJECTS WERE ADDED TO THE MUSEUM'S ONLINE SEARCHABLE DATABASE AND 47 PURCHASES, 203 GIFTS, 44 BEQUESTS, AND 12 TRANSFERS WERE ACCESSIONED INTO OUR PERMANENT COLLECTION

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 2015

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED IN PART VIII, LINE 6B 18,953 WRITE-OFF OF INTERNAL INTEREST ACCOUNTS 43,434

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	PARKING LOT INCOME REPORTED IN PART VIII, LINE 11 249,888

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSES REPORTED IN PART VIII, LINE 6B 18,953

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PARKING LOT INCOME REPORTED IN PART VIII, LINE 11 249,888

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number
22-1487275

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

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

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

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't 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, don't file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3F	THE INVESTMENT WAS FULLY REDEEMED ON 12/31/2018

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**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.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number
22-1487275

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

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

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

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		2018 GALA (event type)	BENEFIT LUNCHEON (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	885,282	118,745		1,004,027
	2 Less Contributions	798,832	95,420		894,252
	3 Gross income (line 1 minus line 2)	86,450	23,325		109,775
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	149,513	14,938		164,451
	7 Food and beverages	78,796	20,975		99,771
	8 Entertainment				
	9 Other direct expenses	34,027	8,892		42,919
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				307,141
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-197,366

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶
 Address ▶

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

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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
------------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number
22-1487275

Part I Questions Regarding Compensation

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

Part 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 \$230,224 IN 2018. THE \$230,224 WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT ON HIS 2018 FORM W-2 AND REFLECTED ON SCHEDULE J, PART II, COLUMN B(III).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEWARK MUSEUM ASSOCIATION

Employer identification number
22-1487275

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	203	0	
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF 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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

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, MISSION STATEMENT	<p>ITS EXTENSIVE COLLECTIONS, WHICH INCLUDE ART FROM AROUND THE GLOBE AS WELL AS SIGNIFICANT HOLDINGS OF SCIENCE, TECHNOLOGY AND NATURAL HISTORY, RANK 12TH IN SIZE NATIONALLY THE MUSEUM IS DEDICATED TO ARTISTIC EXCELLENCE, EDUCATION AND COMMUNITY ENGAGEMENT WITH AN OVERARCHING COMMITMENT TO BROADENING AND DIVERSIFYING ARTS PARTICIPATION THE ORGANIZATION'S MISSION STATES "THE NEWARK MUSEUM OPERATES, AS IT HAS SINCE ITS FOUNDING, IN THE PUBLIC TRUST AS A MUSEUM OF SERVICE, AND AS A LEADER IN CONNECTING OBJECTS AND IDEAS TO THE NEEDS AND WISHES OF ITS CONSTITUENCIES OUR RENOWNED ART COLLECTIONS HAVE THE POWER TO EDUCATE, INSPIRE AND TRANSFORM INDIVIDUALS OF ALL AGES, AND THE LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES THAT IT SERVES IN THE WORDS OF DANA, 'A GOOD MUSEUM ATTRACTS, ENTERTAINS, AROUSES CURIOSITY, LEADS TO QUESTIONING AND THUS PROMOTES LEARNING "' IN ACCORDANCE WITH THIS MANDATE, THE MUSEUM ACCOMPLISHES ITS MISSION BY PRESENTING SPECIAL EXHIBITIONS, PERMANENT GALLERIES, EDUCATION AND PUBLIC PROGRAMMING, A RESEARCH LIBRARY, PARTNERSHIPS AND RESOURCES DESIGNED TO ENRICH PEOPLES' LIVES THE MUSEUM'S DISTINGUISHED ART COLLECTIONS ARE INTERNATIONAL IN SCOPE AND INCLUDE AN ASIAN ART COLLECTION WITH THE MOST IMPORTANT COLLECTION OF TIBETAN ART IN THE WEST. ONE OF THE NATION'S EARLIEST AND MOST COMPREHENSIVE COLLECTIONS OF AFRICAN ART, A NATIONALLY AND INTERNATIONALLY RECOGNIZED COLLECTION OF 18TH- TO 21ST-CENTURY AMERICAN PAINTING AND SCULPTURE, AN ACCLAIMED DECORATIVE ARTS COLLECTION, AND ANCIENT MEDITERRANEAN COLLECTIONS FEATURING AN UNPARALLELED COLLECTION OF ANCIENT GLASS THE COLLECTIONS ARE PRESENTED IN 91 GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS THAT ENCOMPASSES THE BALLANTINE HOUSE, A VICTORIAN-ERA MANSION WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, AND HORIZON PLAZA THE MUSEUM ALSO FEATURES THE ALICE & LEONARD DREYFUSS PLANETARIUM AS WELL AS THE MAKERSPACE, A DEDICATED MAKER STUDIO AND EXHIBITION SPACE THAT OFFERS INTERACTIVE, HANDS-ON ACTIVITIES FOR VISITORS OF ALL AGES THAT INTEGRATE THE ARTS WITH STEM LEARNING CONSIDERED THE BIRTHPLACE OF MUSEUM-BASED EDUCATION, THE MUSEUM REMAINS ONE OF THE LEADERS IN ARTS EDUCATION IN THE COUNTRY THE MUSEUM OFFERS A WEALTH OF ON-SITE AND OFF-SITE SCHOOL PROGRAMS FOR NEW JERSEY STUDENTS FROM PRE-K THROUGH 12TH GRADE, AS WELL AS PROFESSIONAL DEVELOPMENT TRAINING SESSIONS FOR TEACHERS, THAT SUPPORT STATE CURRICULUM STANDARDS IN THE ARTS, SCIENCES AND THE HUMANITIES IN ADDITION, THE MUSEUM SERVES AS AN EDUCATIONAL RESOURCE FOR THE ENTIRE REGION BY PROVIDING VARIED PROGRAMMING FOR ALL AGES THAT INCREASES VISITORS' ENGAGEMENT WITH WORKS IN THE COLLECTIONS AND PROMOTES LIFELONG LEARNING AND CREATIVITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, EXHIBITIONS AND FACILITIES	HUMIDIFICATION AND RELATED CONTROLS WERE SUCCESSFULLY INSTALLED IN A NEW CONSERVATION LAB THAT WAS FORMERLY AN OFFICE AREA THE 2017-2018 CAPITAL PROJECT CONCLUDED AND SAW THE MUSEUM REOPEN THE WASHINGTON STREET DOORS AFTER 20 YEARS, BUILD A NEW VISITOR CENTER AND UPDATE SEVERAL GALLERY SPACES THE PROJECT INCLUDED AN EXTERIOR HANDICAP ACCESS RAMP AND ENTRY, AN OUTDOOR PLAZA SPACE ON WASHINGTON STREET THAT INCLUDED PUBLIC FURNITURE, AN ACCESSIBLE LIFT FOR THE ENGELHARD COURT, REPLACEMENT OF FOUR OUTDATED AIR HANDLING UNITS, INTERIOR AND EXTERIOR LIGHTING UPGRADES, COLLECTIONS STORAGE FLOOD REMEDIATION, AND FIRE ALARM SYSTEM UPGRADES CAPITAL PROJECT GALLERY UPGRADES INCLUDED COMBINING SEVERAL SMALLER GALLERIES INTO ONE NEW LARGER GALLERY DEDICATED TO THE MUSEUM'S SPECIAL EXHIBITIONS THIS NEW 5,000 SQUARE FOOT SPACE WAS INAUGURATED WITH THE SPRING EXHIBITION THE ROCKIES & THE ALPS BIERSTADT, CALAME AND THE ROMANCE OF THE MOUNTAINS THE SPACE ALSO HOSTED KIMONO REFASHIONED IN THE FALL THE SPECIAL EXHIBITION GALLERY ALSO INCORPORATES NEW, FLEXIBLE LED LIGHTING AND A REDESIGNED SET OF RE-USABLE, RECONFIGURABLE WALL PANELS ADDITIONAL EXHIBITIONS SUCH AS VANTAGE POINTS, DRAMATIC THREADS, TEEN ARTS, THE ANNUAL EXPLORERS PROJECT PLUS SUBSTANTIAL ROTATIONS IN THE NATIVE AMERICAN GALLERIES BROUGHT THE TOTAL OF SQUARE FEET REINSTALLED DURING THIS TRANSITION YEAR TO OVER 15,000 SQUARE FEET OVER 9 PROJECTS SUBSTANTIAL WORK WAS ALSO UNDERTAKEN IN 2018 TO RENOVATE THE ENTIRE SECOND FLOOR OF THE NORTH WING IN ADVANCE OF THE REINSTALLATION OF SEEING AMERICA THIS PROJECT WILL REOPEN IN 2019 WITH CLEANER, MORE FLEXIBLE OPEN SPACES, WOOD FLOORS AND OTHER IMPROVEMENTS SEEING AMERICA WILL HIGHLIGHT THE MUSEUM'S 19TH-21ST CENTURY AMERICAN COLLECTIONS WHILE INCORPORATING BILINGUAL LABELS, MORE DIVERSE ARTISTIC CONTENT AND ACCESSIBLE VOICES THAT BROADEN AND DEEPEN VISITORS' EXPERIENCES OF AMERICAN ART AND LIFE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B, REGISTRAR & CURATORIAL	A CENTURY AFTER ITS FOUNDING, THE MUSEUM IS NOW CUSTODIAN TO OVER 300,000 OBJECTS IN THE DEPARTMENTS OF AMERICAN ART, ASIAN ART, AFRICAN ART, NATIVE AMERICAN ART, DECORATIVE ARTS, NUMISMATICS, AND AN IMPORTANT NATURAL SCIENCE COLLECTION THE MUSEUM IS ALSO THE HOME OF THE HISTORIC BALLANTINE HOUSE IN 2018, RIGHTS AND REPRODUCTION REQUESTS TOTALED 110 IMAGES IN 2018, 3434 OBJECTS WERE ADDED TO THE MUSEUM'S ONLINE SEARCHABLE DATABASE AND 47 PURCHASES, 203 GIFTS, 44 BEQUESTS, AND 12 TRANSFERS WERE ACCESSIONED INTO OUR PERMANENT COLLECTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C, PROGRAM SERVICES AND MARKETING</p>	<p>MARKETING EFFORTS FOCUSED ON OUT-OF-HOME ADVERTISING TO MAXIMIZE EXPOSURE AND INCREASE AWARENESS FOR THE MUSEUM, WITH PRINT ADVERTISING IN NEWARK BASED PUBLICATIONS, THE NEW YORK TIMES AND THE PLAYBILLS OF REGIONAL THEATRE COMPANIES. MESSAGES PROMOTED SPECIAL EXHIBITIONS: ROCKIES & ALPS AND KIMONO REFASHIONED. DIGITAL BILLBOARDS NEXT TO NEWARK CITY HALL PROMOTED COMMUNITY PROGRAMMING INCLUDING THE NEWARK BLACK FILM FESTIVAL, SECOND SUNDAYS AND LATE THURSDAYS. IN 2018, AUDIENCE ENGAGEMENT WAS 300,000 ACROSS ALL PLATFORMS. DANA MAGAZINE, THE OFFICIAL MUSEUM MEMBERS PUBLICATION, WAS PUBLISHED IN JUNE AND OCTOBER, WITH COPIES DISTRIBUTED TO MEMBERS AS A DIGITAL FLIPBOOK VIA EMAIL. TOP TIER MEMBERS AND SELECT VIPS (FUNDERS AND COMMUNITY LEADERS) RECEIVED PRINTED COPIES. FOLLOWING DISTRIBUTION, THE PDF OF DANA MAGAZINE WAS MADE AVAILABLE ON THE MUSEUM'S WEBSITE. PARTNERING WITH CURATORS AND EXTERNAL PUBLISHERS, THE FOLLOWING CATALOGS WERE PRODUCED IN 2018 TO DOCUMENT AND MARKET OUR COLLECTIONS AND SPECIAL EXHIBITIONS - "KOREAN COLLECTION" - "SEEING AMERICA: NATIVE ARTISTS OF NORTH AMERICA" DELIVERED JANUARY 2019 - "SEEING AMERICA: ARC OF ABSTRACTION" DELIVERED FEBRUARY 2019 - "WENDY RED STAR" SELF-PUBLISHED BY THE NEWARK MUSEUM, DELIVERED JANUARY 2019. SCHOOL PROGRAMS UTILIZING ITS UNIQUE POSITION AS A LEADER IN ARTS AND SCIENCES, THE MUSEUM PROVIDED SUCCESSFUL PROGRAMMING FOR 150,000 AUDIENCE PARTICIPANTS, INCLUDING SCHOOL CHILDREN, THEIR TEACHERS, FAMILIES AND ADULTS. IN 2018, THE MUSEUM MAINTAINED ITS DISTRICT CONTRACTS WITH NEWARK PUBLIC SCHOOL 4TH GRADERS (THRU A PRIVATELY FUNDED GRANT) AND JERSEY CITY PUBLIC SCHOOLS (5TH & 8TH GRADES) WHICH INCLUDE PROFESSIONAL DEVELOPMENT FOR TEACHERS AND GALLERY AND STUDIO ACTIVITIES AT THE MUSEUM FOR STUDENTS. AS A RESULT OF THE MUSEUM'S ROBUST LEARNING PROGRAMS AND STEAM EDUCATION INITIATIVES, PARTICIPATION REACHED 40,000 SCHOOL CHILDREN AT THE NEWARK MUSEUM OR HAD A MUSEUM EDUCATOR IN THEIR CLASSROOM IN 2018. THIS IMPACT REPRESENTS 168 DISTRICTS (719 PUBLIC AND PRIVATE SCHOOLS) THROUGHOUT NORTHERN AND CENTRAL NEW JERSEY, SERVING 880 CLASSROOM TEACHERS AND SUPERVISORS FOR PROFESSIONAL DEVELOPMENT PROGRAM. SCOPE AND SIZE RANGED FROM SCIENCE LABS TO ARTS AND HUMANITIES PROGRAMS AND PLANETARIUM SHOWS. FAMILY PROGRAMS IN ADDITION TO SCHOOL PROGRAMS, THE MUSEUM OPERATED WEEKEND DROP-IN PROGRAMMING FOR FAMILIES. IN 2018, REGULAR WEEKEND ART AND GALLERY TOURS WERE COMPLEMENTED BY THE MUSEUM'S CONTINUING INITIATIVE TO PROVIDE PROGRAMMING FOR 3 TO 5-YEAR-OLDS AND THEIR FAMILIES. THE MUSEUM CONTINUED ITS CREATIVE PLAY PROGRAMMING AS PART OF OUR FAMILY PROGRAMS, SERVING 1,644 CHILDREN. SERVING SCHOOL CHILDREN AND THE PUBLIC, THE MAKERSPACE EXPANDED ITS CAPACITY IN 2018 WITH HANDS-ON MAKING PROJECTS THAT BLENDED ART, CRAFT, AND TECHNOLOGY, ALLOWING VISITORS TO DEEPLY ENGAGE WITH THE TOOLS, MATERIALS, AND TECHNIQUES FOUND IN THE MUSEUM'S VAST COLLECTION. BY USING HI-TECH TOOLS, UPCYCLED AND COMMON MATERIALS, AND NOVEL APPROACHES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C, PROGRAM SERVICES AND MARKETING</p>	<p>CHES TO CREATE SOMETHING NEW, THE MAKERSPACE GREW ITS AUDIENCE FOR DROP-IN ACTIVITIES, STU DIOS, AND COURSES BY OVER 300% CAMP NEWARK MUSEUM THE MUSEUM'S 7-WEEK SUMMER PROGRAM SERV ED 472 CAMPERS BETWEEN AGES 3 AND 14 WITH ON AND OFF-SITE CLASSES IN, INCLUDING A PARTNERS HIP WITH GLASSROOTS, A NON-PROFIT PARTNER FOCUSING ON ARTS EDUCATION THROUGH A GLASS ART E XPRIENCE EXPLORERS PROGRAM THE EXPLORERS PROGRAM AT THE NEWARK MUSEUM, IN ITS 23RD YEAR IN 2018, IS A HIGHLY SUCCESSFUL COLLEGE AND JOB PREPAREDNESS PROGRAM THAT PROVIDES 45 HIGH SCHOOL STUDENTS WITH EDUCATION, EMPLOYMENT, AND MENTORING OPPORTUNITIES THE EXPLORERS PR OGRAM FOLLOWS AN INTENSIVE CURRICULUM IMPLEMENTED THROUGH WORKSHOPS, FIELD TRIPS AND INTER NSHIPS AT THE MUSEUM FOR THE PAST TEN YEARS, 100% OF EXPLORER GRADUATES HAVE GONE ON TO C OLLEGE MARTIN LUTHER KING, JR DAY THE MARTIN LUTHER KING JR DAY CELEBRATION IS AN ANNUA L EVENT THAT DREW 1500 PEOPLE IN 2018 PROGRAM ELEMENTS INCLUDED FILM SCREENINGS, SPOKEN W ORD PERFORMANCES, LIVE PERFORMANCES, AND HANDS-ON ACTIVITIES JAZZ IN THE GARDEN NOW IN IT S 54TH YEAR, JAZZ IN THE GARDEN BRINGS JAZZ MUSICIANS TO SHARE THEIR TALENT, ATTRACTING HU NDREDS OF VISITORS PER EVENT DURING WEEKLY SUMMER EVENTS TO MUSIC FANS, RESIDENTS AND LOCA L PROFESSIONALS ADULT PROGRAMS THE MUSEUM CONTINUED ITS SERIES OF MONTHLY SECOND SUNDAY E VENTS OFFERING CUSTOM-DESIGNED GALLERY TOURS, LECTURES, PERFORMANCES, HANDS-ON WORKSHOPS F OR VISITORS OF ALL AGES, ARTIST AND MAKER DEMONSTRATIONS, PERFORMANCES, AND LIVE MUSIC, AL ONG WITH AN ARRAY OF REFRESHMENTS FOR PURCHASE THESE LIVELY DAYS ENCOURAGED THOSE FAMILIA R WITH THE MUSEUM TO BRING FRIENDS AND ENTICED NEW AUDIENCES TO EXPLORE THE RESOURCES OF T HE MUSEUM, SOCIALIZE IN OUR SPECTACULAR GALLERIES, AND FIND CONNECTIONS TO THE MUSEUM'S CO LLECTIONS AVERAGE ATTENDANCE PER EVENT WAS 250 LATE THURSDAYS THIS AFTERHOURS EXPERIENCE FOR ADULTS CONTINUED TO DRAMATICALLY INCREASE ITS AUDIENCE WHILE REMAINING A HIGH-QUALITY AND COMPELLING WAY TO ENGAGE, EDUCATE, AND UNITE VISITORS LATE THURSDAYS MANIFESTS THE M USEUM'S MISSION FOR A MODERN AUDIENCE AVERAGE ATTENDANCE PER EVENT WAS 350 COMMUNITY PAR TNERSHIPS IN 2018 THE MUSEUM PARTNERED WITH THE CITY OF NEWARK, RUTGERS UNIVERSITY, GREAT ER NEWARK CONVENTION VISITORS BUREAU, NEWARK FASHION FORWARD, NEWARK COMMUNITY EDC, NEWARK INTERNATIONAL FILM FESTIVAL, HYCIDE MAGAZINE, NEWARK ARTS FESTIVAL, FOR FREEDOMS, SHINE P ORTRAIT STUDIO, PROJECT FOR EMPTY SPACES, MOBILIZING OUR BROTHERS INITIATIVE (MOBI), GIRLS ON BIKES, HALSEY STREET FESTIVAL, COOL CATS, SANITAS, DODGE POETRY FEST, CENTER FOR COURT INNOVATION, NEWARK EMERGENCY SERVICES FOR FAMILIES, RUTGERS URBAN EDUCATION, ESSEX COUNTY PROSECUTOR'S OFFICE, LA CASA DE DON PEDRO, NEWARK WATER FRONT, GLASSROOTS, AND MORE</p>

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

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE NEWARK MUSEUM COLLABORATED WITH AN OUTSIDE ACCOUNTING FIRM TO PREPARE ITS FORM 990 AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT (INCLUDING THE DEPUTY DIR , FINANCE & ADMIN) 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 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, COMMITTEE MEMBERS, AND OFFICERS DISCLOSE ANY CONFLICTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OF TRUSTEES OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCLOSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OF TRUSTEES OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST THE CHAIRPERSON OF THE BOARD OF TRUSTEES OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE WHETHER THE MUSEUM CAN AND/OR SHOULD OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT APPROPRIATE OR REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE MUSEUM'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT THE MINUTES OF THE BOARD OF TRUSTEES AND ALL COMMITTEES SHALL CONTAIN 1 THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD OF TRUSTEES OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED 2 THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE MUSEUM CONDUCTS A DETAILED REVIEW OF COMPENSATION FOR ITS DIRECTOR/CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS AND KEY EMPLOYEES AND ENSURES THAT THE COMPENSATION LEVELS COMPARE WITH ART MUSEUMS IN COMPARABLE MARKETS 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 2018 CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED THROUGH MINUTES OF THE COMMITTEE'S MEETINGS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	WRITE-OFF OF INTERNAL INTEREST ACCOUNTS 43,434

990 Schedule O, Supplemental Information

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