

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2015 calendar year, or tax year beginning** and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE NEWARK MUSEUM ASSOCIATION Doing business as		<b>D Employer identification number</b> 22-1487275
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 49 WASHINGTON STREET	<b>E Telephone number</b> 973-596-6550	
	City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07102		<b>G Gross receipts \$</b> 30,401,509.
	<b>F Name and address of principal officer:</b> STEVEN KERN SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶

**J Website:** ▶ WWW.NEWARKMUSEUM.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1909 **M State of legal domicile:** NJ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE NEWARK MUSEUM OPERATES FOR THE BENEFIT OF THE PUBLIC AS A MUSEUM OF SERVICE.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	243
	6 Total number of volunteers (estimate if necessary)	6	247
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,753,545.	9,054,337.
	9 Program service revenue (Part VIII, line 2g)	441,217.	425,155.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,409,531.	4,024,636.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	504,574.	314,440.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,108,867.	13,818,568.
Expenses	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)	7,558,960.	8,061,133.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,563,932.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,212,899.	7,849,893.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,771,859.	15,911,026.
19 Revenue less expenses. Subtract line 18 from line 12	1,337,008.	-2,092,458.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 76,219,739.	End of Year 70,444,701.
	21 Total liabilities (Part X, line 26)	1,578,935.	1,342,661.
	22 Net assets or fund balances. Subtract line 21 from line 20	74,640,804.	69,102,040.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	STEVEN KERN, DIRECTOR & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 05/09/16	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945	Phone no. (212) 286-2600		
Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022					

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

DURING 2015, THE NEWARK MUSEUM DESIGNED AND INSTALLED 15 PROJECTS THAT ENCOMPASSED APPROXIMATELY 18,000 SQUARE FEET OF INTERIOR GALLERY SPACE. THIS INCLUDED SIX NEW INSTALLATIONS DESIGNED AND INSTALLED IN THE MUSEUM'S "PERMANENT" GALLERIES: JEWELRY FROM PEARLS TO PLATINUM TO PLASTIC, CHROMATIC, THE CITY & HARLEM RENAISSANCE, THE ART OF CIVIL RIGHTS, A WORLD SO FAR: ZAC OVE AND ABSTRACTING NATURE. [SEE CONTINUATION ON SCHEDULE O]

4b (Code: ) (Expenses \$ 3,077,322. including grants of \$ ) (Revenue \$ 732,570. ) EDUCATION, SCIENCE, ART AND HUMANITIES PROGRAMS:

THE NEWARK MUSEUM, KNOWN FOR THE FAMILY AND SCHOOL PROGRAMS WITH GRAVITY AND DEPTH PROVIDED A MULTITUDE OF PROGRAMS COVERING ART, HUMANITIES, SCIENCE, TECHNOLOGY AND ENGINEERING; ALL SERVING AS A VITAL LINK BETWEEN THE MUSEUM, EXHIBITS AND THE PUBLIC, ENSURING A WELCOMING ACCESSIBLE LEARNING ENVIRONMENT FOR ALL. UTILIZING ITS UNIQUE POSITION AS A LEADER IN ARTS AND SCIENCES, THE MUSEUM PROVIDED A NUMBER OF SUCCESSFUL PROGRAMS FOR SCHOOL CHILDREN AND THEIR TEACHERS, FAMILIES AND ADULTS IN 2015. [SEE CONTINUATION ON SCHEDULE O]

4c (Code: ) (Expenses \$ 3,074,879. including grants of \$ ) (Revenue \$ ) REGISTRAR & CURATORIAL:

THESE HIGHLIGHTED PROJECTS ARE IN ADDITION TO THE ONGOING CARE AND CONSERVATION OF THE MUSEUM'S PERMANENT COLLECTIONS. IN 2015, 128 OBJECTS UNDERWENT CONSERVATION EFFORTS, 11,022 OBJECTS WERE ADDED TO THE MUSEUM'S ONLINE SEARCHABLE DATABASE AND 173 OBJECTS WERE ACCESSIONED INTO THE PERMANENT COLLECTION. IN 2015, THE REGISTRAR AND CURATORIAL STAFF JOINTLY WORKED TOWARD PHOTOGRAPHING, DOCUMENTING AND CLEARING COPYRIGHTS FOR VARIOUS FUTURE PUBLICATIONS INCLUDING OBJECTS FROM THE MUSEUM'S AMERICAN, CHINESE, KOREAN AND AFRICAN COLLECTIONS. RIGHTS & REPRODUCTION REQUESTS TOTALED 103 IMAGES. [SEE CONTINUATION ON SCHEDULE O]

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

4e Total program service expenses 10,920,673.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	38	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	37	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **C. ELIZABETH ARON, DEPUTY DIRECTOR OF FINANCE & ADMIN. - 973-596-6681**  
**49 WASHINGTON STREET, NEWARK, NJ 07102**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) ANDREW H. RICHARDS CHAIR	15.00	X		X				0.	0.	0.
(2) GLORIA HOPKINS BUCK VICE PRESIDENT	8.00	X		X				0.	0.	0.
(3) CLIFFORD BLANCHARD VICE PRESIDENT	8.00	X		X				0.	0.	0.
(4) ROBERT H. DOHERTY VICE PRESIDENT	8.00	X		X				0.	0.	0.
(5) STEPHANIE GLICKMAN VICE PRESIDENT	8.00	X		X				0.	0.	0.
(6) PETER B. SAYRE TREASURER	5.00	X		X				0.	0.	0.
(7) STEVEN KERN SECRETARY, DIRECTOR & CEO	60.00	X		X			270,499.	0.	60,576.	
(8) SUSAN M. BAER TRUSTEE	2.00	X						0.	0.	0.
(9) DAVE BARGER TRUSTEE	2.00	X						0.	0.	0.
(10) SARA BONESTEEL TRUSTEE	2.00	X						0.	0.	0.
(11) JOSEPH L. BUCKLY TRUSTEE	2.00	X						0.	0.	0.
(12) JACOB S. BUURMA TRUSTEE	2.00	X						0.	0.	0.
(13) SHEILA NUGENT CARTER TRUSTEE	2.00	X						0.	0.	0.
(14) ELEANORE K. COHEN TRUSTEE	2.00	X						0.	0.	0.
(15) PATRICIA HALL CURVIN, TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.
(16) SAMUEL A. DELGADO TRUSTEE	2.00	X						0.	0.	0.
(17) ANN B. DICKENSON, TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) KEITH DOLIN TRUSTEE	2.00	X						0.	0.	0.
(19) STEPHEN R. EHRLICH, TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.
(20) WILMA GELFAND TRUSTEE	2.00	X						0.	0.	0.
(21) ANGELO J. GENOVA TRUSTEE	2.00	X						0.	0.	0.
(22) CHRISTINE C. GILFILLAN TRUSTEE	2.00	X						0.	0.	0.
(23) JEROME W. GOTTESMAN TRUSTEE	2.00	X						0.	0.	0.
(24) CORY M. GRAY TRUSTEE	2.00	X						0.	0.	0.
(25) KATHY GRIER TRUSTEE	2.00	X						0.	0.	0.
(26) JOAN KALKIN TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								270,499.	0.	60,576.
<b>c Total from continuation sheets to Part VII, Section A</b>								894,189.	0.	197,453.
<b>d Total (add lines 1b and 1c)</b>								1,164,688.	0.	258,029.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOHN O'HARA COMPANY INC. 25 KEARNEY STREET, EAST ORANGE, NJ 07017	ARCHITECTS	213,917.
CROZIER FINE ARTS 525 W 20TH ST, NEW YORK, NY 10011	ART STORAGE/SHIPPING SERVICES	116,709.
HANOVER PRINTING OF NJ, INC. 175 US HIGHWAY 4, FAIRFIELD, NJ 07004-2327	PRINTING SERVICES	104,585.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) DONALD M. KARP TRUSTEE	2.00	X						0.	0.	0.
(28) THOMAS H. KEAN, JR., TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.
(29) POONAM KHUBANI, TRUSTEE THROUGH MARCH 2015	2.00	X						0.	0.	0.
(30) THEODORE G. KOVEN, TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.
(31) DOROTHY D. LEWIS, TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.
(32) ARLENE LIEBERMAN TRUSTEE	2.00	X						0.	0.	0.
(33) JUDITH LIEBERMAN, TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.
(34) RUTH C. LIPPER, TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.
(35) SHAHID MALIK TRUSTEE	2.00	X						0.	0.	0.
(36) JOSEPH J. MELONE TRUSTEE	2.00	X						0.	0.	0.
(37) JAZZ J. MERTON TRUSTEE	2.00	X						0.	0.	0.
(38) D. NICHOLAS MICELI TRUSTEE	2.00	X						0.	0.	0.
(39) RONALD M. OLLIE TRUSTEE	2.00	X						0.	0.	0.
(40) ASHLEY M. PERTSEMLIDIS TRUSTEE	2.00	X						0.	0.	0.
(41) DR. LINDA M. A. RODRIGUES TRUSTEE	2.00	X						0.	0.	0.
(42) SETH L. ROSEN TRUSTEE	2.00	X						0.	0.	0.
(43) GARY SHAW TRUSTEE	2.00	X						0.	0.	0.
(44) SOPHIA SHENG TRUSTEE	2.00	X						0.	0.	0.
(45) MONICA SLATER STOKES TRUSTEE	2.00	X						0.	0.	0.
(46) GRIZEL UBARRY, TRUSTEE THROUGH FEB 2015	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include JAY WEINSTEIN, FRANCIS A. WOOD, C. ELIZABETH ARON, ULYSSES DIETZ, SONNET TAKAHISA, KRISTIN CURRY, TIMOTHY WINTEMBERG, CHRISTA CLARKE, MEME OMOGBAI, and a Total row.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	722,781.				
	<b>c</b> Fundraising events	<b>1c</b>	637,967.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,317,410.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,376,179.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		5,477.				
	<b>h Total.</b> Add lines 1a-1f		9,054,337.				
	<b>Program Service Revenue</b>	<b>2 a</b> EDUC PGMS & WORKSHOPS	<b>Business Code</b> 611710	252,168.	252,168.		
<b>b</b> REGISTRATION FEES		900099	172,987.	172,987.			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			425,155.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		379,671.			379,671.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	214,539.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	17,285.				
		<b>c</b> Rental income or (loss)	197,254.				
	<b>d</b> Net rental income or (loss)		197,254.			197,254.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	19,318,597.				
		(ii) Other	447,770.				
		<b>b</b> Less: cost or other basis and sales expenses	16,121,402.	0.			
		<b>c</b> Gain or (loss)	3,197,195.	447,770.			
	<b>d</b> Net gain or (loss)		3,644,965.			3,644,965.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 637,967. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	95,040.				
		<b>b</b> Less: direct expenses	287,353.				
<b>c</b> Net income or (loss) from fundraising events			-192,313.			-192,313.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	464,316.					
	<b>b</b> Less: cost of goods sold	156,901.					
	<b>c</b> Net income or (loss) from sales of inventory		307,415.	307,415.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER REVENUE		900099	2,084.			2,084.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			2,084.			
<b>12 Total revenue.</b> See instructions.			13,818,568.	732,570.	0.	4,031,661.	

**Part IX Statement of Functional Expenses**

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

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

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

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,375,134.	<b>1</b>	5,808,590.	
	<b>2</b> Savings and temporary cash investments .....	4,090,974.	<b>2</b>	6,032,159.	
	<b>3</b> Pledges and grants receivable, net .....	1,527,432.	<b>3</b>	838,658.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	139,476.	<b>8</b>	133,421.	
	<b>9</b> Prepaid expenses and deferred charges .....	452,408.	<b>9</b>	362,935.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 55,872,780.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 43,753,501.	13,576,780.	<b>10c</b>	12,119,279.
	<b>11</b> Investments - publicly traded securities .....	22,511,658.	<b>11</b>	21,000,987.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	25,513,852.	<b>12</b>	24,105,705.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	32,025.	<b>15</b>	42,967.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	76,219,739.	<b>16</b>	70,444,701.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,369,481.	<b>17</b>	1,114,207.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	209,454.	<b>25</b>	228,454.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,578,935.	<b>26</b>	1,342,661.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	54,382,105.	<b>27</b>	50,151,623.	
	<b>28</b> Temporarily restricted net assets .....	6,740,714.	<b>28</b>	4,925,044.	
	<b>29</b> Permanently restricted net assets .....	13,517,985.	<b>29</b>	14,025,373.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	74,640,804.	<b>33</b>	69,102,040.	
<b>34</b> Total liabilities and net assets/fund balances .....	76,219,739.	<b>34</b>	70,444,701.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,818,568.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,911,026.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,092,458.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	74,640,804.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,424,296.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-22,010.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	69,102,040.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2015)

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

Name of the organization **THE NEWARK MUSEUM ASSOCIATION** Employer identification number **22-1487275**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13,237,105.	10,749,109.	11,473,876.	10,753,545.	9,057,837.	55,271,472.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13,237,105.	10,749,109.	11,473,876.	10,753,545.	9,057,837.	55,271,472.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						55,271,472.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	13,237,105.	10,749,109.	11,473,876.	10,753,545.	9,057,837.	55,271,472.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,016,086.	1,297,547.	1,179,817.	805,800.	594,210.	4,893,460.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		30,825.	4,293.	2,012.	2,084.	39,214.
<b>11 Total support.</b> Add lines 7 through 10						60,204,146.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,562,927.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.81 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	90.61 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

BUSINESS & COMMUNITY COUNCIL EVENTS

2012 AMOUNT: \$ 22,408.

TRIP INCOME

2012 AMOUNT: \$ 2,048.

BOOK SALE/ OTHER REVENUE

2012 AMOUNT: \$ 442.

2013 AMOUNT: \$ 4,293.

2014 AMOUNT: \$ 2,012.

2015 AMOUNT: \$ 2,084.

VENDING MACHINES

2012 AMOUNT: \$ 1,730.

PENSION PLAN FORFEITURES

2012 AMOUNT: \$ 3,769.

AUCTION REVENUE

2012 AMOUNT: \$ 428.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

<b>Name of organization</b>  <b>THE NEWARK MUSEUM ASSOCIATION</b>	<b>Employer identification number</b>  <b>22-1487275</b>
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>238,696.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>THE NEWARK MUSEUM ASSOCIATION</b>	Employer identification number  <b>22-1487275</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>THE NEWARK MUSEUM ASSOCIATION</b>	Employer identification number  <b>22-1487275</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** THE NEWARK MUSEUM ASSOCIATION **Employer identification number** 22-1487275

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

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11-02-15

**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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on 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	52,126,984.	49,446,301.	43,988,137.	40,825,039.	43,753,255.
b Contributions	955,158.	73,333.	644,957.	2,546,876.	414,194.
c Net investment earnings, gains, and losses	152,573.	4,345,795.	7,704,398.	4,342,982.	215,868.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,299,753.	1,738,445.	2,891,191.	3,726,760.	3,558,278.
f Administrative expenses	326,155.				
g End of year balance	49,608,807.	52,126,984.	49,446,301.	43,988,137.	40,825,039.

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

- a Board designated or quasi-endowment  67.96 %
- b Permanent endowment  28.27 %
- c Temporarily restricted endowment  3.77 %

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		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		51,200,942.	39,323,522.	11,877,420.
c Leasehold improvements				
d Equipment		4,536,959.	4,355,408.	181,551.
e Other		134,879.	74,571.	60,308.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,119,279.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) HEDGE FUND: LONG/SHORT		
(B) EQUITY	7,599,174.	END-OF-YEAR MARKET VALUE
(C) LIMITED PARTNERSHIP	16,506,531.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>24,105,705.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	228,454.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>228,454.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	10,088,536.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-3,424,296.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	3,500.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	17,285.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-3,403,511.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,492,047.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	326,521.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	326,521.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	13,818,568.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,627,300.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	3,500.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	39,295.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	42,795.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,584,505.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	326,521.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	326,521.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,911,026.

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

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

**PART III, LINE 4:**

THE MUSEUM'S DISTINGUISHED COLLECTIONS ARE PRESENTED IN EIGHTY GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS OF SEVEN BUILDINGS IN THE CENTER OF ONE OF AMERICA'S OLDEST CITIES. IN ADDITION TO THE MAIN BUILDINGS, THE CAMPUS

**Part XIII** Supplemental Information (continued)

INCLUDES THE BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARMS SCHOOLHOUSE AND THE HORIZON PLAZA.

PART V, LINE 4:

THE PRIMARY OBJECTIVE OF THE MUSEUM'S ENDOWMENT FUNDS IS TO PROVIDE A STABLE STREAM OF INCOME TO SUPPORT ITS OPERATIONS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT DISCLOSURE. THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED IN PART VIII, LINE 6B 17,285.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED IN PART VIII, LINE 6B 17,285.

WRITE-OFF OF UNCOLLECTIBLE REVENUES 22,010.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 39,295.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**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" on 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		7,559,174.
<b>3 a</b> Sub-total .....	0	0			7,559,174.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			7,559,174.

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10-01-15



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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)

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" on 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)

Part IV Foreign Forms

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

**Part V Supplemental Information**

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

SCHEDULE F, PART IV, LINE 3

THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 5471 BECAUSE IT DOES NOT MEET THE APPLICABLE OWNERSHIP REQUIREMENT.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization

**THE NEWARK MUSEUM ASSOCIATION**

Employer identification number

**22-1487275**

**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

**2 a** 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			
<b>Total</b> .....				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SPRING GALA (event type)	BENEFIT LUNCHEON (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	645,172.	87,835.		733,007.
	<b>2</b> Less: Contributions .....	563,972.	73,995.		637,967.
	<b>3</b> Gross income (line 1 minus line 2) .....	81,200.	13,840.		95,040.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	104,034.	7,687.		111,721.
	<b>7</b> Food and beverages .....	72,373.	18,398.		90,771.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	71,240.	13,621.		84,861.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				287,353.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-192,313.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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 to be 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).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

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

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**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

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

**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? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**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.

**Only section 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? .....

**b** Any related organization? .....

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

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

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

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

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

**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.

**PART I, LINE 4A:**

PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MS. MEME OMOGBAI'S SEPARATION AGREEMENT DATED NOVEMBER 7, 2014, THE NEWARK MUSEUM ASSOCIATION PAID A SEVERANCE PAYMENT TO MS. MEME OMOGBAI DURING 2015 IN THE AMOUNT OF \$200,934. THIS PAYMENT WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.

**PART I, LINE 7:**

BONUS IS PAID BASED ON THE PERFORMANCE OF THE INDIVIDUAL AND WITHIN THE APPROVED BUDGET. BONUS WAS TAXABLE AND REPORTED ON THE INDIVIDUAL'S 2014 FORM W-2.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE NEWARK MUSEUM ASSOCIATION** Employer identification number **22-1487275**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	43	0.	
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( AIRLINE TICKETS )	X	4	5,477. FMV	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

**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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B) OF SCHEDULE M.

SCHEDULE M, LINE 33:

THE VALUE OF THE MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION, AND GIFTS OF ART OBJECTS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES. PURCHASES OF ART OBJECTS BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

FORM 990, PART III, LINE 1:

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE MUSEUM IS AN INTERNATIONAL LEADER IN THE THOUGHTFUL APPROACH TO COLLECTING AND PRESENTATION, CONNECTING OBJECTS IN ITS COLLECTIONS TO THE CULTURAL NEEDS OF ITS COMMUNITIES, PRODUCING INTERDISCIPLINARY PROJECTS IN THE HUMANITIES AND SCIENCES, AND MAKING IMPORTANT CONNECTIONS ACROSS TRADITIONAL COLLECTING AREAS. ONE OF THE GREATEST AND MOST INFLUENTIAL IN THE UNITED STATES, THE MUSEUM IS HOME TO EXTRAORDINARY GLOBAL COLLECTIONS IN THE ARTS. A CENTURY AFTER ITS FOUNDING, THE MUSEUM IS NOW CUSTODIAN TO OVER 250,000 OBJECTS IN THE DEPARTMENTS OF AMERICAN ART, ASIAN ART, AFRICAN ART, DECORATIVE ARTS, ANCIENT MEDITERRANEAN ART, NUMISMATICS AND THE LARGEST NATURAL SCIENCE COLLECTION IN THE STATE OF NEW JERSEY.

THE MUSEUM'S GOALS AND OBJECTIVES ARE GUIDED BY ITS MISSION, WHICH MANDATES THAT:

THE NEWARK MUSEUM, AS IT HAS SINCE ITS FOUNDING, OPERATES IN THE PUBLIC TRUST AS A MUSEUM OF SERVICE, A LEADER IN CONNECTING OBJECTS AND IDEAS TO THE NEEDS AND WISHES OF ITS CONSTITUENCIES. OUR ART AND SCIENCE COLLECTIONS HAVE THE POWER TO EDUCATE, INSPIRE AND TRANSFORM INDIVIDUALS OF ALL AGES AND THE LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES WE SERVE. IN THE WORDS OF THE FOUNDING DIRECTOR, JOHN COTTON DANA, "A GOOD MUSEUM ATTRACTS, ENTERTAINS, AROUSES CURIOSITY, LEADS TO QUESTIONING - AND THUS PROMOTES LEARNING."

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

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DEDICATED TO ARTISTIC EXCELLENCE, EDUCATION AND COMMUNITY ENGAGEMENT, THE MUSEUM HAS EVINCED A HISTORIC COMMITMENT TO BROADENING, DEEPENING AND DIVERSIFYING ARTS PARTICIPATION. THE MUSEUM ACCOMPLISHES ITS MISSION WITH EXHIBITIONS, EDUCATIONAL AND PUBLIC PROGRAMS, PUBLICATIONS, AND AN ART REFERENCE LIBRARY WITH SIGNIFICANT PRIMARY RESEARCH COLLECTIONS. BY COLLABORATING WITH OTHER PUBLIC AND PRIVATE EDUCATIONAL, SOCIAL, CULTURAL, BUSINESS AND GOVERNMENTAL INSTITUTIONS, THE MUSEUM ACHIEVES A BROAD IMPACT, BOTH LOCALLY AND GLOBALLY.

THE MUSEUM DEVOTES A SUBSTANTIAL PORTION OF ITS FACILITIES TO YOUTH, FAMILY AND SCHOOL PROGRAMS AND ENSURES THAT ITS EDUCATIONAL RESOURCES, COLLECTIONS AND FACILITIES ARE READILY ACCESSIBLE TO A BROAD AUDIENCE REPRESENTING DIVERSE INTERESTS, AGES AND BACKGROUNDS. NEARLY TWO OUT OF THREE MEMBERS OF THE MUSEUM'S ANNUAL AUDIENCE ARE ENGAGED BY AN EDUCATIONAL PROGRAM. THE MUSEUM HAS CONSISTENTLY BEEN CITED FOR EXCELLENCE IN EXHIBITION AND EDUCATION INITIATIVES BY GOVERNMENT AUTHORITIES, NATIONAL FUNDING SOURCES AND PROFESSIONAL ASSOCIATIONS. THE MUSEUM'S DISTINGUISHED COLLECTIONS ARE PRESENTED IN EIGHTY GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS OF SEVEN BUILDINGS IN THE CENTER OF ONE OF AMERICA'S OLDEST CITIES. IN ADDITION TO THE MAIN BUILDINGS, THE CAMPUS INCLUDES THE BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARMS SCHOOLHOUSE AND THE HORIZON PLAZA. IN 2015, THE MUSEUM BEGAN EXPLORING SEVERAL STRATEGIC CAPITAL PROJECTS, INCLUDING RE-OPENING THE ORIGINAL FRONT ENTRANCE AT 49 WASHINGTON STREET, RE-INSTALLING THE AFRICAN GALLERIES ON THE 1ST FLOOR AND CREATING SPECIAL EXHIBITION SPACE ON THE 2ND FLOOR.

Name of the organization <b>THE NEWARK MUSEUM ASSOCIATION</b>	Employer identification number <b>22-1487275</b>
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## FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ITS CHANGING GALLERIES, THE NEWARK MUSEUM DESIGNED AND INSTALLED FOUR EXHIBITIONS: ROYALS & REGALIA: INSIDE THE PALACES OF NIGERIA'S MONARCHS, MY ROCK STARS: HASSAN HAJJAJ, THE SHAPE OF LIGHT; GABRIEL DAWE, AND OUTSIDE THE LINES.

## PROGRAMMATIC DETAILS:

THE MUSEUM STAFF COLLABORATED EXTENSIVELY INTERDEPARTMENTALLY (CURATORIAL, REGISTRARS, EDUCATION, FACILITIES, IT, ETC.) AND APPLY ITS DIVERSE SKILLS CREATIVITY IN SUPPORT THE MUSEUM'S MISSION BY DESIGNING AND INSTALLING EXHIBITIONS THAT:

- SHOWCASED THE FACES OF THE DESCENDANTS OF NIGERIA'S MONARCHS THAT SERVE AS THE CUSTODIANS OF CULTURAL HERITAGE (ROYALS & REGALIA: INSIDE THE PALACES OF NIGERIA'S MONARCHS)
- CAST NEW LIGHT ON DEFINING 'ROCK STAR' AND MUSICAL ADMIRATION (MY ROCK STARS: HASSAN HAJJAJ)
- HIGHLIGHTED THE BREADTH AND DEPTH OF THE MUSEUM'S OWN COLLECTION WITH PIECES FROM ACROSS THE MAIN FOUR COLLECTIONS TO SHOWCASE ARTISTS WHO EXPLORE COLOR AND TEXTURE (OUTSIDE THE LINES)
- BOLDLY EXHIBITED THE INTERSECTION OF SCIENCE, ART AND ENGINEERING WITH SITE SPECIFIC WORKS (THE SHAPE OF LIGHT; GABRIEL DAWE)

## FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE MUSEUM MAINTAINS DISTRICT CONTRACTS WITH BOTH NEWARK PUBLIC SCHOOLS (3RD & 5TH GRADES) AND JERSEY CITY PUBLIC SCHOOLS (5TH & 8TH GRADES) WHICH INCLUDE PROFESSIONAL DEVELOPMENT FOR TEACHERS AND GALLERY AND STUDIO ACTIVITIES AT THE MUSEUM FOR STUDENTS. AS A RESULT OF THE



Name of the organization THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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MUSEUM'S ROBUST LEARNING PROGRAMS AND STEAM EDUCATION INITIATIVES OVER 86,000 SCHOOL CHILDREN CAME TO THE NEWARK MUSEUM OR HAD A MUSEUM EDUCATOR IN THEIR CLASSROOM IN 2015, REPRESENTING 719 PUBLIC AND PRIVATE SCHOOLS THROUGHOUT NORTHERN AND CENTRAL NEW JERSEY. PROGRAMS RANGED EXTENSIVELY IN SCOPE AND SIZE RANGING FROM SCIENCE LABS AND GALLERIES (INCLUDING BUT NOT LIMITED TO: FORENSIC SCIENCE, CHEMISTRY, DYNAMIC EARTH AND GEOLOGY ROCKS!), ART AND HUMANITIES PROGRAMS (INCLUDING: WHO DONE IT IN THE BALLANTINE HOUSE AND EXPRESS YOURSELF - EXPLORING THE WORLD THROUGH ART, WHICH INCLUDES THREE MODULES FOR AMERICAN ART, AFRICAN ART AND ASIAN ART - ALL USING THE MUSEUM'S OWN TEACHING COLLECTION) AND PLANETARIUM SHOWS.

IN ADDITION TO SCHOOL PROGRAMS, THE MUSEUM OPERATES WEEKEND DROP-IN PROGRAMMING FOR FAMILIES AND THE SUMMER CAMP NEWARK. IN 2015 REGULAR WEEKEND ART AND GALLERY TOURS WERE ACCOMPANIED BY THE MUSEUM'S NEW INITIATIVE TO PROVIDE PROGRAMMING FOR 3 - 5 YEAR OLDS AND THEIR FAMILIES. WITH GENEROUS SUPPORT OF THE NICHOLSON FOUNDATION, THE MUSEUM CONTINUED 'CREATIVE PLAY' A WEEKLY DROP-IN PROGRAM FOR PRESCHOOLERS AND THEIR ADULTS. THE PROGRAM IS MEANT TO SERVE ALL MUSEUM FAMILIES, BUT FOCUSED SPECIFICALLY ON CHILDREN FROM NEWARK'S SOUTH WARD. WITH A YEAR OF EXPERIENCE AND UNDERSTANDING OF THE COMMUNITY, THE MUSEUM CONTINUES TO MAKE NECESSARY CHANGES TO IMPROVE THE PROGRAM, WHICH WILL CONTINUE INTO 2016.

CAMP NEWARK, SERVES OVER 500 CAMPERS BETWEEN AGES 3 AND 14. IN 2015 THE MUSEUM EXPANDED THE AGE RANGE FROM 13 TO 14 IN RESPONSE TO AN OVERWHELMING REQUEST FROM MANY LONG-TERM CAMPERS. IN 2015, CAMP NEWARK SERVED AGAIN OFFERED MAKER CORPS, WITH THREE LOCAL COLLEGE STUDENTS

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

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22-1487275

WORKING AS SPECIALISTS OFFERING TECHNOLOGY BASED ACTIVITIES, ADDING A NEW, POSITIVE DYNAMIC TO THE CAMP.

#### EXPLORERS PROGRAM

THE EXPLORERS PROGRAM AT THE NEWARK MUSEUM, IN ITS 21ST YEAR IN 2015, IS DESIGNED TO PROVIDE SELECTED STUDENTS WITH AS MANY ACADEMIC EXPERIENCES AS POSSIBLE AND IS A HIGHLY SUCCESSFUL COLLEGE AND JOB PREPAREDNESS PROGRAM THAT PROVIDES AT-RISK URBAN HIGH SCHOOL STUDENTS WITH EDUCATION, EMPLOYMENT AND MENTORING OPPORTUNITIES. THE EXPLORES PROGRAM FOLLOWS AN EXTRAORDINARILY EXTENSIVE CURRICULUM IMPLEMENTED THROUGH WORKSHOPS FIELD TRIPS AND INTERNSHIP AT THE MUSEUM. SOME OF THE WORKSHOPS DURING THE PAST YEAR INCLUDE - MATERIAL SCIENCE, ENTREPRENEURSHIP WORKSHOP, FINANCIAL LITERACY AND MAKER SPACE-DRIVEN WORKSHOPS. FOR THE 2015 - 2016 SCHOOL YEAR THE MUSEUM RECEIVED A GRANT FROM THE WALTON FAMILY FOUNDATION TO FURTHER SERVE AS YOUTH LEADER BY RECRUITING TEEN AUDIENCES THROUGH AGE-APPROPRIATE ACTIVITIES IN THE GALLERIES AND REPRESENTING THE MUSEUM AT COMMUNITY-WIDE EVENTS. IN 2015, THE MUSEUM GRADUATED 15 STUDENTS FROM THE PROGRAM.

#### FAMILY PROGRAMS

DINOSAUR DAY WAS THE BIGGEST FESTIVAL OF THE YEAR, SERVING APPROXIMATELY 5,000 VISITORS. KIDS MADE FOSSIL RUBBINGS, CREATED PTERODACTYL PUPPETS, PANNED FOR MINERALS AND GEMS IN THE MINERAL SLUICE AND RAN FROM A LIFE-SIZED ANIMATRONIC BABY TYRANNOSAURUS REX. DINOSAUR DAY ONLY REPRESENTS A SMALL PORTION OF THE FAMILY PROGRAMS HERE AT THE MUSEUM. IN 2015, THE MUSEUM HELD THE 2ND ANNUAL NEWARK MINI MAKER FAIRE, FURTHER SUPPORTING THE MUSEUM'S MAKER PROGRAMMING. THIS WAS IN ADDITION TO THE ANNUAL HOLIDAY PROGRAMMING INVITING FAMILIES IN TO

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CELEBRATE ALL TRADITIONS OF THE HOLIDAY SEASON.

MARTIN LUTHER KING, JR. DAY

THE MARTIN LUTHER KING JR. DAY CELEBRATION IS AN EVENT THAT DRAWS 1,000 TO 1,500 PEOPLE PER YEAR. THIS YEAR THE MUSEUM CELEBRATED FILM SCREENINGS, SPOKEN WORD PERFORMANCES AND WORDS OF INSPIRATION FROM NEWARK'S MAYOR, THE HONORABLE RAS J. BARAKA.

JAZZ IN THE GARDEN, THE LONGEST CONTINUOUSLY RUNNING CULTURAL PROGRAM IN NEWARK, CELEBRATED ITS 50TH YEAR IN 2015. THE SERIES OPENED WITH DEE DEE BRIDGEWATER IN A SPECIAL FRIDAY NIGHT CELEBRATION EVENT. FOR THE 50TH ANNIVERSARY SEASON, THE MUSEUM ALSO BROUGHT IN JOSE JAMES, AN ARTIST WHO WAS FEATURED IN THE EXHIBITION HASSAN HAJJAJ: MY ROCK STARS.

ADULT PROGRAMS

IN 2015, THE MUSEUM HOSTED OVER 10,000 ADULTS IN SPECIAL GALLERY AND EXHIBITION TOURS. THIS WAS IN ADDITION TO THE MUSEUM'S ANNUAL TIBET LECTURE, RENAMED FOR PAST BOARD DIRECTOR KEVIN SHANLEY, AND ENTITLED PEAKS OF FAITH: TIBETAN AND KOREAN BUDDHIST ART WITH GUEST SPEAKER DR. MAYA STILLER EXPLORING THE VISUAL JOURNEY OF THE BUDDHIST ARTISTIC LEGACY OF BOTH KOREA AND TIBET.

THE MUSEUM ADDED A NEW SERIES ENTITLED, SECOND SUNDAYS, OCCURRING THE SECOND SUNDAY OF EVERY MONTH. BEGINNING IN NOVEMBER AND CONTINUING INTO 2016, THE MUSEUM IS OFFERING CUSTOM-DESIGNED GALLERY TOURS, LECTURES, PERFORMANCES, HANDS-ON WORKSHOPS FOR VISITORS OF ALL AGES, ARTIST AND MAKER DEMONSTRATIONS, PERFORMANCES, FILLS AND CATERED BRUNCH. THESE LIVELY DAYS ENCOURAGED THOSE FAMILIAR WITH THE MUSEUM TO BRING FRIENDS

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AND ENTICED NEW AUDIENCES TO EXPLORE THE RESOURCES OF THE MUSEUM,  
SOCIALIZE IN OUR SPECTACULAR GALLERIES, AND FIND CONNECTIONS TO THE  
MUSEUM'S COLLECTIONS.

#### MARKETING AND PUBLIC OUTREACH

THE NEWARK MUSEUM'S MARKETING STRATEGY IS DEEPLY ROOTED IN COMMUNITY  
ENGAGEMENT AND THE BUILDING OF RELATIONSHIPS. RELATIONSHIPS WITH OUR  
EXISTING AND POTENTIAL AUDIENCES AND COLLABORATIVE PARTNERS IN AN  
EFFORT TO MOVE THEM ALL THROUGH A PROGRESSIVE PROCESS OF INVOLVEMENT AS  
A FIRST STEP IN THIS PROCESS, THE BASIC UNDERSTANDING IS THAT BEFORE  
PEOPLE CAN ENJOY THE MUSEUM THEY MUST FIRST GET TO KNOW THE MUSEUM.  
ONCE THEY GET TO KNOW THE MUSEUM WE WANT TO BUILD TRUST THAT THE MUSEUM  
WILL DELIVER ON ITS BRAND PROMISE WHICH IS TO PROVIDE CONSISTENT, HIGH  
QUALITY MUSEUM EXPERIENCES THAT ARE APPROPRIATE FOR PEOPLE OF ALL AGES  
AND ALL BACKGROUNDS TO PROVIDE INTELLECTUAL STIMULATION, OPPORTUNITIES  
FOR SOCIALIZATION, INFORMAL LEARNING AND FUN. BY DELIVERING ON OUR  
BRAND PROMISE THE NEWARK MUSEUM WILL INCREASE REPEAT VISITATION AND  
GENERATE POSITIVE WORD OF MOUTH, THE MOST CREDIBLE AND EFFECTIVE METHOD  
OF ACHIEVING AUDIENCE DEVELOPMENT. COLLABORATIVE PARTNERS ARE USUALLY  
EAGER TO FORM RELATIONSHIPS WITH ORGANIZATIONS SUBSCRIBING TO THESE  
CORE BELIEFS.

IN 2015 THE NEWARK MUSEUM LAUNCHED A NEW PROGRAM TO ALLOW NEWARK  
RESIDENTS TO NOT ONLY GET FREE ADMISSION TO THE MUSEUM, BUT TO JOIN AT  
A FAMILY MEMBERSHIP LEVEL. THE PROGRAM PROVIDES NEWARK RESIDENTS WITH  
THE OPPORTUNITY TO INCORPORATE THE MUSEUM AS A DEEPER PART OF THEIR  
COMMUNITY AND TO ALLOW GREATER CONVERSATIONS FOR THE GROWING NEEDS OF  
NEWARK.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

2015 MARKED A YEAR OF FOCUSING ON THE MUSEUM'S EDUCATION LOAN COLLECTION WITH 4,412 OBJECTS PROCESSED FOR EDUCATION LOAN.

ALSO IN 2015, MARKED THE ARRIVAL OF THE GRANT-FUNDED FULL-TIME CONSERVATOR TO THE STAFF. WHILE FOCUSING ON RE-HOUSING OF THE ASIAN COLLECTION, THE CONSERVATOR WILL BE AVAILABLE TO ASSIST IN CONSERVATION FOR COLLECTION BASED SPECIAL EXHIBITIONS. THE CONSERVATOR HAS ADDED INCREDIBLE VALUE TO ASSISTING THE CONSERVATIONS EFFORTS AT THE NEWARK MUSEUM.

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.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MUSEUM'S MEMBERS ELECT THE MUSEUM'S TRUSTEES OTHER THAN THE EX-OFFICIO TRUSTEES.

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.

FORM 990, PART VI, SECTION B, LINE 11:

THE NEWARK MUSEUM COLLABORATED WITH AN OUTSIDE ACCOUNTING FIRM TO PREPARE ITS FORM 990 AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE

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THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND REVIEWED BY THE MUSEUM'S OUTSIDE LEGAL COUNSEL, IT IS PRESENTED TO THE AUDIT COMMITTEE. AFTER THE AUDIT COMMITTEE REVIEWS/APPROVES THE FORM 990 AND WHEN THE RETURN IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO ALL THE MUSEUM'S TRUSTEES FOR ANY COMMENTS. ANY COMMENTS ARE THEN SUMMARIZED AND DISCUSSED WITH THE OUTSIDE ACCOUNTING FIRM. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED BY THE MUSEUM'S TRUSTEES FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MUSEUM'S CONFLICT OF INTEREST POLICY IS REVIEWED PERIODICALLY, BY THE BOARD OF TRUSTEES. THE BOARD OF TRUSTEES, COMMITTEE MEMBERS, AND OFFICERS OF THE MUSEUM COMPLETE ANNUAL CONFLICT AND RELATED PARTY QUESTIONNAIRES. THE MUSEUM'S CONFLICT OF INTEREST POLICY REQUIRES THAT TRUSTEES AND OFFICERS DISCLOSE CONFLICTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OF TRUSTEES OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCLOSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OF TRUSTEES OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

THE CHAIRPERSON OF THE BOARD OF TRUSTEES OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING

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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.

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

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THE COMPENSATION LEVELS COMPARE WITH ART MUSEUMS IN HISTORIC DISTRICTS ACROSS THE COUNTRY. AS PART OF THIS PROCESS THE MUSEUM ALSO CONSIDERS PUBLISHED COMPENSATION SURVEYS AND COMPENSATION INFORMATION INCLUDED IN FORMS 990 FILED BY OTHER ART MUSEUMS. THIS INFORMATION IS REVIEWED BY THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (AS MORE PARTICULARLY SET FORTH IN THE MUSEUM'S BYLAWS), WHO THEN APPROVES ANY CHANGES IN COMPENSATION. THIS PROCESS WAS LAST UNDERTAKEN IN 2015. CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED THROUGH MINUTES OF THE COMMITTEE'S MEETING.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF UNCOLLECTIBLE REVENUES -22,010.

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.