

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2020 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</b> Name of organization <b>THE NEWARK MUSEUM ASSOCIATION</b>		<b>D</b> Employer identification number <b>22-1487275</b>
	Doing business as <b>THE NEWARK MUSEUM OF ART</b>		<b>E</b> Telephone number <b>973-596-6550</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>49 WASHINGTON STREET</b>	<b>G</b> Gross receipts \$ <b>25,539,243.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>NEWARK, NJ 07102</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>LINDA C. HARRISON</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

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

**J** Website: **WWW.NEWARKMUSEUM.ORG**

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE NEWARK MUSEUM OF ART OPERATES FOR THE BENEFIT OF THE PUBLIC AS A MUSEUM OF SERVICE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>218</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>120</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>77,403.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>9,102,999.</b>	<b>10,716,404.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>821,091.</b>	<b>183,463.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,482,155.</b>	<b>774,458.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>674,856.</b>	<b>62,424.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>12,081,101.</b>	<b>11,736,749.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>8,698,950.</b>	<b>9,092,154.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,834,311.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,552,432.</b>	<b>6,038,606.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>15,251,382.</b>	<b>15,130,760.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>-3,170,281.</b>	<b>-3,394,011.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>63,813,028.</b>	<b>64,370,892.</b>
		<b>1,640,777.</b>	<b>1,908,562.</b>
		<b>62,172,251.</b>	<b>62,462,330.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>LINDA C. HARRISON, CEO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>11/15/21</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00543209</b>
	Firm's name <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's address <b>500 MAMARONECK AVENUE HARRISON, NY 10528-1633</b>	Firm's EIN <b>27-1728945</b>	Phone no. <b>914-381-8900</b>

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:
FOUNDED IN 1909 BY MUSEUM PIONEER AND VISIONARY JOHN COTTON DANA, THE NEWARK MUSEUM OF ART IS ONE OF THE MOST INFLUENTIAL MUSEUMS IN THE UNITED STATES AND THE LARGEST ART AND EDUCATION INSTITUTION IN NEW JERSEY.

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 \$ 4,065,763. including grants of \$ ) (Revenue \$ 120,253. )
EXHIBITIONS AND FACILITIES:

NORMAN BLUHM: METAMORPHOSIS (1947-1980)
OPENING ON FEBRUARY 13, 2020, NEWARK MUSEUM OF ART PRESENTED NORMAN BLUHM: METAMORPHOSIS, A RETROSPECTIVE OF THE AMERICAN PAINTER NORMAN BLUHM (1920-1999). WITH WORKS DATING FROM 1947 TO 1998, THIS WAS THE FIRST MONOGRAPHIC SURVEY OF BLUHM'S CAREER, BRINGING TOGETHER 17 LARGE-SCALE PAINTINGS ON CANVAS AND 25 WORKS ON PAPER FROM THE ARTIST'S ESTATE AND FROM DISTINGUISHED PUBLIC AND PRIVATE COLLECTIONS. BLUHM COMBINED VIGOROUS AND EXPRESSIVE BRUSHWORK WITH A LAVISH SENSE OF COLOR AND FORMAL EXPERIMENTATION ON A GRAND SCALE. UNFORTUNATELY, THE MUSEUM CLOSED TO VISITORS IN MARCH.

4b (Code: ) (Expenses \$ 3,488,737. including grants of \$ ) (Revenue \$ 9,493. )
REGISTRAR & CURATORIAL:

THE NEWARK MUSEUM OF ART'S VAST AND DIVERSE COLLECTIONS OF MORE THAN 200,000 ACTIVE IN USE OBJECTS, RANKS, IN TERMS OF ITS HOLDINGS, AMONG THE TOP 30 MUSEUMS NATIONALLY.

THE MUSEUM IS NOW CUSTODIAN TO OVER 300,000 OBJECTS IN THE DEPARTMENTS OF AMERICAN ART, ASIAN ART, AFRICAN ART, NATIVE AMERICAN ART, DECORATIVE ARTS, NUMISMATICS, AND AN IMPORTANT NATURAL SCIENCE COLLECTION. THE MUSEUM IS ALSO THE HOME OF THE HISTORIC BALLANTINE HOUSE.

4c (Code: ) (Expenses \$ 2,495,225. including grants of \$ ) (Revenue \$ 63,118. )
EDUCATION AND PUBLIC PROGRAM:

LIKE MANY ARTS AND CULTURAL ORGANIZATIONS, THE MUSEUM HAS BEEN NEGATIVELY IMPACTED BY THE COVID-19 CRISIS AND HAS FACED UNPRECEDENTED CHALLENGES OVER THE PAST YEAR. ALMOST IMMEDIATELY AFTER THE SHUTDOWN BEGAN IN MARCH 2020, THE MUSEUM BEGAN PRESENTING AN EXTENSIVE MENU OF LIVE AND PRE-RECORDED DIGITAL PUBLIC PROGRAMS, KNOWN AS #NMOAATHOME, TO ENGAGE AUDIENCES FROM ACROSS NEW JERSEY, THE COUNTRY, AND THE WORLD ACROSS A VARIETY OF ONLINE PLATFORMS. IN DEVELOPING AND PRESENTING THESE PROGRAMS, THE MUSEUM SOUGHT INPUT FROM THE COMMUNITY AS WELL AS REGULARLY REACHING OUT TO EDUCATORS AND ADMINISTRATORS THROUGH PARTICIPANT SURVEYS.

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

4e Total program service expenses 10,049,725.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, 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 on 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 on Schedule O.		
	1a	22	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	22	
<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?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	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?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	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 on Schedule O	9	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?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<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?	11a	X
<b>b</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	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	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>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
<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?	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 ▶  
**SAYAKA ARAKI, CFO - 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. See instructions for the order in which to list the persons above.

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) LINDA C. HARRISON CEO AND BOARD SECRETARY	50.00			X			360,692.	0.	73,132.	
(2) DEBORAH KASINDORF VP, DEPUTY DIRECTOR EXTERNAL AFFAIRS	50.00			X			186,514.	0.	43,056.	
(3) CATHERINE EVANS INBUSCH, DEPUTY COLLECTIONS & CURATORIAL STRATEGIES	50.00				X		165,814.	0.	33,629.	
(4) SAYAKA ARAKI, CFO, DEPUTY DIRECTOR OF INFRASTRUCTURE	50.00			X			152,197.	0.	34,767.	
(5) SILVIA FILIPPINI-FANTONI DEPUTY DIR., LEARNING & ENGAGEMENT	50.00				X		151,984.	0.	30,374.	
(6) DAVID MAY SR. DIR OF FACILITIES OPERATIONS	50.00					X	116,544.	0.	44,282.	
(7) TIMOTHY WINTEMBERG, SR DIR. STRATEGIC INNO. PROJECTS & DESIGN	50.00					X	138,436.	0.	17,713.	
(8) KRISTIN CURRY, DIRECTOR OF INSTITUTIONAL GIVING&SPECIAL EVENTS	50.00					X	108,929.	0.	29,656.	
(9) MERLE LOMRANTZ DIR. OF MEMBER TRAVEL SERVICES	50.00					X	109,375.	0.	27,131.	
(10) SHIRLEY THOMAS SENIOR DIRECTOR OF EDUCATION	50.00					X	100,253.	0.	24,023.	
(11) CLIFFORD BLANCHARD CO-CHAIR	15.00	X		X			0.	0.	0.	
(12) CHRISTINE C. GILFILLAN CO-CHAIR	15.00	X		X			0.	0.	0.	
(13) JACOB S. BUURMA VICE PRESIDENT	8.00	X		X			0.	0.	0.	
(14) ROBERT H. DOHERTY VICE PRESIDENT	8.00	X		X			0.	0.	0.	
(15) ARLENE LIEBERMAN VICE PRESIDENT	8.00	X		X			0.	0.	0.	
(16) MARSHALL B. MCLEAN VICE PRESIDENT	8.00	X		X			0.	0.	0.	
(17) PETER B. SAYRE TREASURER	10.00	X		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) SARA BONESTEEL TRUSTEE	2.00	X					0.	0.	0.	
(19) JOSEPH L. BUCKLEY TRUSTEE	2.00	X					0.	0.	0.	
(20) ELEONORE K. COHEN TRUSTEE	2.00	X					0.	0.	0.	
(21) LEE ANN DILLON TRUSTEE	2.00	X					0.	0.	0.	
(22) PETER T. ENGLT TRUSTEE	2.00	X					0.	0.	0.	
(23) JEFFREY S. JACOBSON TRUSTEE THRU FEB 2020	2.00	X					0.	0.	0.	
(24) CURTIS JOHNSON TRUSTEE	2.00	X					0.	0.	0.	
(25) ALLEN J. KARP TRUSTEE	2.00	X					0.	0.	0.	
(26) MEGAN NYUNGWON LEE TRUSTEE	2.00	X					0.	0.	0.	
<b>1b Subtotal</b>							1,590,738.	0.	357,763.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,590,738.	0.	357,763.	

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 **10**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PHELPS CONSTRUCTION GROUP, 315 WOOTTON STREET, UNIT K, BOOTON, NJ 07005	CONSTRUCTION SERVICES	194,413.
WINNING STRATEGIES PUBLIC RELATIONS, LLC, 550 BROAD STREET, SUITE 910, NEWARK, NJ BLACKBAUD	STRATEGIC COMMUNICATIONS SERVI	136,300.
P.O. BOX 930256, ATLANTA, GA 31193-0256	CLOUD COMPUTING SERVICES	134,142.
ENOM SOLUTIONS, 1086 TEANECK ROAD SUITE 3C, TEANECK, NJ 07666	COMPUTER SYSTEMS DESIGN SERVICES	119,115.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



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 (checkboxes for Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list trustees like JUDITH LIEBERMAN, SHAHID MALIK, etc.

Total to Part VII, Section A, line 1c

**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	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	387,090.				
	<b>c</b> Fundraising events	<b>1c</b>	386,704.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,103,568.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,839,042.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			10,716,404.			
Program Service Revenue	<b>2 a</b> MEMBERSHIP DUES AND TOURS NTD	Business Code	900099	51,298.	51,298.		
	<b>b</b> EDUC PGMS & WORKSHOPS		611710	43,380.	43,380.		
	<b>c</b> EXHIBITION AND LOAN FEES		900099	30,798.	30,798.		
	<b>d</b> ADMISSIONS		900099	28,756.	28,756.		
	<b>e</b> REGISTRATION FEES		900099	19,738.	19,738.		
	<b>f</b> All other program service revenue		900099	9,493.	9,493.		
	<b>g Total.</b> Add lines 2a-2f			183,463.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			805,694.		805,694.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	10,095.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		27,777.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-17,682.			
	<b>d</b> Net rental income or (loss)			-17,682.		-17,682.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	13,617,835.	65,339.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		13,714,410.	0.		
<b>c</b> Gain or (loss)	<b>7c</b>		-96,575.	65,339.			
<b>d</b> Net gain or (loss)			-31,236.		-31,236.		
<b>8 a</b> Gross income from fundraising events (not including \$ 386,704. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		9,300.				
		<b>b</b> Less: direct expenses	<b>8b</b>		24,882.		
		<b>c</b> Net income or (loss) from fundraising events			-15,582.		-15,582.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		44,826.				
		<b>b</b> Less: cost of goods sold	<b>10b</b>		35,425.		
		<b>c</b> Net income or (loss) from sales of inventory			9,401.	9,401.	
Miscellaneous Revenue	<b>11 a</b> PARKING LOT INCOME	Business Code	900099	86,287.	77,403.	8,884.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			86,287.			
<b>12 Total revenue.</b> See instructions			11,736,749.	192,864.	77,403.	750,078.	

**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 .....	1,232,159.	611,218.	227,368.	393,573.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	5,765,244.	3,529,738.	703,340.	1,532,166.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	571,280.	391,966.	80,938.	98,376.
9 Other employee benefits .....	833,521.	646,124.	16,031.	171,366.
10 Payroll taxes .....	689,950.	517,327.	45,967.	126,656.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	83,800.		5,750.	78,050.
c Accounting .....	84,203.		84,203.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	163,354.		163,354.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	480,852.	317,286.	109,108.	54,458.
12 Advertising and promotion .....	348,034.	138,405.	37,244.	172,385.
13 Office expenses .....	698,670.	516,330.	125,847.	56,493.
14 Information technology .....	209,775.	135,835.	31,845.	42,095.
15 Royalties .....				
16 Occupancy .....	811,151.	700,870.	101,043.	9,238.
17 Travel .....	52,970.	24,535.	19,039.	9,396.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	84,111.	41,811.	30,781.	11,519.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,270,396.	1,206,876.	25,408.	38,112.
23 Insurance .....	306,553.	292,603.	5,630.	8,320.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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> .....	600,000.	600,000.		
b <b>DATA SECURITY INCIDENT</b> .....	411,426.		411,426.	
c <b>REPAIRS AND MAINT.</b> .....	331,330.	314,763.	6,627.	9,940.
d <b>EQUIPMENT RENTAL/MAINT.</b> .....	94,324.	63,788.	15,775.	14,761.
e All other expenses .....	7,657.	250.		7,407.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	15,130,760.	10,049,725.	2,246,724.	2,834,311.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,185,953.	<b>1</b>	4,186,033.
	<b>2</b> Savings and temporary cash investments .....	5,793,729.	<b>2</b>	2,243,419.
	<b>3</b> Pledges and grants receivable, net .....	950,279.	<b>3</b>	1,370,420.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	175,149.	<b>8</b>	157,258.
	<b>9</b> Prepaid expenses and deferred charges .....	474,957.	<b>9</b>	122,325.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 64,464,791.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 49,690,958.	15,691,653.	<b>10c</b> 14,773,833.
	<b>11</b> Investments - publicly traded securities .....	37,331,090.	<b>11</b>	41,500,525.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<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 .....	210,218.	<b>15</b>	17,079.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	63,813,028.	<b>16</b>	64,370,892.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,583,205.	<b>17</b>	1,661,874.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	57,572.	<b>25</b>	246,688.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,640,777.	<b>26</b>	1,908,562.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	44,647,670.	<b>27</b>	45,329,030.
	<b>28</b> Net assets with donor restrictions .....	17,524,581.	<b>28</b>	17,133,300.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	62,172,251.	<b>32</b>	62,462,330.
	<b>33</b> Total liabilities and net assets/fund balances .....	63,813,028.	<b>33</b>	64,370,892.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,736,749.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,130,760.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,394,011.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,172,251.
5	Net unrealized gains (losses) on investments	5	3,707,090.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-23,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	62,462,330.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

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

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

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9671682.	13025100.	10555443.	9102999.	10716404.	53071628.
<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 .....	9671682.	13025100.	10555443.	9102999.	10716404.	53071628.
<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) .....						3009034.
<b>6 Public support.</b> Subtract line 5 from line 4.						50062594.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	9671682.	13025100.	10555443.	9102999.	10716404.	53071628.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	621,123.	568,704.	756,828.	1483361.	815,789.	4245805.
<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.) .....	72,859.	2,545.	53,210.	69,242.	8,884.	206,740.
<b>11 Total support.</b> Add lines 7 through 10						57524173.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,807,314.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.03 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	88.83 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<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>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<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 governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<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 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<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 0.015 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 0.035.	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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**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:

BOOK SALE/ OTHER REVENUE

2016 AMOUNT: \$ 3,945.

2017 AMOUNT: \$ 2,545.

2019 AMOUNT: \$ 4,711.

INSURANCE REIMBURSEMENT

2016 AMOUNT: \$ 68,914.

PARKING LOT INCOME

2018 AMOUNT: \$ 53,210.

2019 AMOUNT: \$ 64,531.

2020 AMOUNT: \$ 8,884.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>THE NEWARK MUSEUM ASSOCIATION</b>	Employer identification number  <b>22-1487275</b>
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**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	 <hr/> <hr/> <hr/>	\$ <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	 <hr/> <hr/> <hr/>	\$ <u>1,458,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,082,123.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>295,166.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>237,035.</u>	Person <input checked="" 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>
--	---

**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
7	<hr/> <hr/> <hr/>	\$ <u>220,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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 (for example, 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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 FASB 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 FASB 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 FASB 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) 2020

**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 make 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 program
  - 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	42,234,820.	38,418,187.	43,504,779.	48,763,846.	49,608,807.
b Contributions	75,339.	89,726.	363,500.	574,393.	1,127,247.
c Net investment earnings, gains, and losses	4,417,853.	5,705,421.	-1,371,887.	5,678,260.	2,823,485.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,507,498.	1,822,324.	3,711,226.	10,903,803.	4,382,084.
f Administrative expenses	163,354.	156,190.	366,979.	607,917.	413,609.
g End of year balance	43,057,160.	42,234,820.	38,418,187.	43,504,779.	48,763,846.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  63.1723 %
  - b Permanent endowment  31.8395 %
  - c Term endowment  4.9882 %
- 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <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"/> | <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		60,220,237.	46,258,099.	13,962,138.
c Leasehold improvements				
d Equipment		3,119,061.	3,013,017.	106,044.
e Other		1,125,493.	419,842.	705,651.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,773,833.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<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	246,688.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	246,688.

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 FASB 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>	15,221,310.
<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>	3,707,090.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	27,112.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,734,202.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,487,108.
<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>	163,354.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	86,287.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	249,641.
<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>	11,736,749.

**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>	14,931,231.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	50,112.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	50,112.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,881,119.
<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>	163,354.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	86,287.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	249,641.
<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>	15,130,760.

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

**PART III, LINE 4:**

THE NEWARK MUSEUM OF ART'S VAST AND DIVERSE COLLECTIONS OF MORE THAN

**Part XIII** Supplemental Information (continued)

300,000 OBJECTS, RANKS, IN TERMS OF ITS HOLDINGS, AMONG THE TOP 30 MUSEUMS  
NATIONALLY.

THE MUSEUM IS NOW CUSTODIAN TO OVER 300,000 OBJECTS IN THE DEPARTMENTS OF  
AMERICAN ART, ASIAN ART, AFRICAN ART, NATIVE AMERICAN ART, DECORATIVE  
ARTS, NUMISMATICS, AND A NATURAL SCIENCE COLLECTION. THE MUSEUM IS ALSO  
THE HOME OF THE HISTORIC BALLANTINE HOUSE.

THE MUSEUM'S COLLECTIONS SUPPORT ITS COMMUNITY SERVICE MISSION BY  
PROVIDING THE INSPIRATION AND CONTENT FOR AN EXTENSIVE K-12 EDUCATION  
PROGRAM. BY PARTNERING WITH TEACHERS AND EDUCATION ADMINISTRATORS TO  
DELIVER CURRICULUM, FIELD TRIPS AND PROFESSIONAL DEVELOPMENT FOR TEACHERS,  
THE MUSEUM SERVICES BETWEEN 25,000 TO 50,000 STUDENTS AND EDUCATORS EACH  
YEAR.

COMMUNITY EVENTS, INCLUDING THE LONGEST RUNNING BLACK FILM FESTIVAL IN THE  
COUNTRY, A FREE MARTIN LUTHER KING, JR. DAY FREE CELEBRATION AND FAMILY  
DROP-IN PROGRAMS ON SATURDAY MORNINGS, INCLUDE CONTENT INTEGRATED FROM THE  
COLLECTIONS.

IN 2020, ONE PURCHASE, 38 GIFTS, AND ONE TRANSFER WERE ACCESSIONED INTO  
OUR PERMANENT COLLECTION.

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 XIII** Supplemental Information (continued)

PART X, LINE 2:

THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED IN PART VIII, LINE 6B 27,112.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARKING LOT INCOME REPORTED IN PART VIII, LINE 11 86,287.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED IN PART VIII, LINE 6B 27,112.

CHANGE IN ALLOWANCE ON PLEDGES RECEIVABLE 23,000.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 50,112.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PARKING LOT INCOME REPORTED IN PART VIII, LINE 11 86,287.





**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))
		2020 GALA (event type)	DONOR LUNCH (event type)	NONE (total number)	
Revenue	1	Gross receipts	288,610.	107,394.	396,004.
	2	Less: Contributions	282,660.	104,044.	386,704.
	3	Gross income (line 1 minus line 2)	5,950.	3,350.	9,300.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,045.	2,180.	7,225.
	7	Food and beverages	7,350.		7,350.
	8	Entertainment			
	9	Other direct expenses	4,894.	5,413.	10,307.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			24,882.
11	Net income summary. Subtract line 10 from line 3, column (d)			-15,582.	

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

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

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

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

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

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

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



**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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 (such as 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 on line 1a? .....

**3** Indicate which, if any, of the following the 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" on line 5a or 5b, describe in Part III.

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

- 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 nonfixed 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" on 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) 2020

**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 aren't 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) LINDA C. HARRISON CEO AND BOARD SECRETARY	(i)	267,674.	90,000.	3,018.	47,446.	25,686.	433,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH KASINDORF VP, DEPUTY DIRECTOR EXTERNAL AFFAIRS	(i)	180,511.	5,000.	1,003.	24,563.	18,493.	229,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CATHERINE EVANS INBUSCH, DEPUTY COLLECTIONS & CURATORIAL STRATEGIES	(i)	159,321.	5,000.	1,493.	21,573.	12,056.	199,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAYAKA ARAKI, CFO, DEPUTY DIRECTOR OF INFRASTRUCTURE	(i)	146,872.	5,000.	325.	20,335.	14,432.	186,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SILVIA FILIPPINI-FANTONI DEPUTY DIR., LEARNING & ENGAGEMENT	(i)	146,817.	5,000.	167.	19,779.	10,595.	182,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID MAY SR. DIR OF FACILITIES OPERATIONS	(i)	107,526.	7,725.	1,293.	16,021.	28,261.	160,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TIMOTHY WINTEMBERG, SR DIR. STRATEGIC INNO. PROJECTS & DESIGN	(i)	137,846.	0.	590.	17,713.	0.	156,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 DIRECTOR OF MEMBER TRAVEL SERVICES, MS. MERLE LOMRANTZ'S SEPARATION AGREEMENT, THE NEWARK MUSEUM OF ART PAID A SEVERANCE PAYMENT TO HER IN THE AMOUNT OF \$23,804 IN 2020. THE \$23,804 WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT ON HER 2020 FORM W-2 AND REFLECTED ON FORM 990, PART VII, SECTION A, COLUMN D.

**PART I, LINE 7:**

BONUSES WERE PAID BASED ON THE PERFORMANCE OF THE INDIVIDUALS AND WITHIN THE APPROVED BUDGET.

- LINDA C. HARRISON 90,000  
 - DEBORAH KASINDORF 5,000  
 - CATHERINE EVANS INBUSCH 5,000  
 - SAYAKA ARAKI, 5,000  
 - SILVIA FILIPPINI-FANTONI 5,000  
 - DAVID MAY 7,725  
 - KRISTIN CURRY 1,000  
 - SHIRLEY THOMAS 1,000

**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.

BONUSES WERE TAXABLE AND REPORTED ON THE INDIVIDUALS' 2020 FORM W-2S, AND INCLUDED ON SCHEDULE J, PART II IN COLUMN B (II), EXCEPT KRISTIN CURRY AND SHIRLEY THOMASH, WHOSE BONUS WERE INCLUDED ON FORM 990, PART VII IN COLUMN (D).



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 .....	<input checked="" type="checkbox"/>	38	0.	
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 isn't required to be used for exempt purposes for the entire holding period? .....		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<input checked="" type="checkbox"/>	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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 32B:

HIRE AND USE OF THIRD PARTIES:

THE NEWARK MUSEUM OCCASIONALLY CONTRACTS WITH COMMERCIAL AUCTION HOUSES SUCH AS SOTHEBY'S TO SELL NON-CASH CONTRIBUTIONS OF WORKS OF ART OR PERSONAL PROPERTY. THESE GIFTS MAY BE WORKS THAT HAVE BEEN PART OF THE COLLECTION FOR YEARS, BUT THAT HAVE BEEN RECENTLY DE-ACCESSIONED, OR THEY MAY BE WORKS OF ART OR PERSONAL PROPERTY DONATED TO THE MUSEUM THAT DO NOT FIT WITH THE MUSEUM'S COLLECTIONS.

SCHEDULE M, LINE 33:

GIFTS OR ART OBJECTS TO THE MUSEUM ARE EXCLUDED FROM REVENUE IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND IN ACCORDANCE THIS, THE REVENUE IS ALSO EXCLUDED FROM THE FORM 990.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

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Employer identification number

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FORM 990, PART III, LINE 1, MISSION STATEMENT:

ITS EXTENSIVE COLLECTIONS, WHICH INCLUDE ART FROM AROUND THE GLOBE AS  
WELL AS SIGNIFICANT HOLDINGS OF SCIENCE, TECHNOLOGY AND NATURAL  
HISTORY, RANK 12TH IN SIZE NATIONALLY. THE MUSEUM IS DEDICATED TO  
ARTISTIC EXCELLENCE, EDUCATION AND COMMUNITY ENGAGEMENT WITH AN  
OVERARCHING COMMITMENT TO BROADENING AND DIVERSIFYING ARTS  
PARTICIPATION.

THE ORGANIZATION'S MISSION STATES: "THE NEWARK MUSEUM OF ART OPERATES,  
AS IT HAS SINCE ITS FOUNDING, IN THE PUBLIC TRUST AS A MUSEUM OF  
SERVICE, AND AS A LEADER IN CONNECTING OBJECTS AND IDEAS TO THE NEEDS  
AND WISHES OF ITS CONSTITUENCIES. OUR RENOWNED ART COLLECTIONS HAVE THE  
POWER TO EDUCATE, INSPIRE AND TRANSFORM INDIVIDUALS OF ALL AGES, AND  
THE LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES THAT IT  
SERVES. IN THE WORDS OF DANA, 'A GOOD MUSEUM ATTRACTS, ENTERTAINS,  
AROUSES CURIOSITY, LEADS TO QUESTIONING AND THUS PROMOTES LEARNING.'  
IN ACCORDANCE WITH THIS MANDATE, THE MUSEUM ACCOMPLISHES ITS MISSION BY  
PRESENTING SPECIAL EXHIBITIONS, PERMANENT GALLERIES, EDUCATION AND  
PUBLIC PROGRAMMING, A RESEARCH LIBRARY, PARTNERSHIPS AND RESOURCES  
DESIGNED TO ENRICH PEOPLES' LIVES.

THE MUSEUM'S DISTINGUISHED ART COLLECTIONS ARE INTERNATIONAL IN SCOPE  
AND INCLUDE AN ASIAN ART COLLECTION WITH THE MOST IMPORTANT COLLECTION  
OF TIBETAN ART IN THE WEST; ONE OF THE NATION'S EARLIEST AND MOST  
COMPREHENSIVE COLLECTIONS OF AFRICAN ART; A NATIONALLY AND  
INTERNATIONALLY RECOGNIZED COLLECTION OF 18TH- TO 21ST-CENTURY AMERICAN

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PAINTING AND SCULPTURE; AN ACCLAIMED DECORATIVE ARTS COLLECTION; AND ANCIENT MEDITERRANEAN COLLECTIONS FEATURING AN UNPARALLELED COLLECTION OF ANCIENT GLASS. THE COLLECTIONS ARE PRESENTED IN 91 GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS THAT ENCOMPASSES THE BALLANTINE HOUSE, A VICTORIAN-ERA MANSION WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, AND HORIZON PLAZA. THE MUSEUM ALSO FEATURES THE ALICE & LEONARD DREYFUSS PLANETARIUM AS WELL AS THE MAKERSPACE, A DEDICATED MAKER STUDIO AND EXHIBITION SPACE THAT OFFERS INTERACTIVE, HANDS-ON ACTIVITIES FOR VISITORS OF ALL AGES THAT INTEGRATE THE ARTS WITH STEM LEARNING.

CONSIDERED THE BIRTHPLACE OF MUSEUM-BASED EDUCATION, THE MUSEUM REMAINS ONE OF THE LEADERS IN ARTS EDUCATION IN THE COUNTRY. THE MUSEUM OFFERS A WEALTH OF ON-SITE AND OFF-SITE SCHOOL PROGRAMS FOR NEW JERSEY STUDENTS FROM PRE-K THROUGH 12TH GRADE, AS WELL AS PROFESSIONAL DEVELOPMENT TRAINING SESSIONS FOR TEACHERS, THAT SUPPORT STATE CURRICULUM STANDARDS IN THE ARTS, SCIENCES AND THE HUMANITIES. IN ADDITION, THE MUSEUM SERVES AS AN EDUCATIONAL RESOURCE FOR THE ENTIRE REGION BY PROVIDING VARIED PROGRAMMING FOR ALL AGES THAT INCREASES VISITORS' ENGAGEMENT WITH WORKS IN THE COLLECTIONS AND PROMOTES LIFELONG LEARNING AND CREATIVITY.

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

WOLFGANG GIL: SONIC GEOMETRIES

A MULTI-SENSORY EXPERIENCE OF SPACE, SHAPE, AND SOUND, THIS EXHIBITION PRESENTS SOUND SCULPTURES BY WOLFGANG GIL IN THE CONTEXT OF ABSTRACT ART FROM THE MUSEUM'S COLLECTION. GIL'S INSTALLATIONS EXPLORE THE

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SCULPTURAL QUALITY OF SOUND, INVITING US TO CONTEMPLATE LISTENING AS A PHENOMENON. THIS EXHIBITION WAS INSTALLED IN 2020, WITH THE OPENING DELAYED UNTIL 2021 DUE TO COVID-19 CLOSURES.

FOUR QUILTMAKERS, FOUR AMERICAN STORIES

QUILTMAKERS, WORKING ALONE OR TOGETHER, TELL STORIES BY ASSEMBLING AND STITCHING FABRIC INTO LAYERED IMAGES THAT WARM LOVED ONES, DECORATE BEDS OR HANG ON WALLS. EACH QUILT IS AS UNIQUE AS ITS MAKER OR GROUP OF MAKERS, WHETHER REPLICATING TRADITIONAL PATTERNS OR CREATING NEW DESIGNS. THE MATERIALS-NEW, STORE-BOUGHT FABRIC, RECYCLED SCRAPS FROM OLD CLOTHING, OR SECOND-HAND TEXTILES - AS WELL AS THE IMAGES ARE THEMSELVES THOUGHTFUL CHOICES THAT ADD MEANING TO THE STORIES. THIS EXHIBITION WAS INSTALLED IN 2020, WITH THE OPENING DELAYED UNTIL 2021 DUE TO COVID-19 CLOSURES.

THE MUSEUM INSTALLED ALEXANDER CALDER'S TRIPLE GONG MOBILE AND RE-INSTALLED WILLIE COLE'S SOLE SITTER BRONZE SCULPTURE TO HIGHLIGHT LOCATIONS ON ADJACENT TO EACH OTHER IN THE VAULTED GALLERY AND GARDEN PASSAGE. TOGETHER THIS TWO WORKS ACTIVATE MAIN SIGHTLINES OF THE MUSEUM AND ARE VISIBLE FROM THE WELCOME CENTER. THE CALDER MOBILE ANIMATES THE UPPER REACHES, AND THE WITTY COLE FIGURATIVELY ANCHORS THE AREA BELOW.

THE MUSEUM ALSO COMPLETED ROTATIONS IN THE ASIA GALLERIES OF NUMEROUS LIGHT SENSITIVE TEXTILES AND WORKS ON PAPER AS WELL AS PHOTOGRAPHS AND WORKS ON PAPER IN THE GLOBAL AFRICAN GALLERY.

DURING 2020, THE EXHIBITIONS DEPARTMENT BEGAN DIGITIZING GALLERIES TO CREATE 360 TOURS USED FOR VIRTUAL PROGRAMMING AND CONTINUED PLANNING

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UPCOMING PROJECTS - INCLUDING CARLOS VILLA, SAYA WOOLFALK, PHILIP K SMITH III - THAT WERE REALIGNED TO OTHER TIMESLOTS WHILE OTHERS, SUCH AS THE NEARLY FULLY PLANNED OUT RALPH STEADMAN RETROSPECTIVE, WERE SADLY CANCELED DUE TO COVID-19 EFFECTS.

THE MUSEUM LEVERAGED THE PUBLIC CLOSER TO WORK ON RENOVATING THE MUSEUM SHOP, WHICH INCLUDED OPENING A NEW DOORWAY, REMOVING A PAIR OF OLD RESTRICTIVE DOORS, REDOING AND REROUTING EXPOSED WIRING, FRESHENING UP CASEWORK AND WALLS, AND UPGRADING THE LIGHTING AND SOME DISPLAY FIXTURES. CAF CONSTRUCTION, WHICH WAS UNDERWAY IN 2019, WAS COMPLETED IN 2020.

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

THE MUSEUM'S COLLECTIONS SUPPORT ITS COMMUNITY SERVICE MISSION BY PROVIDING THE INSPIRATION AND CONTENT FOR AN EXTENSIVE K-12 EDUCATION PROGRAM. IN THE 2020-2021 SCHOOL YEAR, THE MUSEUM ENGAGED OVER 13,000 KIDS AND EDUCATORS THROUGH VIRTUAL PROGRAMS ONLY.

PUBLIC EVENTS, INCLUDING FREE COMMUNITY DAYS, TALKS & PANELS, AND FAMILY DROP-INS, INCLUDE CONTENT INTEGRATED FROM THE COLLECTIONS.

IN 2020, NO OBJECT WAS ADDED TO THE MUSEUM'S ONLINE SEARCHABLE DATABASE AND 1 PURCHASE, 38 GIFTS, AND 1 TRANSFER WERE ACCESSIONED INTO OUR PERMANENT COLLECTION.

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

IN RESPONSE TO THESE CHALLENGES, THE MUSEUM HAS ADJUSTED ITS DEFINITION OF SUCCESS TO INCLUDE A NEW FOCUS ON RESILIENCE, ADAPTABILITY, AND

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CONTINUED RESPONSIVENESS TO RAPIDLY CHANGING COMMUNITY NEEDS, WORKING TO ATTRACT AND SERVE AUDIENCES IMPACTED BY THE PANDEMIC BY SIGNIFICANTLY EXPANDING ITS DIGITAL PROGRAMMING. THE MUSEUM'S EXTENSIVE MENU OF LIVE AND PRE-RECORDED DIGITAL PROGRAMS, KNOWN AS #NMOAATHOME, SUCCESSFULLY ENGAGED FAMILY, YOUTH, AND ADULT AUDIENCES LIVING UNDER SHELTER-AT-HOME ORDERS ACROSS A VARIETY OF ONLINE PLATFORMS INCLUDING FACEBOOK LIVE, INSTAGRAM, TWITTER, ZOOM AND YOUTUBE. FROM JANUARY 1, 2021 TO OCTOBER 15, 2021 WE REACHED 6,087 PEOPLE THROUGH PUBLIC PROGRAMS VIA ZOOM AND OVER 45,000 ON SOCIAL MEDIA.

NEW VIRTUAL STEM+ARTS FIELD TRIPS RESPONDED TO THE NEEDS AND INTERESTS OF SCHOOLS THROUGHOUT NEWARK'S WARDS AND GREATER NEW JERSEY. A TOTAL OF NEARLY 13,000 STUDENTS AND EDUCATORS (6,603 FROM NEWARK) WERE SERVED DURING THE 2020-2021 SCHOOL YEAR, OF WHICH 11,471 IN 2021. A SERIES OF 13 NEW NMOA VIRTUAL FIELD TRIPS CONNECTED TO CLASSROOM CURRICULUM AND SATISFIED STATE STANDARDS DURING THE EXTENDED CLOSURE OF NEW JERSEY SCHOOLS THROUGH TO THE END OF THE ACADEMIC YEAR. THE MUSEUM REACHED PUBLIC SCHOOLS, PRIVATE SCHOOLS AND CHARTER SCHOOLS THROUGH OUR MUSEUM FAMILY NETWORK TO SERVE STUDENTS IN NEWARK AND BEYOND. ALL NMOA VIRTUAL PROGRAMS HELPED STUDENTS UNDERSTAND CLASSROOM TOPICS, RETAIN CONTENT, BUILD VISUAL LITERACY, AND ENGAGE WITH NEW CONCEPTS IN SOCIAL AND EMOTIONAL LEARNING, IDENTITY AND EQUITY, AND THE PRACTICE OF EMPATHY. PROGRAMS INCLUDED EXPLORATION OF TOPICS SUCH AS DINOSAURS, EARTH AND THE MOON, FOSSILS, AND PLANETARIUM STAR SHOWS AND UTILIZED RESOURCES FROM OUR AMERICAN, AFRICAN, AND ASIAN ART COLLECTIONS. NMOA ALSO PRESENTED VIRTUAL SCIENCE FAIRS FOR SCHOOLS, WHICH INCLUDED A HOST OF ACTIVITIES FEATURING THE PLANETARIUM, LIVE ANIMALS THROUGH PARTNERSHIP WITH TURTLE BACK ZOO AND PHOTOGRAPHY ALONG WITH PROFESSIONAL

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DEVELOPMENT WORKSHOPS FOR EDUCATORS.

THE NEWARK MUSEUM OF ART ALSO OFFERED EDUCATIONAL RESOURCES FOR STUDENTS, TEACHERS, PARENTS, AND CAREGIVERS SUPPORTING STUDENTS AT HOME. DURING THE SCHOOL YEAR 2020-2021, A SERIES OF 10 NEW HOMESCHOOL PROGRAMS WERE DEVELOPED TO BE FUN, SOCIAL, AND EDUCATIONAL AND INCLUDED OBSERVATIONS, GAMES, WRITING, DRAWING AND MOVEMENT WITH LIVE MUSEUM EDUCATORS. LIVE AUDIO-VISUAL PRESENTATIONS WERE DESIGNED TO HEIGHTEN OBSERVATION AND CRITICAL-THINKING SKILLS BY FOCUSING ON AESTHETICS AND CRITIQUE. CROSS-CURRICULAR ACTIVITIES COMBINED LANGUAGE ARTS LITERACY, SOCIAL STUDIES, AND VISUAL ARTS. HIGHLIGHTS INCLUDED:

- PLANETARIUM FROM HOME. STUDENTS LEARNED HOW TO NAVIGATE THE SKY THROUGH STARS AND CONSTELLATIONS. THEY WERE ASKED TRIVIA QUESTIONS, TOOK POLLS, AND HAD MANY OPPORTUNITIES TO ASK THE MUSEUM ASTRONOMER QUESTIONS.

- MUSIC AND ART. STUDENTS DISCUSSED HOW MUSIC CAN INFLUENCE ART AND ARTISTS. THEY LEARNED ABOUT STUART DAVIS AND ROMARE BEARDEN AND CREATED A JAZZ-INSPIRED ARTWORK.

- ANIMALS AND HABITATS WITH THE TURTLEBACK ZOO. STUDENTS EXPLORED THE HABITATS IN WHICH ANIMALS LIVE AND LEARNED WHY ADAPTATIONS ARE IMPORTANT. AS STUDENTS LEARNED ABOUT SPECIFIC BIOMES, THEY WERE INTRODUCED TO 2-3 LIVE ANIMALS FROM THE TURTLEBACK ZOO.

- CREATIVE WRITING. STUDENTS CREATED A STORY INSPIRED BY A SCULPTURE. THEY USED NEW OBSERVATION SKILLS TO CREATE CHARACTERS, SETTING, PLOT, CONFLICT AND RESOLUTION BASED ON A WORK OF ART.

CREATIVE PLAY WEEKEND PROGRAMS FOR EARLY CHILDHOOD AUDIENCES AND THEIR



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FAMILIES CONTINUED TO SERVE THE YOUNGEST OF LEARNERS THROUGH A VIRTUAL FORMAT. 181 CHILDREN AGES 3-5 AND THEIR CAREGIVERS EXPLORED THE MUSEUM'S ART AND SCIENCE COLLECTIONS THROUGH STORYTELLING, SONG, PLAYFUL ACTIVITIES AND AN ART-MAKING PROJECT IN 2021. A SELECTION OF 2021 SESSIONS INCLUDE INTERACTIVE STORYTIME AND THE ART OF PUPPETRY; COMMUNITIES; PAINTING WITH MUSIC AND MAKE MUSIC AND A HARMONICA!; FLORAL LANDSCAPES; COLLAGE THE FOUR SEASONS AND PAINT AN OSTRICH.

VIRTUAL WEEKEND PROGRAMS FOR CHILDREN AND FAMILIES CONTINUED TO ENGAGE YOUTH AND FAMILIES DURING THE YEAR FOR A TOTAL OF OVER 446 PARTICIPANTS. PROJECTS MADE USE OF HOUSEHOLD MATERIALS TO DESIGN, BUILD AND TEST AS CHILDREN EXPLORED THEIR CREATIVITY AND LEARNED NEW TECHNIQUES AND CONCEPTS IN ART, SCIENCE AND TECHNOLOGY. PROGRAM INCLUDED SESSIONS FOR YOUTH AGES 5-10+ EXPLORING ENJOY MOVEMENT, ARTMAKING, SCIENCE EXPERIMENTS AND STORYTELLING SESSIONS; THE ART OF MAGIC AND POCKET SOLAR SYSTEMS; THE PRINCIPLES OF HIP HOP AND ANCIENT EGYPT; BURBLE, FIZZ, KABOOM!; MEET AND MAKE ART WITH ARTIST ADEBUNMI GBADEBO; CELEBRACIN DE FAMILIA WITH 123 ANDRES AND STORY HOUR WITH HARMONICA SUNBEAM.

TO FOLLOW COVID-19 PUBLIC HEALTH REQUIREMENTS FOR INDOOR GATHERINGS AND TO MEET THE NEEDS OF WORKING FAMILIES IN NEWARK, THE MUSEUM RECONFIGURED ITS POPULAR FULL-DAY CAMP NEWARK MUSEUM INTO SUMMER LEARNING PODS. IN SMALL PROJECT-BASED CLASSES OF NO MORE THAN 15 STUDENTS, CAMPERS DEVELOPED THEIR SKILLS OF OBSERVATION, COMMUNICATION AND PARTICIPATED IN STEM+ARTS CURRICULUM. CAMPERS PARTICIPATED IN SIX SESSIONS THAT RAN MONDAY THROUGH FRIDAY, WITH MUSEUM-SUPPLIED MATERIALS. A TOTAL OF 66 YOUTH WERE SERVED. WEEKLY THEMES INCLUDED THE

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EARTH AND OUR RESPONSIBILITY TO OUR PLANET; THE BUILDING OF BRIDGES TO MAKE CONNECTIONS FROM OUR HOMES TO SKYSCRAPERS TO CAVES; THE ART OF THE SPOKEN WORD; EXPLORATION OF THE PAST AND HOW IT IMPACTS OUR DREAMS FOR THE FUTURE; EXPLORATION OF STRENGTH THROUGH THE LENSES OF SCIENCE, DANCE AND ART; AND HONORING THE DIFFERENCES THAT MAKE US UNIQUE AND WHICH ALSO CONNECT US.

THE RESILIENCE OF THE EXPLORERS HAS BEEN THE MUSEUM'S INSPIRATION THIS YEAR, EVEN AS THE PUBLIC HEALTH CRISIS KEPT SCHOOLS CLOSED THROUGH THE END OF THE SCHOOL YEAR IN NEWARK. THE 31 EXPLORERS MET VIRTUALLY EITHER AS A GROUP OR INDIVIDUALLY WITH MUSEUM STAFF FOR PAID WORK STUDY AND INDEPENDENT RESEARCH (UP TO 15 HOURS A WEEK IN JULY AND AUGUST, AND 7-10 HOURS PER WEEK DURING THE SCHOOL YEAR), UTILIZING MUSEUM-ISSUED LAPTOPS. MUSEUM STAFF ALSO PARTNERED WITH THE ALL-STARS PROJECT TO LEAD A SERIES OF TRAINING WORKSHOPS FOR EXPLORERS TO STRENGTHEN THEIR COMMUNICATION AND PRESENTATION SKILLS AND ENGAGED THE FINANCIAL BOSS TO DELIVER A SERIES OF WORKSHOPS ON FINANCIAL LITERACY. EXPLORERS ATTENDED PSAT AND SAT TRAINING FROM THE PRINCETON REVIEW, TOOK 12-15 HOURS OF PRACTICE TESTS, AND HAD UNLIMITED ACCESS TO ONLINE TOOLS AND MATERIALS. AS A RESULT, EXPLORERS REPORTED A SUBSTANTIAL INCREASE IN SCORES OF 200-300 POINTS ON AVERAGE THIS YEAR. SINCE COVID HEALTH RESTRICTIONS AND SHUTDOWNS BARRED STUDENTS FROM VISITING OTHER CULTURAL INSTITUTIONS OR TOURING COLLEGES, MUSEUM STAFF PROVIDED PERSONALIZED COACHING ON RESEARCHING COLLEGES AND COMPLETING THE COLLEGE ADMISSIONS PROCESS. THIS JUNE, ALL 14 SENIOR STUDENTS SUCCESSFULLY GRADUATED FROM HIGH SCHOOL AND FROM THE EXPLORERS PROGRAM. THIRTEEN GRADUATES ARE ATTENDING COLLEGE IN THE FALL, AND ONE HAS ENLISTED FOR MILITARY SERVICE.

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UNDER THE LEADERSHIP OF DIRECTOR & CEO LINDA HARRISON, THE MUSEUM IS BECOMING MORE VISITOR- AND COMMUNITY-FOCUSED TO BETTER MEET THE SOCIAL, EDUCATIONAL, AND CULTURAL NEEDS OF ITS AUDIENCE. AS PART OF THIS SHIFT, THIS YEAR'S COMMUNITY DAYS EVENTS PUT MORE EMPHASIS ON IMPORTANT EVENTS FOR THE COMMUNITIES THAT RESIDE IN THE REGION (E.G., AFRICAN AMERICAN, LATINX, BRAZILIAN, KOREAN, ETC.), AND IN ADDRESSING SOCIAL ISSUES THAT ARE RELEVANT TO THESE COMMUNITIES (E.G., ENVIRONMENTAL JUSTICE, INEQUALITY, AND RACISM, ETC.). THE PROGRAMMING REACHED A WIDE, MULTIGENERATIONAL, MULTI-ETHNIC AUDIENCE AND WAS MADE ACCESSIBLE BY BEING FREE OF CHARGE, WITH SEVERAL EVENTS FEATURING ACTIVITIES FOR NON-ENGLISH SPEAKERS. EACH COMMUNITY DAYS EVENT INCLUDED DIFFERENT ACTIVITIES FROM PANEL DISCUSSIONS TO HANDS-ON ARTMAKING, MUSICAL AND DANCE PERFORMANCES, VIRTUAL TOURS OF NMOA'S COLLECTIONS, AND A VARIETY OF PARTNERSHIPS WITH LOCAL ORGANIZATIONS AND BUSINESSES. THE MUSEUM HAS PRESENTED SIX VIRTUAL EVENTS THUS FAR THAT HAVE SERVED A TOTAL OF 1,540 ATTENDEES VIA ZOOM (AVERAGE OF 257 PARTICIPANTS PER EVENT) AND 20,471 ATTENDEES ON SOCIAL MEDIA (AN AVERAGE OF 3,312 PARTICIPANTS PER EVENT).

SCIENCE-THEMED COMMUNITY DAYS INCLUDED ZOOPALOOZA, WHICH EXPLORED THE ANIMA KINGDOM, AND CHERRY BLOSSOM FESTIVAL, WHICH INCLUDED INVESTIGATIONS ABOUT FLORA AND FAUNA.

SINCE JUNE 2021, THE MUSEUM HAS REOPENED ITS DOORS TO THE PUBLIC AND HAS STARTED OFFERING SEVERAL PROGRAMS ONSITE, MOSTLY OUTDOOR, GIVEN THE CHALLENGES PRESENTED BY THE PANDEMIC. IN PARTNERSHIP WITH THE NEW JERSEY SYMPHONY ORCHESTRA, FROM JUNE 9 TO SEPTEMBER 24, THE MUSEUM PRESENTED 14 LIVE MUSIC AND FILM PROGRAMS THAT ENGAGED A TOTAL OF 1,090 PEOPLE. ALL PROGRAMS TOOK PLACE IN THE MUSEUM'S ALICE RANSOM DREYFUSS

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MEMORIAL GARDEN WITH A LIMITED CAPACITY AND SAFETY GUIDELINES TO ENSURE EVERYONE HAS AN ENJOYABLE EXPERIENCE. IN SEPTEMBER AND OCTOBER, THE MUSEUM HAD TWO OUTDOOR COMMUNITY DAYS: FIESTA LATINA AND BLOCK PARTY, WHICH ENGAGED A TOTAL OF 1,048 PEOPLE. FIESTA LATINA CELEBRATED THE LAUNCH OF NATIONAL HISPANIC HERITAGE MONTH WITH MUSIC, DANCING, AND ART-MAKING ACTIVITIES, WHILE THE BLOCK PARTY MARKED THE DEBUT OF THREE HALF LOZENGES, A SITE-SPECIFIC LIGHT INSTALLATION BY PHILLIP K. SMITH III AT THE MUSEUM'S WASHINGTON STREET FAADE. OTHER EVENTS SUCH AS THE LEARNING PODS (SEE ABOVE), A FILM PROJECTION AND PANEL IN THE AUDITORIUM, AN EXHIBITION OPENING RECEPTION AND TWO ONSITE CREATIVE PLAY SESSIONS ENGAGED AN ADDITIONAL 210 PEOPLE FOR A TOTAL OF 2,348 PEOPLE ATTENDING ONSITE PROGRAMS SINCE THE MUSEUM REOPENED. DATA COLLECTED FROM SURVEYS INDICATE A VARIETY OF DIFFERENT AGE GROUPS, A SLIGHT GROWTH OF DIVERSITY COMPARED TO LAST YEAR AND A HIGH SATISFACTION LEVEL FOR ALL PROGRAMS.

TO BETTER CONNECT WITH THE LOCAL COMMUNITY, THE MUSEUM HAS BEEN PRESENT AT A COUPLE OF EVENTS ORGANIZED BY THE CITY OF NEWARK, LIKE THE HALSEY FESTIVAL, AND PRESENTED SEVERAL EVENTS OUTSIDE ITS DOOR, INCLUDING TWO MOVIES IN NEWARK RIVERFRONT PARK, AN ART MAKING COMPETITION IN MILITARY PARK, CONNECTING WITH AN ADDITIONAL 450 PEOPLE.

FORM 990, PART VI, SECTION A, LINE 5:  
DURING 2020, THE MUSEUM RECORDED A \$411,426 LOSS FROM A DATA SECURITY INCIDENT CAUSED BY A COMPROMISED EMAIL ACCOUNT THROUGH SPOOFING BY EXTERNAL CYBER CRIMINALS. UPON DISCOVERY, THE MUSEUM TOOK IMMEDIATE RECOVERY AND REMEDIATION ACTIONS, WORKING WITH CYBER SECURITY EXPERTS AND LAW

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ENFORCEMENT OFFICIALS, INCLUDING THE FBI. IN ADDITION, FINANCIAL AND CYBER SECURITY INTERNAL CONTROLS WERE RE-EVALUATED AND ADDITIONAL CONTROLS WERE IMPLEMENTED FOR HEIGHTENED AND IMPROVED SECURITY. THE INCIDENT IS RECORDED AS DATA SECURITY INCIDENT IN THE ACCOMPANYING 2020 STATEMENT OF ACTIVITIES. THE OPERATING EXPENSES, INCLUDING GRANT FUNDED EXPENDITURES WERE NOT AFFECTED BY THE INCIDENT. IN 2021, AFTER FURTHER DISCUSSIONS WITH CYBER SECURITY EXPERTS AND LAW ENFORCEMENT OFFICIALS, THE MUSEUM DETERMINED ADDITIONAL RECOVERY WAS UNLIKELY AND FILED A CLAIM WITH THE INSURANCE COMPANY. THE MUSEUM RECEIVED \$250,000 IN INSURANCE PROCEEDS, WHICH WAS THE MAXIMUM AMOUNT THE MUSEUM COULD RECEIVE AS A RESULT OF SUCH CLAIM.

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:

UNDER THE NEW JERSEY NON-PROFIT CORPORATION ACT, CERTAIN SIGNIFICANT TRANSACTIONS REQUIRE MEMBERS' APPROVAL SUCH AS MERGER, CONSOLIDATION AND DISSOLUTION.

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

THE NEWARK MUSEUM OF ART BEEN PREPARED, REVIEWED BY MANAGEMENT (INCLUDING THE CFO), 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

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THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO ALL THE MUSEUM'S TRUSTEES FOR ANY COMMENTS. ANY COMMENTS ARE THEN SUMMARIZED AND DISCUSSED WITH THE OUTSIDE ACCOUNTING FIRM. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED FOR FILING.

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, COMMITTEE MEMBERS, AND OFFICERS DISCLOSE ANY CONFLICTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE MUST 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 MUST 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 MUST 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 MUST, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES OR COMMITTEE MUST 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

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NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OF TRUSTEES OR COMMITTEE MUST 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 MUST MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

THE MINUTES OF THE BOARD OF TRUSTEES AND ALL COMMITTEES CONTAINS:

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 CEO, OTHER OFFICERS, AND KEY EMPLOYEES AND ENSURES THAT THE COMPENSATION LEVELS COMPARE WITH ART MUSEUMS IN COMPARABLE MARKETS ACROSS THE COUNTRY. AS PART OF THIS PROCESS THE MUSEUM ALSO CONSIDERS PUBLISHED COMPENSATION SURVEYS AND COMPENSATION INFORMATION INCLUDED IN FORMS 990 FILED BY OTHER ART MUSEUMS. THIS INFORMATION IS REVIEWED BY THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (AS MORE PARTICULARLY SET

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FORTH IN THE MUSEUM'S BYLAWS), WHO THEN APPROVES ANY CHANGES IN  
 COMPENSATION. THIS PROCESS WAS LAST UNDERTAKEN IN 2020. CONTEMPORANEOUS  
 SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED  
 THROUGH MINUTES OF THE COMMITTEE'S MEETINGS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
 CA, FL, IL, MD, MA, NH, NJ, NY, NC, RI, UT, VA, WI

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:  
 CHANGE IN ALLOWANCE ON PLEDGES RECEIVABLE -23,000.

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.