

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

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	C Name of organization THE NEWARK MUSEUM ASSOCIATION		D Employer identification number 22-1487275
	Doing business as THE NEWARK MUSEUM OF ART		E Telephone number 973-596-6550
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 30,010,909.
	49 WASHINGTON STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07102		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: LINDA C. HARRISON SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NEWARKMUSEUM.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1909	M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NEWARK MUSEUM OF ART OPERATES FOR THE BENEFIT OF THE PUBLIC AS A MUSEUM OF SERVICE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	196
	6 Total number of volunteers (estimate if necessary)	6	26
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	51,764.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,258,347.	10,997,488.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,528.	476,996.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,524,141.	1,307,424.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,054,554.	90,703.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,964,570.	12,872,611.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,576,109.	8,962,175.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,755,713.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,240,032.	16,771,354.
19 Revenue less expenses. Subtract line 18 from line 12	17,816,141.	25,733,529.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	16,148,429.	-12,860,918.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	83,186,395.	63,384,634.
		3,305,198.	3,371,777.
		79,881,197.	60,012,857.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SAYAKA ARAKI, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/14/23		P00543209
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	PKF O'CONNOR DAVIES ADVISORY, LLC	87-3231666		212-286-2600	
	Firm's address				
	245 PARK AVENUE, 12TH FLOOR				
	NEW YORK, NY 10167				

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: NMOA MISSION STATEMENT IS: WE WELCOME EVERYONE WITH INCLUSIVE EXPERIENCES THAT SPARK CURIOSITY AND FOSTER COMMUNITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,455,999. including grants of \$ 0.) (Revenue \$ 208,962.) EXHIBITIONS AND FACILITIES:

CARLOS VILLA: WORLDS IN COLLISION
CARLOS VILLA: WORLDS IN COLLISION WAS ON VIEW FEBRUARY 17 - MAY 8 AND PRESENTED THE FIRST MAJOR MUSEUM RETROSPECTIVE DEDICATED TO THE WORK OF A FILIPINO AMERICAN ARTIST, CELEBRATING THE GROUNDBREAKING CAREER OF CARLOS VILLA (1936-2013).

4b (Code:) (Expenses \$ 4,864,068. including grants of \$ 0.) (Revenue \$ 21,300.) REGISTRAR AND CURATORIAL:

THE NEWARK MUSEUM OF ART'S VAST AND DIVERSE COLLECTIONS OF MORE THAN 300,000 OBJECTS, RANKS, IN TERMS OF ITS HOLDINGS, AMONG THE TOP 12 MUSEUMS NATIONALLY.

THE MUSEUM'S COLLECTION COMPRISES ARTWORK IN THE DEPARTMENTS OF AMERICAN ART, ARTS OF THE AMERICAS, ARTS OF THE ANCIENT MEDITERRANEAN, ARTS OF GLOBAL AFRICA, ARTS OF GLOBAL ASIA, DECORATIVE ARTS, NUMISMATICS, AND A NATURAL SCIENCE COLLECTION. THE MUSEUM IS ALSO THE HOME OF THE HISTORIC BALLANTINE HOUSE.

4c (Code:) (Expenses \$ 3,365,632. including grants of \$ 0.) (Revenue \$ 232,232.) EDUCATION AND PUBLIC PROGRAM:

FROM A CHILD'S FIRST ENCOUNTER WITH A MUSEUM THROUGH TO HIGH SCHOOL GRADUATION AND BEYOND, THE NEWARK MUSEUM OF ART CENTERS THE LEARNER IN ALL ITS SCHOOL AND FAMILY PROGRAMS. HANDS-ON EXPERIENCES SUPPORT THE EDUCATIONAL, SOCIAL, AND CULTURAL NEEDS OF ITS AUDIENCE, PROVIDING INNOVATIVE AND ENGAGING SCHOOL AND FAMILY PROGRAMMING FOR VISITORS OF ALL AGES TO TAKE PART IN LIFELONG LEARNING.

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

4e Total program service expenses 20,685,699.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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> See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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
1a	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 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			393,314.	0.	76,111.	
(2) SAYAKA ARAKI, CFO DEPUTY DIR., INFRASTRUCTURE	50.00			X			201,230.	0.	38,618.	
(3) CATHERINE EVANS INBUSCH, DEPUTY DIR., COLLECTIONS/CURATORIAL STRATEG	50.00				X		183,730.	0.	38,910.	
(4) SILVIA FILIPPINI-FANTONI DEPUTY DIR., LEARNING & ENGAGEMENT	50.00				X		177,790.	0.	31,631.	
(5) DAVID MAY SR. DIR., FACILITIES OPERATIONS	50.00					X	146,445.	0.	41,627.	
(6) TIMOTHY WINTEMBERG, SR. DIR., STRATEGIC INNO. PROJECTS & DESIGN	50.00					X	163,563.	0.	21,162.	
(7) OBI TAIWAN OZOCHIAWAEZE DIRECTOR OF IT	50.00					X	137,790.	0.	29,049.	
(8) SHIRLEY THOMAS SR. DIR., EDUCATION	50.00					X	123,838.	0.	41,764.	
(9) MARY DOWD CHIEF OF STAFF	50.00					X	112,540.	0.	16,609.	
(10) DEBORAH KASINDORF VP, DEPUTY DIR., THRU MAR 2022	50.00			X			55,418.	0.	12,350.	
(11) ALLEN J. KARP CO-CHAIR	15.00	X		X			0.	0.	0.	
(12) ERIC FITZGERALD REED CO-CHAIR	15.00	X		X			0.	0.	0.	
(13) ROBERT H. DOHERTY VICE PRESIDENT	8.00	X		X			0.	0.	0.	
(14) MARSHALL B. MCLEAN VICE PRESIDENT	8.00	X		X			0.	0.	0.	
(15) SHAHID J. MALIK TREASURER	10.00	X		X			0.	0.	0.	
(16) MARC E. ANDERSON TRUSTEE	2.00	X					0.	0.	0.	
(17) MYLES BERGER TRUSTEE	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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, THRU OCT 2022	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. ENGLOT TRUSTEE	2.00	X						0.	0.	0.
(23) CHRISTINE C. GILFILLAN TRUSTEE	2.00	X						0.	0.	0.
(24) MEHA JAIN TRUSTEE	2.00	X						0.	0.	0.
(25) CURTIS A. JOHNSON, ESQ. TRUSTEE	2.00	X						0.	0.	0.
(26) MEGAN MYUNGWON LEE TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								1,695,658.	0.	347,831.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,695,658.	0.	347,831.

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 11

	Yes	No
3 Did the organization list any former 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
DEERPATH CONSTRUCTION CORPORATION 37 PROGRESS STREET, UNION, NJ 07083	RESTORATION SERVICE	6,969,445.
EVERGREENE ARCHITECTURAL ARTS, INC., 353 36TH STREET, SUITE 5-C, BROOKLYN, NY 11232	RESTORATION SERVICE	886,990.
DELTA DESIGNS, LTD. P.O. BOX 1733, TOPEKA, KS 66601	RESTORATION SERVICE	709,435.
BUILDING CONSERVATION ASSOCIATES, INC. 44 EAST 32ND STREET, NEW YORK, NY 11788	CONSL& ADVISORS ADMIN SVS	704,321.
FIFTY THREE RESTORATIONS, INC., P.O. BOX, 2852 CHURCH STREET STATION, NEW YORK, NY	RESTORATION SERVICE	309,000.

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 15

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 (Individual trustee or director, 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 include: (27) JUDITH LIEBERMAN TRUSTEE, (28) DR. ADRIENNE A. PHILLIPS, MD, M TRUSTEE, (29) BLEND A PINTO TRUSTEE, (30) OMMEED SATHE TRUSTEE, (31) ROGER SMITH TRUSTEE.

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	1 a	Federated campaigns	30,000.				
	1 b	Membership dues	351,696.				
	1 c	Fundraising events	667,192.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	7,271,005.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	2,677,595.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		10,997,488.			
Program Service Revenue	2 a	EDUC PGMS & WORKSHOPS	712100	116,532.	116,532.		
	2 b	REGISTRATION FEES	712100	115,700.	115,700.		
	2 c	EXHIBITION AND LOAN FEES	712100	107,728.	107,728.		
	2 d	ADMISSIONS	712100	79,104.	79,104.		
	2 e	MEMBERSHIP DUES & TOURS NTD	712100	36,339.	36,339.		
	2 f	All other program service revenue	712100	21,593.	21,593.		
	2 g	Total. Add lines 2a-2f		476,996.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,354,467.		1354467.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	205,258.			
			(ii) Personal				
6 b		Less: rental expenses ...		113,764.			
6 c		Rental income or (loss)		91,494.			
6 d		Net rental income or (loss)		91,494.		91,494.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities	16,504,908.			
			(ii) Other				
7 b	Less: cost or other basis and sales expenses		16,551,951.				
7 c	Gain or (loss)		-47,043.				
7 d	Net gain or (loss)		-47,043.		-47,043.		
8 a	Gross income from fundraising events (not including \$ 667,192. of contributions reported on line 1c). See Part IV, line 18		82,430.				
			226,729.				
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events		-144,299.		-144,299.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		231,352.				
			245,854.				
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory		-14,502.	-14,502.			
Miscellaneous Revenue	11 a	PARKING LOT INCOME	900099	80,499.	51,764.	28,735.	
	11 b	INSURANCE RECOVERY	900099	69,969.		69,969.	
	11 c	OTHER REVENUE	900099	7,542.		7,542.	
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		158,010.			
12	Total revenue. See instructions		12,872,611.	462,494.	51,764.	1360865.	

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	1,209,102.	647,908.	265,548.	295,646.
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	5,744,220.	3,742,834.	702,987.	1,298,399.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	543,345.	417,196.	16,412.	109,737.
9 Other employee benefits	766,475.	561,764.	44,578.	160,133.
10 Payroll taxes	699,033.	505,156.	46,548.	147,329.
11 Fees for services (nonemployees):				
a Management				
b Legal	69,604.		69,604.	
c Accounting	83,968.		83,968.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	192,898.		192,898.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,544,610.	1,725,564.	579,083.	239,963.
12 Advertising and promotion	387,720.	232,483.	5,423.	149,814.
13 Office expenses	881,061.	684,734.	81,639.	114,688.
14 Information technology	185,605.	164,333.	9,402.	11,870.
15 Royalties				
16 Occupancy	791,705.	721,064.	29,563.	41,078.
17 Travel	161,918.	108,285.	26,633.	27,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	402,939.	257,019.	72,863.	73,057.
20 Interest	40,240.	26,156.	6,036.	8,048.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,335,356.	1,268,588.	26,707.	40,061.
23 Insurance	289,507.	275,049.	5,783.	8,675.
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 COLLECTIONS CARE	8,130,075.	8,130,075.		
b ACQ OF WORKS OF ART	783,450.	783,450.		
c REPAIRS & MAINTENANCE	477,755.	431,296.	19,443.	27,016.
d OTHER OPERATING EXPENSE	12,943.	2,745.	6,999.	3,199.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	25,733,529.	20,685,699.	2,292,117.	2,755,713.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,910,093.	1	4,278,263.
	2 Savings and temporary cash investments	14,052,693.	2	4,449,088.
	3 Pledges and grants receivable, net	662,879.	3	2,054,098.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	218,713.	8	129,742.
	9 Prepaid expenses and deferred charges	402,576.	9	171,986.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,289,815.		
	b Less: accumulated depreciation	10b 52,542,881.	10c	13,746,934.
	11 Investments - publicly traded securities	48,816,152.	11	38,514,311.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,490.	15	40,212.
16 Total assets. Add lines 1 through 15 (must equal line 33)	83,186,395.	16	63,384,634.	
Liabilities	17 Accounts payable and accrued expenses	1,103,391.	17	1,311,727.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,012,000.	23	2,012,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	189,807.	25	48,050.
	26 Total liabilities. Add lines 17 through 25	3,305,198.	26	3,371,777.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	64,732,454.	27	45,878,483.
	28 Net assets with donor restrictions	15,148,743.	28	14,134,374.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	79,881,197.	32	60,012,857.
	33 Total liabilities and net assets/fund balances	83,186,395.	33	63,384,634.

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	12,872,611.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,733,529.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,860,918.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	79,881,197.
5	Net unrealized gains (losses) on investments	5	-7,007,422.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	60,012,857.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

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

Form 990 (2022)

SCHEDULE A
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10555443.	9102999.	10716404.	10258347.	10997488.	51630681.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10555443.	9102999.	10716404.	10258347.	10997488.	51630681.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1495160.
6 Public support. Subtract line 5 from line 4.						50135521.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	10555443.	9102999.	10716404.	10258347.	10997488.	51630681.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	756,828.	1483361.	815,789.	2100406.	1559725.	6716109.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				748.		748.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	53,210.	69,242.	8,884.	404,087.	106,246.	641,669.
11 Total support. Add lines 7 through 10						58989207.
12 Gross receipts from related activities, etc. (see instructions)					12	3,298,970.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	84.99 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	84.06 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

2019 AMOUNT: \$ 4,711.

2021 AMOUNT: \$ 150,002.

2022 AMOUNT: \$ 7,542.

INSURANCE RECOVERY

2021 AMOUNT: \$ 250,000.

2022 AMOUNT: \$ 69,969.

PARKING LOT INCOME

2018 AMOUNT: \$ 53,210.

2019 AMOUNT: \$ 64,531.

2020 AMOUNT: \$ 8,884.

2021 AMOUNT: \$ 4,085.

2022 AMOUNT: \$ 28,735.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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), 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), 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).

Name of organization THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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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
<u>1</u>	 <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.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,494,997.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>335,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>240,598.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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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
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 THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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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 THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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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 for instructions and the latest information.

OMB No. 1545-0047

2022

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 July 25, 2006, 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) 2022

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	61,174,318.	43,057,160.	42,234,820.	38,418,187.	43,504,779.
b Contributions	10,293.	18,824,588.	75,339.	89,726.	363,500.
c Net investment earnings, gains, and losses	-5,700,629.	4,979,222.	4,417,853.	5,705,421.	-1,371,887.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,674,963.	5,487,621.	3,507,498.	1,822,324.	3,711,226.
f Administrative expenses	192,898.	199,031.	163,354.	156,190.	366,979.
g End of year balance	41,616,121.	61,174,318.	43,057,160.	42,234,820.	38,418,187.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 69.1639 %
 - b Permanent endowment 30.8361 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		60,664,952.	47,775,597.	12,889,355.
c Leasehold improvements				
d Equipment		4,365,285.	4,767,284.	-401,999.
e Other		1,259,578.		1,259,578.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,746,934.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	48,050.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements		1	5,711,139.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-7,007,422.	
b	Donated services and use of facilities	2b	10,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	109,347.	
e	Add lines 2a through 2d	2e	-6,888,075.	
3	Subtract line 2e from line 1	3	12,599,214.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	192,898.	
b	Other (Describe in Part XIII.)	4b	80,499.	
c	Add lines 4a and 4b	4c	273,397.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,872,611.	

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

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

1	Total expenses and losses per audited financial statements		1	25,579,479.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	10,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	109,347.	
e	Add lines 2a through 2d	2e	119,347.	
3	Subtract line 2e from line 1	3	25,460,132.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	192,898.	
b	Other (Describe in Part XIII.)	4b	80,499.	
c	Add lines 4a and 4b	4c	273,397.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,733,529.	

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 12 MUSEUMS
NATIONALLY.

THE MUSEUM'S COLLECTION COMPRISES ARTWORK IN THE DEPARTMENTS OF AMERICAN
ART, ARTS OF THE AMERICAS, ARTS OF THE ANCIENT MEDITERRANEAN, ARTS OF
GLOBAL AFRICA, ARTS OF GLOBAL ASIA, DECORATIVE ARTS, NUMISMATICS, AND A
NATURAL SCIENCE COLLECTION. THE MUSEUM IS ALSO THE HOME OF THE HISTORIC
BALLANTINE HOUSE.

11 PURCHASES, 0 GIFTS, AND 3 TRANSFERS WERE ACCESSIONED INTO THE PERMANENT
COLLECTION; 32 OBJECTS WERE DEACCESSIONED FROM THE 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 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 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED IN PART VIII, LINE 6B 109,347.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARKING LOT INCOME REPORTED IN PART VIII, LINE 11 80,499.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED IN PART VIII, LINE 6B 109,347.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PARKING LOT INCOME REPORTED IN PART VIII, LINE 11 80,499.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL SPRING GALA (event type)	WOMEN'S SUMMIT (event type)	1 (total number)		
Revenue	1	Gross receipts	719,232.	20,390.	10,000.	749,622.
	2	Less: Contributions	640,632.	16,560.	10,000.	667,192.
	3	Gross income (line 1 minus line 2)	78,600.	3,830.		82,430.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	117,880.			117,880.
	7	Food and beverages	74,342.	3,755.		78,097.
	8	Entertainment				
	9	Other direct expenses	20,451.	9,201.	1,100.	30,752.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				226,729.
11	Net income summary. Subtract line 10 from line 3, column (d)				-144,299.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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 for instructions and the latest information.

OMB No. 1545-0047

2022

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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)	303,314.	90,000.	0.	49,636.	26,475.	469,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SAYAKA ARAKI, CFO DEPUTY DIR., INFRASTRUCTURE	(i)	198,730.	2,500.	0.	25,395.	13,223.	239,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CATHERINE EVANS INBUSCH, DEPUTY DIR., COLLECTIONS/CURATORIAL STRATEG	(i)	181,230.	2,500.	0.	23,187.	15,723.	222,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SILVIA FILIPPINI-FANTONI DEPUTY DIR., LEARNING & ENGAGEMENT	(i)	175,290.	2,500.	0.	19,850.	11,781.	209,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID MAY SR. DIR., FACILITIES OPERATIONS	(i)	141,445.	5,000.	0.	18,481.	23,146.	188,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIMOTHY WINTEMBERG, SR. DIR., STRATEGIC INNO. PROJECTS & DESIGN	(i)	163,563.	0.	0.	20,642.	520.	184,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) OBI TAIWAN OZochIAWAEZE DIRECTOR OF IT	(i)	137,790.	0.	0.	17,389.	11,660.	166,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHIRLEY THOMAS SR. DIR., EDUCATION	(i)	123,838.	0.	0.	15,628.	26,136.	165,602.	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 7:

INDIVIDUALS REPORTED ON FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II RECEIVED BOARD APPROVED DISCRETIONARY PERFORMANCE BONUS IN 2022. THE AMOUNT IS REPORTED ON FORM 990, PART VII IN COLUMN (D) AND/OR SCHEDULE J, PART II, COLUMN B(III).

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

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

NMOA MISSION STATEMENT IS: WE WELCOME EVERYONE WITH INCLUSIVE
EXPERIENCES THAT SPARK CURIOSITY AND FOSTER COMMUNITY.

FOUNDED IN 1909 AND LOCATED IN NEW JERSEY, THE NEWARK MUSEUM OF ART
(NMOA) IS THE STATE'S LARGEST MUSEUM AND RANKS TWELFTH NATIONALLY IN
TERMS OF COLLECTION SIZE. GLOBAL AND DIASPORIC, THE COLLECTION INCLUDES
MORE THAN 130,000 ARTWORKS, AS WELL AS SIGNIFICANT HOLDINGS OF SCIENCE
AND NATURAL HISTORY. FROM THE ANCIENT WORLD TO THE ART OF TODAY, NMOA
BOASTS EXCEPTIONAL QUALITY AND DEPTH IN THE ARTS OF GLOBAL AFRICA; ARTS
OF GLOBAL ASIA, FEATURING A RENOWN TIBETAN COLLECTION AND BUDDHIST
ALTAR; ARTS OF THE AMERICAS, WITH PARTICULAR STRENGTH IN NATIVE
AMERICAN ART; ARTS OF THE ANCIENT MEDITERRANEAN, AND DECORATIVE ARTS.
VISITOR- AND COMMUNITY-CENTERED, NMOA RESPONDS TO THE EVOLVING NEEDS
AND INTERESTS OF THE DIVERSE PUBLICS IT SERVES BY OFFERING EXHIBITIONS,
PROGRAMMING, A RESEARCH LIBRARY, PAID INTERNSHIPS, AND LOCAL AND GLOBAL
PARTNERSHIPS. A FOUR-ACRE CAMPUS INCLUDES THE NATIONAL HISTORIC
LANDMARK BALLANTINE HOUSE (1885); THE WARD CARRIAGE HOUSE (1860); THE
OLD STONE SCHOOL HOUSE (1784); THE ALICE RANSOM DREYFUSS MEMORIAL
GARDEN; AND HORIZON PLAZA. UNDER THE LEADERSHIP OF DIRECTOR AND CEO
LINDA C. HARRISON, NMOA HAS LAUNCHED AN ERA OF TRANSFORMATION TO CREATE
AN ENGAGED CITIZENRY BY REIMAGINING THE ROLE OF THE ART MUSEUM FOR THE
21ST CENTURY.

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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NOBILITY, AND THE CATHOLIC VESTMENTS OF HIS ALTAR-BOY YOUTH. IN LATER WORKS HE CREATED BODY PRINTS AND BODY CASTINGS TO CENTER HIS OWN BROWN BODY IN CONTEMPORARY ART. SHOWCASING THIRTY-SIX WORKS CREATED BETWEEN 1959 AND 2011, CARLOS VILLA: WORLDS IN COLLISION INTRODUCED A REMARKABLE CONTEMPORARY ARTIST TO NEW AUDIENCES, ILLUMINATING THE SOCIAL AND CULTURAL ROOTS, AS WELL AS THE GLOBAL IMPORTANCE, OF VILLA'S ART.

JAZZ GREATS: CLASSIC PHOTOGRAPHS FROM THE BANK OF AMERICA COLLECTION & BILLIE HOLIDAY AT SUGAR HILL ON VIEW JUNE 9 - AUGUST 21, JAZZ GREATS: CLASSIC PHOTOGRAPHS FROM THE BANK OF AMERICA COLLECTION HIGHLIGHTED PHOTOGRAPHS OF JAZZ MUSICIANS CAPTURED BY PHOTOGRAPHERS AS DYNAMIC AS THEIR SUBJECTS. THESE PHOTOGRAPHS PORTRAYED JAZZ MUSIC AS HONEST, SENSUAL, AND IMPROVISATIONAL GENRE HISTORICALLY AT THE FOREFRONT OF AFRICAN AMERICAN MUSIC.

ALSO ON VIEW JUNE 9 - AUGUST 21, THE BILLIE HOLIDAY AT SUGAR HILL: PHOTOGRAPHS BY JERRY DANTZIC EXHIBITION FEATUREED PHOTOGRAPHS BY PHOTOJOURNALIST JERRY DANTZIC WHO RECEIVED SPECIAL ACCESS TO BILLIE HOLIDAY'S PUBLIC AND PRIVATE LIFE DURING A WEEK-LONG RESIDENCY AT THE SUGAR HILL NIGHTCLUB IN NEWARK, NJ. DANTZIC'S PHOTOGRAPHY UNVEILED AN INTIMATE PORTRAIT OF HOLIDAY THAT HIGHLIGHTED HER DIGNITY AND HUMANITY AND SERVED TO CHALLENGE THE NARRATIVE THAT FREQUENTLY DEFINES HER. SIXTY YEARS AFTER HER PASSING, BILLIE HOLIDAY'S PASSION AND ORIGINALITY COME THROUGH IN EACH OF HER SONGS AND IS FOREVER IMMORTALIZED IN THESE UNIQUE PHOTOGRAPHS.

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

ENDANGERED!

WHAT THREATS DO ANIMALS FACE IN AN EVER-CHANGING WORLD? THIS EXHIBIT, WHICH WAS ON VIEW NOVEMBER 21, 2021 - APRIL 24, 2022, EXPLORED THE STORIES BEHIND SOME EXTINCT, THREATENED AND LOWER RISK SPECIES, AS WELL AS HOW HUMAN BEHAVIOR AFFECTS ANIMALS.

VISITORS WERE INVITED TO MAKE A PROMISE TO HELP SAVE VARIOUS ANIMALS WORLDWIDE.

ANIMAL KINGDOM

ON SEPTEMBER 23, 2022, THE MUSEUM LAUNCHED ITS LATEST EXHIBITION ANIMAL KINGDOM IN THE RENOVATED 5,000 SQUARE FOOT VICTORIA ART+SCIENCE+TECH GALLERIES. THIS RE-IMAGINED INSTALLATION HAS TRANSFORMED AND REJUVENATED THE SPACE FOR THE FIRST TIME IN OVER TWENTY YEARS INTO INTERACTIVE EXPERIENCES THAT COMBINE ART, SCIENCE, AND TECHNOLOGY THE FIRST OF ITS KIND IN NEW JERSEY. WITH THE LAUNCH OF ANIMAL KINGDOM, NMOA IS LEANING INTO TECHNOLOGY AND RECOMMITTING TO BEING A FIRST-CLASS EDUCATIONAL RESOURCE FOR NEW JERSEY STUDENTS AND FAMILIES AND TO MEET NJ CORE CURRICULUM AND CONTENT STANDARDS.

UNEXPECTED COLOR: A JOURNEY THROUGH GLASS

THIS EXHIBITION, WHICH OPENED ON MAY 1, 2019 AND IS ON VIEW THROUGH 2024 SHOWCASES MORE THAN 130 WORKS IN GLASS FROM THE COLLECTION OF MUSEUM DIRECTOR THOMAS N. ARMSTRONG III MADE BY STEUBEN GLASS WORKS CO-FOUNDER AND DESIGNER FREDERICK CARDER. CARDER EXPERIMENTED WITH GLASSBLOWING TECHNIQUES TO CREATE VIBRANT JEWEL-TONED COLORS. VISITORS CAN FOLLOW THAT GLASS THROUGH MULTIPLE SETTINGS THAT ARMSTRONG COLLECTED AND USED IN HIS HOMES. CARDER'S DESIGNS WERE INSPIRED BY

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ANCIENT ROMAN, CHINESE, AND ART NOUVEAU GLASS, EXAMPLES OF WHICH CAN BE FOUND THROUGHOUT THE NEWARK MUSEUM OF ART GALLERIES, PROVIDING A HISTORICAL AND GLOBAL CONTEXT FOR UNEXPECTED COLOR.

SAYA WOOLFALK: FIELD NOTES FROM THE EMPATHIC UNIVERSE

THIS EXHIBITION WAS ON VIEW OCTOBER 21 THROUGH DECEMBER 31, 2022 AND WAS THE THIRD ITERATION OF NMOA'S GLOBAL CONTEMPORARY PROGRAM, WHICH SHOWCASED NEW WORK BY LIVING ARTISTS IN DIALOGUE WITH THE MUSEUM'S COLLECTIONS.

THE EXHIBITION, WHICH WELCOMED VISITORS INTO WOOLFALK'S KALEIDOSCOPIIC AND CULTURALLY HYBRID WORLDS, FEATURED AN IMMERSIVE VIDEO INSTALLATION EXPLORING PORTRAITURE AND A SERIES OF NEW MIXED MEDIA COLLAGES, ALL ACCESSED THROUGH THE NORTH WING ELEVATOR, TRANSFORMED BY WOOLFALK'S DIGITALLY COLLAGED MURALS. KNOWN FOR HER SITE-SPECIFIC MULTIMEDIA WORKS THAT INVESTIGATE GLOBAL TRADITIONS AND CULTURAL DIFFERENCE, WOOLFALK IS THE CREATOR OF THE EMPATHICS - FICTIONAL FUTURISTIC BEINGS WHO TIME-TRAVEL AND SHAPE-SHIFT ACROSS THE MULTIVERSE. FOR THIS EXHIBITION WOOLFALK STUDIED THE MUSEUM'S HERBARIA (PLANT SPECIMENS) AND LANDSCAPE PAINTING COLLECTIONS, REINTERPRETING THESE ARTIFACTS - AND THEIR RELATION TO AMERICAN IDENTITY - FROM THE PERSPECTIVE OF THE EMPATHICS.

SAYA WOOLFALK: TUMBLING INTO LANDSCAPE

A COMPANION AND LONGER-TERM EXHIBITION TITLED SAYA WOOLFALK: TUMBLING INTO LANDSCAPE IN THE HISTORIC AMERICAN GALLERIES SEEING AMERICA: 18TH AND 19TH CENTURIES, OPENED ON OCTOBER 7, 2021 AND IS ON VIEW THROUGH SUMMER 2023.

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AS ARTIST IN RESIDENCE SINCE 2019, WOOLFALK IMMERSED HERSELF IN THE MUSEUM'S AMERICAN ART AND NATURAL SCIENCE COLLECTIONS. WITH SAYA WOOLFALK: TUMBLING INTO LANDSCAPE THE ARTIST HAS CREATED AN INTERVENTION EXPLORING QUESTIONS OF IDENTITY AND BELONGING IN RELATIONSHIP TO THE LAND AND MULTIPLE HISTORIES OF THE UNITED STATES. DRAWING ATTENTION TO WHAT IS REPRESENTED - AND MORE OFTEN NOT REPRESENTED - IN THESE LUMINOUS, EDEN-LIKE PAINTINGS, TUMBLING INTO LANDSCAPE FEATURES A NEW SELF-PORTRAIT BY WOOLFALK WITH A SELECTION OF THE MUSEUM'S HUDSON RIVER SCHOOL PAINTINGS, INCLUDING SIX RECENTLY CONSERVED WORKS ON VIEW FOR THE FIRST TIME IN DECADES.

WORLDS IN COLLISION: SELECTIONS FROM THE ASIAN PACIFIC COLLECTION ORGANIZED IN CONJUNCTION WITH THE TRAVELING EXHIBITION CARLOS VILLA: WORLDS IN COLLISION, THIS INSTALLATION SHOWCASES WORKS FROM ACROSS THE MUSEUM'S ASIAN ART COLLECTION AND IS ON VIEW FROM FEBRUARY 17 THROUGH SPRING 2024. CARLOS VILLA: WORLDS IN COLLISION WAS ORGANIZED BY THE ASIAN ART MUSEUM OF SAN FRANCISCO AND SAN FRANCISCO ART INSTITUTE, WHERE IT WAS ON VIEW JUNE 17, 2022 - OCTOBER 29, 2022.

FILIPINO AMERICAN ARTIST CARLOS VILLA (1936-2013) WAS INSPIRED BY WORKS OF ART FROM NON-WESTERN CULTURES, LIKE THOSE ON VIEW IN THIS GALLERY, THAT SHARED A COLONIAL HISTORY WITH THE PHILIPPINES.

THREE HALF LOZENGES BY PHILLIP K. SMITH III NMOA DEBUTED THE LATEST PERMANENT ART INSTALLATION BY RENOWNED LIGHT ARTIST PHILLIP K. SMITH III DURING THE EVENING OF SATURDAY, OCTOBER 9, 2021, IN CONJUNCTION WITH THE NEWARK ARTS FESTIVAL. THREE HALF LOZENGES ILLUMINATES THE MAIN FACADE OF THE MUSEUM, STANDING AS A BEACON FOR THE

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CITY OF NEWARK AND ACTIVATING THE DOWNTOWN ARTS DISTRICT. THE INSTALLATION IS SMITH'S FIRST MAJOR, SITE-SPECIFIC ARTWORK ON THE EAST COAST. LOCATED WITHIN THE CONTEXT OF DOWNTOWN NEWARK AND ITS DEVELOPING ARTS DISTRICT, THE INSTALLATION IS UNIQUELY COLOR CHOREOGRAPHED BY SMITH AS A PRECISELY PACED, FULL-SPECTRUM WORK EXPERIENCED FROM THE STREETS AND THE SURROUNDING WASHINGTON PARK. SHIFTING FROM FULL FIELDS OF COLOR TO GRADATING LINES AND CURVES, THE THREE HALF-LOZENGE SHAPED WINDOWS OPERATE AS A MONUMENTAL LIGHT-BASED TRIPTYCH AT THE SCALE OF ARCHITECTURE. DURING THE DAY, THE FACADE REMAINS ITS TRUE, HISTORICAL SELF. AT SUNSET, THE WINDOWS SLOWLY EMERGE AS FULL COLOR, RECONFIGURING ONE'S EXPERIENCE OF THE NEWARK MUSEUM OF ART, WASHINGTON PARK, AND THE CITY ITSELF.

BALLANTINE HOUSE

OVER AN 11-MONTH PERIOD IN 2022, THE MUSEUM UNDERTOOK A COMPREHENSION EXTERIOR RESTORATION OF THE HISTORIC 1885 BALLANTINE HOUSE FOR THE FIRST TIME IN NEARLY 30 YEARS. ENGAGING AN EXPERT PRESERVATION ARCHITECTURAL FIRM AND A RANGE OF PERIOD-ACCURATE ARTISAN CONTRACTORS, THIS MASSIVE PROJECT RETURNED THE HOUSE TO ITS ORIGINAL APPEARANCE. THIS REQUIRED THE FABRICATIONS OF 1,324 CAST CONCRETE COPIES TO REPLACE THE CRUMBLING SANDSTONE; THE REMOVAL, RESTORATION, AND REPAINTING OF 73 WINDOWS; AND THE COMPLETE REBUILDING OF THE FAILING PORTICO. IN ADDITION, THE METAL CORNICE AND ROOFS REQUIRED INTENSIVE TREATMENT.

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

11 PURCHASES, 0 GIFTS, AND 3 TRANSFERS WERE ACCESSIONED INTO THE PERMANENT COLLECTION; 32 OBJECTS WERE DEACCESSIONED FROM THE PERMANENT COLLECTION.

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

OPPORTUNITIES FOR SCHOOLS AND FAMILIES THAT THEY WOULD OTHERWISE BE UNABLE TO EXPERIENCE.

THE MUSEUM'S LEARNING & ENGAGEMENT TEAM CONTINUES TO BE A CULTURAL ANCHOR AND ADVOCATE FOR ARTS PARTNERS OF ALL SIZES, WORKING WITH OVER 60 LOCAL ORGANIZATIONS IN 2022. NMOA WORKS WITH NEWARK-BASED VISUAL AND PERFORMING ARTISTS, BOTH ESTABLISHED AND UNDER-RECOGNIZED, TO DRAW INSPIRATION FROM THE COLLECTION AND THE COMMUNITY TO ENLIVEN THE DIVERSE CULTURAL TRADITIONS AND HISTORIES OF THE GREATER NEWARK AREA THROUGH EVENTS SUCH AS COMMUNITY DAYS, ART AFTER DARK, CLASSES AND WORKSHOPS, AND SCHOOL RESIDENCIES. THESE EFFORTS ARE SUPPORTED BY THE MUSEUM'S COMMUNITY ADVISORY COMMITTEE, WHICH COMPRISES LEADERS FROM CULTURAL, SOCIAL, AND EDUCATIONAL SECTORS IN NEWARK AND ESSEX COUNTY, WHO BRING ADDED VALUE AND IMPORTANT VOICES TO NMOA'S EXHIBITIONS AND PUBLIC PROGRAMS.

CURRICULUM-ALIGNED PROGRAMMING FOR K - 12TH STUDENTS AND TEACHERS

THE MUSEUM SERVED 25,926 NEW JERSEY STUDENTS IN GRADES PRE-K THROUGH 12 THROUGH ITS EXTENSIVE OFFERINGS OF IN PERSON AND VIRTUAL SCHOOL PROGRAMS. THESE PROGRAMS, WHICH UTILIZE AN INTERDISCIPLINARY, ARTS INTEGRATION APPROACH TO LEARNING, RANGE FROM SINGLE-VISIT PROGRAMS TO MULTI-SESSION, IN-DEPTH RESIDENCIES THAT PROVIDE SEQUENTIAL LEARNING. ALL THE MUSEUM'S SCHOOL PROGRAMS ALIGN WITH NEW JERSEY STATE CURRICULUM CONTENT STANDARDS FOR ART, SOCIAL STUDIES, AND SCIENCE, AND ENRICH STUDENT LEARNING BY DRAWING UPON THE MUSEUM'S ART AND SCIENCE

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COLLECTIONS. THE MUSEUM WORKS CLOSELY WITH SCHOOL DISTRICTS, ESPECIALLY THE NEWARK PUBLIC SCHOOL DISTRICT, TO DEVELOP AND PRESENT PROGRAMS THAT MEET THE NEEDS OF NEW JERSEY'S STUDENTS.

CREATIVE PLAY, AN EARLY CHILDHOOD EDUCATION PROGRAM FOR FAMILIES

CREATIVE PLAY WEEKEND PROGRAMS FOR EARLY CHILDHOOD AUDIENCES AND THEIR FAMILIES CONTINUED TO SERVE THE YOUNGEST OF LEARNERS THROUGH IN-PERSON AND VIRTUAL FORMATS. IN THESE WEEKLY SESSIONS, 883 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. A SELECTION OF 2022 AND 2023 SESSIONS INCLUDE SEED MAGIC, SPLISH SPLASH, COLOR MANIA, SUN PRINTS, ETC.

FAMILY DROP-INS & IMAGINATION STATION

FAMILY DROP-IN IN THE COURT AND IMAGINATION STATION PROGRAMS IN THE MAKERSPACE ENGAGED YOUTH AND FAMILIES DURING THE YEAR, FOR A TOTAL OF OVER 4,629 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. PROGRAMS INCLUDED SESSIONS FOR YOUTH AGES 5-10+ EXPLORING ENJOY MOVEMENT, ARTMAKING, SCIENCE EXPERIMENTS AND STORYTELLING SESSIONS.

CAMP NMOA

IN 2022, CAMP NMOA RAN FOR SIX WEEKS, FROM JULY 11 - AUGUST 19, 2022. A TOTAL OF 364 NEWARK-AREA CHILDREN BETWEEN THE AGES OF 3 AND 14

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PARTICIPATED IN A VARIETY OF EDUCATIONAL ACTIVITIES THAT EXPLORED THE MUSEUM'S ART AND SCIENCE COLLECTIONS. CAMP ACTIVITIES INCLUDED: ART MAKING; HANDS-ON WORKSHOPS IN THE MAKERSPACE; SCIENCE LABS; OUTDOOR ACTIVITIES; AND A WEEKLY SHOWCASE INCLUDING DANCE, THEATER AND SPOKEN WORD PERFORMANCES BY CAMPERS.

EXPLORERS PROGRAM

THE NEWARK MUSEUM OF ART'S (NMOA) EXPLORERS PROGRAM, A COLLEGE, CAREER, AND LIFE READINESS PROGRAM, ENABLES NEWARK-AREA HIGH SCHOOL STUDENTS TO BUILD ESSENTIAL SKILLS AND SELF-CONFIDENCE THROUGH A CURRICULUM THAT DRAWS UPON THE MUSEUM'S UNIQUE COLLECTIONS, RESOURCES, AND STAFF. OVER THE PAST YEAR, THE EXPLORERS PROGRAM FULFILLED ITS COMMITMENT TO ITS 39 STUDENTS THROUGH VIRTUAL AND IN-PERSON WORKSHOPS, VISITS, AND TRAININGS, CULMINATING WITH THE EXPLORERS GRADUATION AND NMOA ART BALL.

IN JULY 2022, THE EXPLORERS KICKED OFF THE 2022-2023-YEAR. THIS COMMUNITY OF STUDENTS MET WEEKLY EITHER AS A GROUP OR INDIVIDUALLY WITH MUSEUM STAFF FOR UP TO 15 HOURS A WEEK OF PAID WORK STUDY IN JULY AND AUGUST, AND UP TO 7-10 HOURS PER WEEK OF INDEPENDENT RESEARCH AND PAID WORK STUDY DURING THE SCHOOL YEAR. STARTING FROM OCTOBER 2022, EXPLORERS WERE BACK IN PERSON AT THE MUSEUM AND ALSO TOOK PART AND STAFFED NEWLY RETURNED ONSITE COMMUNITY DAYS, PUBLIC PROGRAMS, AND FUNDRAISING EVENTS LIKE THE ANNUAL ART BALL. EACH STUDENT DEDICATED AROUND 50 HOURS OF PUBLIC PROGRAM WORK OVER THE YEAR. EXPLORERS ALSO PARTICIPATED IN FOCUS GROUPS THAT RESPONDED TO THE ELEMENTS OF ENDANGERED! AND ANIMAL KINGDOM, NEW IMMERSIVE MUSEUM EXPERIENCES. IN THIS WAY, THEIR PERSPECTIVE AS TEENS AND MUSEUMGOERS HELPED TO INFORM

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AND ENHANCE THE MUSEUM'S PROGRAMMING AND OUTREACH.

BEGINNING IN THE FALL, EACH EXPLORER SPENT APPROXIMATELY 40 HOURS PARTICIPATING IN WORKSHOP SESSIONS ON A VARIETY OF TOPICS. THESE CLASSES RANGED IN FOCUS FROM MUSEUM-SPECIFIC TRAINING ON HOW TO LOOK AT AND INTERPRET ART TO REAL-WORLD INSTRUCTION ON EFFECTIVE COMMUNICATION AND CAREER BUILDING SKILLS. MUSEUM STAFF AND NMOA PARTNERS WORKED WITH THE EXPLORERS ON:

- ART AND MUSEUM WORKSHOPS: FRESHMAN THROUGH SENIOR EXPLORERS TOOK PART IN ART-INTERPRETATION AND PRESENTATION WORKSHOPS WITH MUSEUM STAFF WHICH COVERED TOPICS ON VISUAL THINKING STRATEGIES (VTS) TO ENGAGE ART-VIEWERS OF ALL AGES, TOUR WRITING AND PROGRAM DEVELOPMENT TRAININGS WHICH WERE USED TO INSPIRE EXPLORER-LED TOURS AND EXPLORER-DESIGNED PUBLIC PROGRAMS, AND ARTIST PERSPECTIVE AND IDENTITY COURSES TO DISCUSS AND UNDERSTAND MULTIVALENT PERSPECTIVES. IN ADDITION, THE EXPLORERS PARTICIPATED IN 5 VISITS TO SCIENCE & ART INSTITUTIONS TO BROADEN THEIR UNDERSTANDING OF ART AND SCIENCE EDUCATION. THESE INSTITUTIONS INCLUDED AMERICAN MUSEUM OF NATURAL HISTORY, THE METROPOLITAN MUSEUM OF ART, FRANKLIN INSTITUTE, SPYSCAPE MUSEUM, AND THE BROOKLYN MUSEUM.

- CAREER READINESS WORKSHOPS: EXPLORERS HONED THEIR PROFESSIONAL SKILLS BY TAKING WORKSHOPS AND COMPLETING TRAININGS IN TIME MANAGEMENT AND PROFESSIONAL WORK ETIQUETTE TO PREPARE THEM FOR THEIR FUTURE CAREERS, AS WELL AS JOB APPLICATION TRAINING AND ASSISTANCE WITH MOCK INTERVIEWS AND RESUME BUILDING COURSES TO ASSIST THEM IN PROCURING PART TIME WORK AS HIGH SCHOOL AND COLLEGE STUDENTS, AND TO GIVE THEM A LEG UP FOR JOINING THE WORKFORCE UPON GRADUATION.

- LIFE SKILL WORKSHOPS: IN ORDER TO COMPLEMENT THE EXPLORERS TRAININGS

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ON EDUCATIONAL AND PROFESSIONAL SKILLS, THEY ALSO TOOK PART IN LIFE SKILLS WORKSHOPS. PUBLIC SPEAKING AND TEAM BUILDING CLASSES ALLOWED THE EXPLORERS TO DEVELOP THEIR CONFIDENCE AND ELOQUENCE, WHILE FINANCIAL LITERACY, BUDGETING, CREDIT AND LOAN AND INVESTING CLASSES GAVE THE EXPLORERS A JUMP START IN PREPARING FOR LIFE AS INDEPENDENT ADULTS.

EXPLORERS ATTENDED SAT TRAINING AS APPROPRIATE FOR THEIR GRADE LEVEL. MUSEUM STAFF PARTNERED WITH CERTIFIED TRAINERS FROM THE PRINCETON REVIEW TO PROVIDE GROUP TRAINING SESSIONS ON TESTING AND STUDY TECHNIQUES. IN ADDITION, EXPLORERS TOOK 12-15 HOURS OF PRACTICE TESTS AND PREPARATION WORKSHOPS. THEY ALSO HAD UNLIMITED ACCESS TO ONLINE TOOLS AND MATERIALS FROM THE PRINCETON REVIEW FOR A FULL 12-MONTH PERIOD. AS A RESULT, THIS YEAR THE EXPLORERS REPORTED A SUBSTANTIAL INCREASE IN SCORES OF 200-300 POINTS ON AVERAGE.

EVALUATION AND IMPACT

THE NMOA'S PUBLIC AND SCHOOL PROGRAMS IMPACTED ITS COMMUNITY NEEDS IN NUMEROUS WAYS. IN 2022 THE MUSEUM WITNESSED AN INCREASE OF ATTENDANCE TO BOTH PUBLIC AND SCHOOL PROGRAMS. IN 2022, PUBLIC PROGRAMS ENGAGED OVER 30,000 VISITORS SURPASSING PRE-PANDEMIC NUMBERS, WHILE SCHOOL PROGRAMS INCREASED SIGNIFICANTLY (17,000) COMPARED TO 2021. PUBLIC PROGRAM SURVEYS RESPONSES IN 2022 INDICATED A SIGNIFICANT INCREASE OF 30% IN DIVERSITY AMONGST OUR ATTENDEES, WHO WERE ALSO SIGNIFICANTLY YOUNGER (+32% UNDER 45 AND +19% UNDER 18) COMPARED TO THE PREVIOUS YEAR. SATISFACTION WITH PUBLIC PROGRAMS REMAINS HIGH (4.74 OUT OF 5 IN 2023 SO FAR AND 4.76 IN 2022). PUBLIC PROGRAM PARTICIPANTS BENEFITTED FROM PROGRAM ATTENDANCE IN MANY WAYS. 79% HAD A FUN AND ENJOYABLE

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EXPERIENCE, 63% FELT WELCOME, 62% SPENT QUALITY TIME WITH FRIENDS OR FAMILY, 52% FELT A SENSE OF CONNECTION WITH THE COMMUNITY, 50% LEARNT SOMETHING NEW, AND 49% FELT RELAXED AND INCREASED THEIR SENSE OF WELL-BEING.

THE MUSEUM MEASURES THE IMPACT OF ITS CLASS FIELD TRIP VISITS THROUGH TEACHER AND PARTICIPANT SURVEYS. THESE SURVEYS OVERWHELMINGLY DEMONSTRATE THAT THE MUSEUM'S SCHOOL PROGRAMS SUPPORT AND ENHANCE CLASSROOM LEARNING. ONE KEY MEASURE OF POSITIVE CHANGE THAT TEACHERS INDICATE IS THAT THEIR STUDENTS DEVELOP THE ABILITY TO DISCUSS AND ANALYZE MUSEUM OBJECTS AS PART OF THEIR LEARNING PROCESS - WHETHER TO EXPRESS OPINIONS, COMMUNICATE PERSONAL EXPERIENCES, USE DESCRIPTIVE LANGUAGE, OR ASK QUESTIONS. FEEDBACK FROM TEACHERS SHOWED THAT:

- OVERALL SATISFACTION - OVER 80% WERE SATISFIED WITH THEIR EXPERIENCES.

- THE STUDENTS LEARNED SOMETHING NEW - 66% STRONGLY AGREED AND 24% AGREED THAT THEIR STUDENTS CAME AWAY HAVING EXPANDED THEIR CONTENT KNOWLEDGE.

- PROGRAM CONNECTED TO CLASSROOM LEARNING - 61% STRONGLY AGREED AND 30% AGREED THEIR PROGRAM ADDRESSED CORE CURRICULUM CONTENT STANDARDS.

- THERE WERE ENOUGH INTERACTIVE OPPORTUNITIES - 55% STRONGLY AGREED AND 20% AGREED WITH THE INTERACTIVE OPPORTUNITIES PRESENTED AS PART OF THEIR PROGRAMS.

- 91% OF THE TEACHERS RECEIVED POSITIVE FEEDBACK ABOUT THE EXPERIENCE FROM THE STUDENTS. THIS IS ALSO CONFIRMED BY THE STUDENTS' FEEDBACK, WHO INDICATE AN OVERALL SATISFACTION OF 4.17 OUT OF 5. 34% INDICATED THEY LEARNT SOMETHING NEW, 40% HAD FUN, 6% MET NEW PEOPLE AND 20% SAID

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THAT THE EXPERIENCE MADE THEM WANT TO LEARN MORE.

LONG-TERM, LONGITUDINAL TRACKING IS DONE FOR THE MUSEUM'S EXPLORERS PROGRAM, WHICH FOLLOWS WHERE STUDENTS GO TO COLLEGE, THEIR CHOICE OF MAJORS, WHETHER THEY GRADUATED AND WHAT DEGREES THEY WERE AWARDED, AND WHAT CAREER PATH THEY CHOSE.

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 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

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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 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

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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 FORTH IN THE MUSEUM'S BYLAWS), WHO THEN APPROVES ANY CHANGES IN COMPENSATION. THIS PROCESS WAS LAST UNDERTAKEN IN 2022. CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED

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THROUGH MINUTES OF THE COMMITTEE'S MEETINGS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, FL, IL, ME, MD, MA, NH, NJ, NY, NC, OH, RI, UT, VA, WA, 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 AVAILABLE 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, AND BYLAWS ARE AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE MUSEUM DIRECTLY.

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.