** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| AF | or the | 2023 calendar year, or tax year beginning and | enaing | | | | | | |
|-----------------------------|---------------------------|---|-------------------------|--|-----------------------------|--|--|--|--|
| 3 C | heck if oplicable | C Name of organization | | D Employer identific | cation number | | | | |
| | Addres | THE NEWARK MUSEUM ASSOCIATION | | | | | | | |
| | Name change | Doing business as THE NEWARK MUSEUM OF ART | | 22-1487275 | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | |
| | Final return/ | 49 WASHINGTON STREET | | 973-596-6550 | | | | | |
| | termin ated | | | G Gross receipts \$ | 29,973,953. | | | | |
| | Ameno return Applic | NEWARK, NO 0/102 | H(a) Is this a group re | | | | | | |
| | tion _pendir | F Name and address of principal officer: LINDA C. HARRISON | for subordinates | | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | | | | | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (| or 527 | 1 | list. See instructions | | | | |
| | Vebsit | | T | H(c) Group exemption | | | | | |
| K ⊦ | orm of I rt I | organization: X Corporation Trust Association Other Summary | L Year | of formation: 1909 N | State of legal domicile: NJ | | | | |
| Га | | <u> </u> | TEWN DV | MIICUIIM OU 7 | νοπ | | | | |
| ၉ | | Briefly describe the organization's mission or most significant activities: $\ {	t THE} \ {	t I}$ | | | | | | | |
| ğ | | Check this box if the organization discontinued its operations or dispos | | | | | | | |
| ē | | | | _ | 24 | | | | |
| Ĝ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 24 | | | | |
| ∞ ∞ | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 205 | | | | |
| Ě | | Total number of volunteers (estimate if necessary) | | | 162 | | | | |
| Activities & Governance | | | | 7a | 46,048. | | | | |
| ۲ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | |
| | | | | Prior Year | Current Year | | | | |
| ۵ | 8 | Contributions and grants (Part VIII, line 1h) | | 10,997,488. | 14,832,939. | | | | |
| Ž | 9 | Program service revenue (Part VIII, line 2g) | | 476,996. | 760,004. | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,307,424. | 2,444,653. | | | | |
| ۳ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 90,703. | 121,169. | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 12,872,611. | 18,158,765. | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | |
| န္မ | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 8,962,175. | 10,529,123. | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | |
| ğ | | Total fundraising expenses (Part IX, column (D), line 25) 3,071,83 | | 16 881 254 | 0 500 245 | | | | |
| ۳ | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 16,771,354. | 9,529,345. | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 25,733,529. | 20,058,468. | | | | |
| _ c/ | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 12,860,918. ginning of Current Year | -1,899,703. | | | | |
| et Assets or nd Balances | 00 | Total consts (Book V. Pers 40) | DE | 63,384,634. | End of Year 65,299,415. | | | | |
| Sse Bala | 20 | Total assets (Part X, line 16) | | 3,371,777. | 4,393,740. | | | | |
| | 21 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 60,012,857. | 60,905,675. | | | | |
| <u>⊂</u> ⊡ Pa | rt II | Signature Block | | 00,012,037 | 00,505,015. | | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | nts, and to the best of my | knowledge and belief, it is | | | | |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | • | ooago ana zone, icio | | | | |
| , | 001100 | gana complete. Declaration of property (content than content) to become of an information of the | non proparor | | | | | | |
| Sigr | 1 | Signature of officer | | Date | | | | | |
| Here | | SAYAKA ARAKI, CFO | | | | | | | |
| | _ | Type or print name and title | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | | | |
| Paid | | GARRETT M. HIGGINS GARRETT M. HIGGI | INS 1 | 0/31/24 self-employ | P00543209 | | | | |
| rep | arer | Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC | | | 7-3231666 | | | | |
| Jse | Only | Firm's address 245 PARK AVENUE, 12TH FLOOR | | | | | | | |
| | | NEW YORK, NY 10167 | | Phone no.21 | 2-286-2600 | | | | |
| Мау | the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | | | |

| Form 990 (2 | | | | | ASSOCIATI |
|-------------|----------------|-------------|----------------|-----------------|-------------------------|
| Part III | Statement of | of Progra | m Service | Accomplis | hments |
| | Check if Sched | ule O conta | ins a response | e or note to an | y line in this Part III |

| га | otatement of Frogram service Accomplishments |
|-----------------|---|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | 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 |
| _ | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3 | 3 |
| | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| 4 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ |
| 'i a | EXHIBITIONS AND FACILITIES: |
| | |
| | SEEING AMERICA |
| | |
| | ON MARCH 9, 2023, THE NEWARK MUSEUM OF ART OPENED THE REINSTALLATION OF |
| | ITS SEEING AMERICA 18TH & 19TH CENTURY GALLERIES TO THE PUBLIC. THE |
| | NEWLY REINTERPRETED AND RENOVATED GALLERIES PRESENT FRESH PERSPECTIVES |
| | ON AMERICAN ART, USING SLAVERY AND BLACK HISTORY AS A LENS TO |
| | FOREGROUND ISSUES OF RACE, REPRESENTATION, AND POWER IN AMERICA. TO |
| | ADDRESS THE ERASURE OF BLACK AND NATIVE HISTORIES IN AMERICAN ART, THIS |
| | LONG-TERM INSTALLATION INTEGRATES NEW COMMISSIONS ALONGSIDE BOTH |
| | CONTEMPORARY AND HISTORICAL ARTWORKS FROM THE MUSEUM'S COLLECTION. THIS |
| 4b | (Code:) (Expenses \$5, 283, 549 • including grants of \$0 • (Revenue \$17, 379 •) |
| | 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. |
| | HOME OF THE HISTORIC BALLANTINE HOUSE. |
| 4- | (Code:) (Expenses \$3,549,483. including grants of \$ 0. (Revenue \$ 503,182.) |
| 4C | (Code:) (Expenses \$3,549,483.e. including grants of \$0 (Revenue \$\$ 503,182.e.) EDUCATION AND PUBLIC PROGRAM: |
| | EDUCATION AND TUBBLE TROOKAM. |
| | 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. THESE PROGRAMS ARE DESIGNED |
| | TO ATTRACT DIVERSE AUDIENCES AND TO ADDRESS THE SPECIFIC NEEDS OF |
| | LOCAL, STATEWIDE, AND EVEN NATIONAL COMMUNITIES. NMOA OFFERS ONSITE, |
| | IN-PERSON EXPERIENCES FOR CHILDREN, FAMILIES AND ADULTS WHILE |
| | CONTINUING TO OFFER VIRTUAL FIELD TRIPS AND ONLINE LEARNING |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 14,713,252. |
| | |

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)? | | | |
| | If "Yes," complete Schedule A | 1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 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? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 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? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | L, | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | ۰ | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | , , | 8 | х | |
| ^ | Schedule D, Part III | ├° | - 21 | |
| 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? | | | x |
| | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | 37 | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | 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? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 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? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| •• | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | - ''- | | |
| 13 | | 18 | Х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | - 22 | \vdash |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 40 | | x |
| 00- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ^ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | \vdash |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | _v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

332003 12-21-23

Form 990 (2023) THE NEWARK MUST Part IV | Checklist of Required Schedules (co

| ı uı | Officerist of Required Scriedules (continued) | | | | | | | |
|-------------------|---|------------|-----|-----------|--|--|--|--|
| | - | | Yes | No | | | | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | х | | | | |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | | | | | |
| 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? If "Yes," complete | 23 | х | | | | | |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | 21 | | | | | |
| 2 -1 0 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | | | | | |
| | Schedule K. If "No," go to line 25a | | | | | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | <u> </u> | | | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | | | | | |
| | any tax-exempt bonds? | 24c | | | | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | | | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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? If "Yes," complete | | | | | | | |
| | Schedule L, Part I | 25b | | <u> X</u> | | | | |
| 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% | | | 77 | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | <u> </u> | | | | |
| 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 | 27 | | х | | | | |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | | | | | | |
| 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | | | | | |
| а | "Yes," complete Schedule L, Part IV | 28a | | х | | | | |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X | | | | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | | | | | |
| _ | "Yes," complete Schedule L, Part IV | 28c | | Х | | | | |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Х | | | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | | | | | |
| | contributions? If "Yes," complete Schedule M | 30 | Х | | | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X | | | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | | | | | |
| | Schedule N, Part II | 32 | | _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? If "Yes," complete Schedule R, Part I | 33 | | _X_ | | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | | | | | |
| | Part V, line 1 | 34 | | _X_ | | | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X | | | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | ٥-: | | | | | | |
| 26 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | | | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 36 | | х | | | | |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | | | | | |
| 31 | | 37 | | Х | | | | |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," complete Schedule R, Part VI | <u> </u> | | | | | | |
| 00 | Note: All Form 990 filers are required to complete Schedule O | 38 | х | | | | | |
| Par | | , | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | |
| | | | Yes | No | | | | |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 200 | | | | | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | | |
| | (gambling) winnings to prize winners? | 1c | | | | | | |
| 332004 | 4 12-21-23 | Form | 990 | (2023) | | | | |

023) THE NEWARK MUSEUM ASSOCIATION

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

| | | | Yes | No | | | | | | | |
|----------|--|------|-----|----|--|--|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 20 5 | | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | | | |
| За | 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O | | | | | | | | | | |
| 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | ., | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | | |
| _ | were not tax deductible? | 6b | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | v | | | | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Λ | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7. | | Х | | | | | | | |
| ٦ | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d | 7c | | | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | х | | | | | | | |
| e f | | 7f | | X | | | | | | | |
| g | | | | | | | | | | | |
| h | | | | | | | | | | | |
| | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| а | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | | |
| b | | | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | |
| а | Gross income from members or shareholders 11a | | | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | |
| b | 1 1 | | | | | | | | | | |
| _ | organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c | - | | | | | | | | | |
| с 14а | Did the apprinction program on a program for independent or a prince during the terrory. | 14a | | Х | | | | | | | |
| | 15 Th C 11 Th C 11 Th C 1 Th C 11 Th C | 14b | | | | | | | | | |
| 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 1-10 | | | | | | | | | |
| .0 | excess parachute payment(s) during the year? | 15 | | х | | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | | |
| | | | | | | | | | | | |

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Page 6 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 | | | X | | | | | | |
|----------|---|------------|----------|-----|--|--|--|--|--|--|
| Sec | tion 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. | | | | | | | | | |
| b | , | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3_ | | X | | | | | | |
| 4 | | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | 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? | 7a | 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? | 7b | X | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | |
| <u>C</u> | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | l | | | | | | |
| | | | Yes | No | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | 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 | Х | | | | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 40 | v | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Λ | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 40- | Х | | | | | | | |
| 40 | on Schedule O how this was done | 12c | X | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Λ | | | | | | | |
| 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? | 450 | Х | | | | | | | |
| | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | 15a 15b | X | | | | | | | |
| b | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 130 | 22 | | | | | | | |
| 160 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | |
| 10a | taxable entity during the year? | 16a | | х | | | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 10a | | | | | | | | |
| b | 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 | | | | | | | | |
| Sec | tion C. Disclosure | | <u> </u> | | | | | | | |
| 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 | onlv) | availal | ble | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | | | | | | | |
| | 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.

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

- 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.

| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|--------------------------------------|---------------------|-------------------------------|--------------------------------------|---------|--------------|---------------------------------|--------|------------------|----------------------------------|--------------------------|
| Name and title | Average | (do | Position (do not check more than one | | nne | Reportable Reportable | | Estimated | | |
| | hours per | box | , unles | ss per | son is | s both | n an | compensation | compensation | amount of |
| | week | | cer an | uau | recto | i / ii us | lee) | from | from related | other |
| | (list any hours for | lirecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or c | stee | | | sated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al trus | | iyee | mper | | 1099-NEC) | 1000 (120) | and related |
| | below | ndividual trustee or director | nstitutional trustee | er | Key employee | Highest compensated employee | Je. | , | | organizations |
| | line) | Indiv | Instii | Officer | Key | High emp | Former | | | |
| (1) LINDA C. HARRISON, DIRECTOR | 50.00 | | | | | | | | | |
| CEO AND BOARD SECRETARY | | | | Х | | | | 458,996. | 0. | 86,903. |
| (2) SAYAKA ARAKI | 50.00 | | | | | | | | | |
| CFO | | | | Х | | | | 208,669. | 0. | 40,718. |
| (3) CATHERINE EVANS INBUSCH, DEPUTY | 50.00 | | | | | | | | | |
| DIR., COLLECTIONS/CURATORIAL STRATEG | | | | | Х | | | 202,393. | 0. | 39,661. |
| (4) PETER WILDEROTTER, DEPUTY DIR. | 50.00 | | | | | | | | | |
| PHILANTHROPY & EXTERNAL RELATIONS | | | | | Х | | | 201,432. | 0. | 40,185. |
| (5) STEPHANIE LYLES, DEPUTY | 50.00 | | | | | | | | | |
| DIR. OF PEOPLE, CULTURE, & OPERATION | | | | | Х | | | 192,665. | 0. | 37,947. |
| (6) DAVID MAY | 50.00 | | | | | | | | | |
| SR. DIR., FACILITIES OPERATIONS | | | | | | X | | 149,035. | 0. | 44,596. |
| (7) SHIRLEY THOMAS | 50.00 | | | | | | | | | |
| DEPUTY DIR. LEARNING & ENGAGEMENT | | | | | | X | | 147,704. | 0. | 45,001. |
| (8) TIMOTHY WINTEMBERG, SR. DIR., | 50.00 | | | | | | | | | |
| STRATEGIC INNO. PROJECTS & DESIGN | | | | | | X | | 155,108. | 0. | 18,585. |
| (9) KATHERINE PLACE ASTLE | 50.00 | | | | | | | | | |
| DIRECTOR OF GRANT & FUND COMPLIANCE | | | | | | X | | 116,719. | 0. | 28,868. |
| (10) SILVIA F. FANTONI, DEPUTY DIR., | 50.00 | | | | | | | | | |
| LEARNING & ENGAGEMENT THRU JUN 2023 | | | | | | X | | 113,676. | 0. | 18,958. |
| (11) ALLEN J. KARP | 15.00 | | | | | | | | | |
| CO-CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (12) ERIC FITZGERALD REED | 15.00 | | | | | | | | | |
| CO-CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (13) ROBERT H. DOHERTY | 8.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (14) MARSHALL B. MCLEAN | 8.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (15) SHAHID J. MALIK | 10.00 | | | | | | | | | |
| TREASURER THRU FEB 2023 | | Х | | Х | | | | 0. | 0. | 0. |
| (16) MARC E. ANDERSON | 10.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (17) MILES BERGER | 2.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | Farm 990 (2022) |

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|---|--|--------------------------------|--|---------|------------------------------------|--------------------------------------|---------------------------|---|---|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
| (A) | | | (0 | | | | (D) | (E) | (F) | |
| Name and title | Average hours per week | box | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | Reportable compensation from | Reportable compensation from related | Estimated amount of other | | | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (18) JOSEPH L. BUCKLEY | 2.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (19) ELEONORE K. COHEN TRUSTEE | 2.00 | х | | | | | | 0. | 0. | 0. |
| (20) LEE ANN DILLON | 2.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (21) DAHLIA ELSAYED | 2.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (22) PETER T. ENGLOT TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (23) CHRISTINE C. GILFILLAN TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (24) MEHA JAIN TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (25) CURTIS A. JOHNSON, ESQ. TRUSTEE | 2.00 | х | | | | | | 0. | 0. | 0. |
| (26) JOSEPH LEE | 2.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,946,397. | 0. | 401,422. |
| c Total from continuation sheets to Pa | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,946,397. | 0. | 401,422. |
| 2 Total number of individuals (including t | | | | | | | | coived more than \$100 | 000 of reportable | |

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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 |
|--|---------------------------------|---------------------|
| | Description of services | |
| EVERGREENE ARCHITECTURAL ARTS, INC., 253 | | |
| 36TH STREET, SUITE 5-C, BROOKLYN, NY 11232 | RESTORATION SERVICES | 454,993. |
| NTT, LLC | MARKETING & CREATIVE | |
| 41 MAPLEWOOD AVENUE, MAPLEWOOD, NJ 07040 | DESIGN SERVICES | 272,491. |
| 3NOM SOLUTIONS, 1086 TEANECK ROAD, SUITE | COMPUTER SYSTEMS | |
| 3C, TEANECK, NJ 07666 | DESIGN SERVICES | 253,666. |
| KSS ARCHITECTS | ARCHITECTURAL | |
| 337 WITHERSPOON STREET, PRINCETON, NJ 08542 | SERVICES | 209,809. |
| BOLLINGER ATELIER | | |
| 227 S ROCKFORD DR, TEMPE, AZ 85288 | RESTORATION SERVICES | 118,165. |
| 2 Total number of independent contractors (including but not limited to those listed | d above) who received more than | |
| \$100,000 of compensation from the organization 8 | | |
| | | 222 |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

13

| | ARK MUSEU | JM | AS | SSO | CI | AT | <u> 10</u> | N | 22-148 | 7275 | |
|--|-----------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|------------|---------------------|-----------------|------------------------------|--|
| Part VII Section A. Officers, Directors, | Trustees, Key Er | nplo | yee | s, aı | nd F | lighe | est (| Compensated Employe | ees (continued) | | |
| (A) (B) (C) | | | | | | | | (D) (E) (F) | | | |
| Name and title | Average | | Position | | | | | Reportable | Reportable | Estimated | |
| | hours | (cl | | | | арр | ly) | compensation | compensation | amount of | |
| | per | | | | | | | from | from related | other | |
| | week | _ | | | |) yee | | the | organizations | compensation | |
| | (list any | recto | | | | em plc | | organization | (W-2/1099-MISC) | from the | |
| | hours for | ordi | 9.0 | | | sated | | (W-2/1099-MISC) | | organization | |
| | related organizations | ustee. | trust | | 99 | n pen s | | | | and related organizations | |
| | below | Individual trustee or director | Institutional trustee | _ | nploy | stcor | 16 | | | Organizations | |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | Former | | | | |
| (27) MEGAN MYUNGWON LEE | 2.00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
| (28) JUDITH LIEBERMAN | 2.00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
| (29) CHRISTINE MASON | 2.00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
| (30) RONALD L. NORSWORTHY | 2.00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
| (31) DR. ADRIENNE A. PHILLIPS | 2.00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
| (32) BLENDA PINTO | 2.00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
| (33) OMMEED SATHE | 2.00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
| (34) PHILIP K. SMITH, III | 2.00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
| (35) ROGER SMITH | 2.00 | | | | | | | | _ | _ | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
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| Total to Part VII, Section A, line 1c | | | | | | | | | | | |
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Form 990 (2023) THE NEW
Part VIII Statement of Revenue

| | | Check if Schedule O contains a respons | e or note to anv lin | e in this Part VIII | | | |
|--|------|---|---|---------------------|-------------------|------------------|------------------------------------|
| | | <u> </u> | , | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | function revenue | business revenue | sections 512 - 514 |
| SΩ | 1 2 | a Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | 344,190. | | | | |
| ନ୍ଦ୍ର ପ୍ର | | Fundraising events 1c | 588,216. | | | | |
| ifts | | d Related organizations 1d | , | | | | |
| nila | | e Government grants (contributions) | 11,451,605. | | | | |
| Sir | | All other contributions, gifts, grants, and | , , | | | | |
| uti her | | similar amounts not included above 1f | 2,448,928. | | | | |
| g ţ | | Noncash contributions included in lines 1a-1f | . , , , , , , , , , , , , , , , , , , , | | | | |
| Son | | Total. Add lines 1a-1f | | 14,832,939. | | | |
| <u> </u> | • | 1 Total / Ida III Ioo Ta Ti | Business Code | , , | | | |
| o l | 2 : | EDUC PGMS & WORKSHOPS | 900099 | 303,635. | 303,635. | | |
| ķ | | REGISTRATION FEES | 900099 | 199,547. | 199,547. | | |
| Ser | | EXHIBITION AND LOAN FEES | 900099 | 143,709. | 143,709. | | |
| Program Service Revenue | | ADMISSIONS | 900099 | 95,734. | 95,734. | | |
| Be | | MEMBERSHIP DUES & TOURS NTD | 900099 | 17,379. | 17,379. | | |
| Pro | f | All other program service revenue | | , | , | | |
| | | Total. Add lines 2a-2f | | 760,004. | | | |
| | 3 | Investment income (including dividends, inte | | | | | |
| | | other similar amounts) | | 1,421,917. | | | 1421917. |
| | 4 | Income from investment of tax-exempt bond | | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a 302,91 |). | | | | |
| | k | Less: rental expenses 6b 128,793 | ١, | | | | |
| | (| Rental income or (loss) 6c 174,128 | 3. | | | | |
| | (| Net rental income or (loss) | | 174,128. | | | 174,128. |
| | 7 a | a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 12,175,893 | 22,886. | | | | |
| | k | Less: cost or other basis | | | | | |
| ne | | and sales expenses 7b 11,176,043 | 2. 0. | | | | |
| ven | (| Gain or (loss) 7c 999,850 | 22,886. | | | | |
| Re | (| d Net gain or (loss) | | 1,022,736. | | | 1022736. |
| her Revenue | 8 8 | a Gross income from fundraising events (not | | | | | |
| ŏ | | including \$ 588,216. of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | 130,370. | | | | |
| | k | Less: direct expenses | 349,259. | | | | |
| | | Net income or (loss) from fundraising events | | -218,889. | | | -218,889. |
| | 9 a | a Gross income from gaming activities. See | | | | | |
| | | |)a | | | | |
| | | |)b | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10 a | a Gross sales of inventory, less returns | 226 550 | | | | |
| | | | 0a 236,558. | | | | |
| | | J | 0b 161,096. | 75 462 | 75,462. | | |
| - | | Net income or (loss) from sales of inventory | Business Code | 75,462. | 75, 402. | | |
| sn | 11 - | PARKING LOT INCOME | 900099 | 84,532. | | 46,048. | 38,484. |
| neo Tue | 116 | INSURANCE RECOVERY | 900099 | 5,936. | | 15,010. | 5,936. |
| ella Ven | | | - | ,,,,,,,,, | | | -,,,,,, |
| Miscellaneous Revenue | , | All other revenue | | | | | |
| Σ | , | e Total. Add lines 11a-11d | | 90,468. | | | |
| | 12 | Total revenue. See instructions | | 18,158,765. | 835,466. | 46,048. | 2444312. |

332009 12-21-23

Form 990 (2023) THE NEWARK MUSEUM ASSOCIATION Part IX Statement of Functional Expenses

| Sooti | Section 501/a/2) and 501/a/4) arganizations must complete all columns. All other arganizations must complete column (A) | | | | | | |
|-----------|---|----------------|--------------------------|---------------------------------|---------------------------------------|--|--|
| Secti | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX | | | | | | |
| | • | (A) | (B) | (C) | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses | | |
| 1 | Grants and other assistance to domestic organizations | | ехрепзез | general expenses | ехрепзез | | |
| • | 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 | 1,509,569. | 256,550. | 431,982. | 821,037. | | |
| 6 | Compensation not included above to disqualified | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | |
| 7 | Other salaries and wages | 6,565,483. | 4,695,415. | 551,145. | 1,318,923. | | |
| 8 | Pension plan accruals and contributions (include | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 635,607. | | 65,712. | 49,661. | | |
| 9 | Other employee benefits | 953,308. | | 31,189. | 49,661. 162,358. | | |
| 10 | Payroll taxes | 865,156. | 656,380. | 42,511. | 166,265. | | |
| 11 | Fees for services (nonemployees): | | | | | | |
| а | Management | | | | | | |
| b | Legal | 73,685. | | 73,685. | | | |
| С | Accounting | 101,057. | | 101,057. | | | |
| d | Lobbying | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | |
| f | Investment management fees | 186,984. | | 186,984. | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 2,857,668. | | 471,675. | 193,362. | | |
| 12 | Advertising and promotion | 458,652. | | 16,501. | 95,444. | | |
| 13 | Office expenses | 977,171. | | 73,474. | 104,926. | | |
| 14 | Information technology | 194,750. | 169,968. | 22,628. | 2,154. | | |
| 15 | Royalties | | | - 100 | | | |
| 16 | Occupancy | 868,825. | 849,833. | 5,403. | 13,589. | | |
| 17 | Travel | 190,476. | 133,232. | 44,357. | 12,887. | | |
| 18 | Payments of travel or entertainment expenses | | | | | | |
| | for any federal, state, or local public officials | 005 400 | 165 252 | 05.005 | 24 524 | | |
| 19 | Conferences, conventions, and meetings | 287,409. | | 87,335. | 34,701. | | |
| 20 | Interest | 92,170. | 63,597. | 12,904. | 15,669. | | |
| 21 | Payments to affiliates | 1 405 600 | 1 225 222 | 00 111 | 40 160 | | |
| 22 | Depreciation, depletion, and amortization | 1,405,609. | 1,335,330. | 28,111. | 42,168. | | |
| 23 | Insurance | 371,917. | 356,569. | 6,139. | 9,209. | | |
| 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 0.) | 000 070 | 000 070 | | | | |
| | ACQ OF WORKS OF ART | 889,079. | | 10 264 | 06 100 | | |
| | REPAIRS & MAINTENANCE | 527,407. | | 19,364. | 26,108. | | |
| C | COLLECTIONS CARE | 34,000. | | 1 112 | 2 276 | | |
| d | OTHER OPERATING EXPENSE | 12,486. | 7,887. | 1,223. | 3,376. | | |
| | All other expenses | 20 050 460 | 14,713,252. | 2 272 270 | 2 071 027 | | |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 20,058,468. | 14,/13,434. | 2,273,379. | 3,071,837. | | |
| 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 if following SOP 98-2 (ASC 958-720) | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | | | |

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|-----|--|---------|---------------------|---------------------------------|----|---------------------------|
| | | Check if Schedule O contains a response or note t | to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 4,278,263. | 1 | 4,546,566 |
| | 2 | Savings and temporary cash investments | | | 4,449,088. | 2 | 1,877,217 |
| | 3 | Pledges and grants receivable, net | | | 2,054,098. | 3 | 1,358,379 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or fo | | | | | |
| | | trustee, key employee, creator or founder, substan | ntial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these | perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualified | d per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in | n sect | tion 4958(c)(3)(B) | | 6 | |
| ış | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 129,742. | 8 | 181,393 |
| ¥ | 9 | B | | | 171,986. | 9 | 86,426 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 67,419,518. | | | |
| | b | Less: accumulated depreciation | 10b | 53,948,490. | 13,746,934. | | 13,471,028 43,695,562 |
| | 11 | Investments - publicly traded securities | | | 38,514,311. | 11 | 43,695,562 |
| | 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 | | | 40,212. | 15 | 82,844 |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | | 63,384,634. | 16 | 65,299,415 |
| | 17 | Accounts payable and accrued expenses | | | 1,311,727. | 17 | 2,319,968 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Pa | rt IV d | of Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or former | | | | | |
| ≝ | | trustee, key employee, creator or founder, substan | ntial c | ontributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these | perso | ons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelate | d thir | d parties | 2,012,000. | 23 | 2,012,000 |
| | 24 | Unsecured notes and loans payable to unrelated the | - | | | 24 | |
| | 25 | Other liabilities (including federal income tax, paya | | | | | |
| | | parties, and other liabilities not included on lines 1 | 7-24). | Complete Part X | 40.050 | | 61 550 |
| | | of Schedule D | | | 48,050. | | 61,772 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 3,371,777. | 26 | 4,393,740 |
| s | | Organizations that follow FASB ASC 958, check | here | X | | | |
|)Ce | | and complete lines 27, 28, 32, and 33. | | | 4E 070 402 | | 16 101 072 |
| alar | 27 | Net assets without donor restrictions | | | 45,878,483. | 27 | 46,101,973 |
| B | 28 | Net assets with donor restrictions | | | 14,134,374. | 28 | 14,803,702 |
| ŭ | | Organizations that do not follow FASB ASC 958 | , che | ck here | | | |
| 느 | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or equi | | | | 30 | |
| ۱ ۲ | 31 | Retained earnings, endowment, accumulated inco | | | 60 010 057 | 31 | 60 005 675 |
| ž | 32 | Total net assets or fund balances | | | 60,012,857. | 32 | 60,905,675 |
| | 33 | Total liabilities and net assets/fund balances | | | 63,384,634. | 33 | 65,299,415. |

Form **990** (2023)

| | | | | | | J- |
|----|--|---------|---------|-----|-----|------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18 | ,15 | 8,7 | <u>65.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 20 | ,05 | 8,4 | 68. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1 | ,89 | 9,7 | 03. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 60 | ,01 | 2,8 | 57. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2 | ,79 | 2,5 | 21. |
| 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 | ,90 | 5,6 | 75. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х |
| | 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? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | 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? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O | | | | |
| За | 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 require | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | X | |

332012 12-21-23

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

Employer identification number Name of the organization THE NEWARK MUSEUM ASSOCIATION 22-1487275 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------|---------------------|---------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 9102999. | 10716404. | 10258347. | 10997488. | 14832939. | 55908177. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 9102999. | 10716404. | 10258347. | 10997488. | 14832939. | 55908177. |
| | | | | | | | |
| _ | 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) | | | | | | 1267359. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 54640818. |
| | ction B. Total Support | | | | | | <u> </u> |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | | | | 10997488. | | |
| | Gross income from interest. | 32023330 | | | | | 333332773 |
| O | dividends, payments received on | | | | | | |
| | - | | | | | | |
| | securities loans, rents, royalties, | 1483361. | 815,789. | 2100406 | 1559725. | 1724836 | 7684117. |
| _ | and income from similar sources | 1403301. | 013,703. | 2100400. | 13337723. | 17240300 | 7004117. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | 748. | | | 748. |
| | business is regularly carried on | | | 740. | | | 740. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | 69,242. | 0 001 | 404 007 | 106 246 | 44 420 | 632,879. |
| | assets (Explain in Part VI.) | 09,242. | 8,884. | 404,007. | 106,246. | | |
| | Total support. Add lines 7 through 10 | | ` | | | | 64225921. |
| | Gross receipts from related activities, | • | , | | | | ,203,391. |
| 13 | First 5 years. If the Form 990 is for th | | | | | | |
| 804 | organization, check this box and stor | | | | | | <u></u> |
| | ction C. Computation of Publi | | | 1 (6) | | | 85.08 % |
| | Public support percentage for 2023 (I | | | | | 14 | 0.4.00 |
| | Public support percentage from 2022 | | | | | 15 | |
| 16a | 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | | | | | | |
| | stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b | b 33 1/3% support test - 2022. 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 qual | | | | | | |
| 17a | 17a 10% -facts-and-circumstances test - 2023. 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 te | st. The organizatio | n qualifies as a pu | blicly supported o | rganization | | |
| b | 10% -facts-and-circumstances test | - 2022. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s |
| | | | | | | Schedule A | (Form 990) 2023 |

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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.)

| Sec | etion A. Public Support | siow, picase comp | oloto i dit ii.j | | | | |
|------|--|--------------------------|----------------------|-----------------------|---------------------|-----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | 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 organ- ization'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 | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | | (a) 2013 | (6) 2020 | (6) 2021 | (d) ZOZZ | (6) 2020 | (i) rotai |
| | 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 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is | | | | | | |
| 12 | regularly carried on 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 | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organizatio | on, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2023 (li | ne 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 23 (line 10c, colur | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2 | 2022 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization qual | ifies as a publicly s | supported organiza | ation | |
| b | 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation. If the organization | | | | | | |

332023 12-21-23

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Par | TIV Supporting Organizations (continued) | | | |
|--------|--|----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | 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? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sact | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| OCOL | tion of Type it oupporting organizations | | V | NI. |
| 4 | Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors | | Yes | No |
| | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sect | tion D. All Type III Supporting Organizations | • | | |
| | <i>7</i> • • | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 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? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 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? If "Yes," describe in Part VI the role the organization's | | | |
| Caat | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | , | |
| с 2 | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below. | truction | yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 162 | NO |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Sche | dule A (Form 990) 2023 THE NEWARK MUSEUM ASSO | | | 22-1487275 Page 6 |
|------|---|----------------|----------------------------------|--------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ing trust on I | Nov. 20, 1970 (<i>explain i</i> | n Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complete | Sections A through E. | |
| Sect | on 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 | | |
| Sect | on 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 | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 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 | | |
| Sect | on 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 | | |

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

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: PARKING LOT INCOME 2019 AMOUNT: \$ 64,531. 2020 AMOUNT: \$ 8,884. 4,085. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 28,735. 2023 AMOUNT: \$ 38,484. INSURANCE RECOVERY 2021 AMOUNT: \$ 250,000. 2022 AMOUNT: \$ 69,969. 2023 AMOUNT: \$ 5,936. BOOK SALE/ OTHER REVENUE 2019 AMOUNT: \$ 4,711. 2021 AMOUNT: \$ 150,002. 2022 AMOUNT: \$ 7,542.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Name of the organization Employer identification number

THE NEWARK MUSEUM ASSOCIATION 22-1487275

Organization type (sheek ene):

| Organization type (check one). | | | | | | | |
|---|--|--|--|--|--|--|--|
| Filers of: Section: | | | | | | | |
| Form 99 | 0 or 990-EZ | $\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| | | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General | Rule | | | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special | Rules | | | | | | |
| X | X 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). | | | | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE NEWARK MUSEUM ASSOCIATION

22-1487275

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 5,664,952. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$4,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>1,423,100.</u> | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | Total contributions \$ 650,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$350,000. | Person X Payroll |

Name of organization Employer identification number

THE NEWARK MUSEUM ASSOCIATION

22-1487275

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

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** 22-1487275 THE NEWARK MUSEUM ASSOCIATION 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Inspection

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number 22-1487275

| Pai | | | or Accounts. Complete if the |
|-----|---|--|--------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at and of year | (a) Bonor advised funds | (b) i dilas ana otner accounts |
| 2 | Total number at end of 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 advi | sed funds |
| _ | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | | |
| | impermissible private benefit? | | Yes No |
| Par | t II Conservation Easements. Complete if the or | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizati | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation of | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | | | |
| | Number of conservation easements on a certified historic str | | 2c |
| d | Number of conservation easements included on line 2c acqu | | |
| _ | on a historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re- | leased, extinguished, or terminated by the | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation eas | • | |
| 5 | Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| Ū | ctan and relations made develop to memoring, inspecting, | Thanking or violations, and officioning con- | oor valien eacomonic daring the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserva | ation easements during the year |
| | 3, 1, 3, | 3 | 3 |
| 8 | Does each conservation easement reported on line 2d above | e satisfy the requirements of section 170(l | n)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and expense | e statement and |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statem | ents that describes the |
| | organization's accounting for conservation easements. | | |
| Par | t III Organizations Maintaining Collections of | | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pul | blic exhibition, education, or research in f | urtherance of public |
| | service, provide in Part XIII the text of the footnote to its final | ncial statements that describes these iter | ns. |
| b | If the organization elected, as permitted under FASB ASC 95 | • | |
| | art, historical treasures, or other similar assets held for public | e exhibition, education, or research in furt | herance of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | | | |
| 2 | If the organization received or held works of art, historical tre | | al gain, provide |
| | the following amounts required to be reported under FASB A | | • |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | 5 IUI FUIII 99U. | Schedule D (Form 990) 2023 |

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

| Par | t III Organizations Maintaining C | ollections of Art | t, Historical Tre | asures, or | Other | Similar | Asse | ts (contir | nued) | <u>.90</u> | |
|-------|---|-----------------------|--------------------------|---------------------|-------------|-----------------------|-----------|-------------|--------|------------|--|
| 3 | Using the organization's acquisition, accession | | | | | | | | | | |
| | collection items (check all that apply). | , | , | 3 | 3 | | | | | | |
| а | X Public exhibition | d | X Loan or exc | hange prograi | m | | | | | | |
| b | X Scholarly research | е | | | | | | | | | |
| С | X Preservation for future generations | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | During the year, did the organization solicit or | • | • | · · | • | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Г | Yes | X | No | |
| Par | t IV Escrow and Custodial Arrang | | | | | | | line 9, or | | | |
| | reported an amount on Form 990, Par | | Ü | | | · | ŕ | , | | | |
| 1a | Is the organization an agent, trustee, custodia | an, or other intermed | liary for contribution | s or other ass | ets not ir | ncluded | | | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No | |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | _ | |
| | 3 | , | 3 | | | | | Amoun | t | | |
| С | Beginning balance | | | | | 1c | | | | | |
| | Additions during the year | | | | | 1d | | | | | |
| е | Distributions during the year | | | | | 1e | | | | | |
| f | Ending balance | | | | | 1f | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | Yes | | No | |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | | | | | ĺ | |
| Par | | | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | | d) Three y | ears back | k (e) Four | years | back | |
| 1a | Beginning of year balance | 41,616,121. | 61,174,318. | 43,057 | ,160. | 42,2 | 34,820 | . 38, | 418, | 187. | |
| b | Contributions | 4,066. | 10,293. | | | | 75,339 | · · · · · · | | | |
| c | Net investment earnings, gains, and losses | 5,185,244. | -5,700,629. | - | | 4,4 | 17,853 | . 5 | ,705, | | |
| d | Grants or scholarships | | | , | | • | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| _ | and programs | 2,095,299. | 13,674,963. | 5,487 | ,621. | 3,5 | 07,498 | . 1 | ,822, | 324. | |
| f | Administrative expenses | 186,984. | 192,898. | 199 | ,031. | 1 | 63,354 | | 156, | | |
| g | End of year balance | 44,523,148. | | | | | 57,160 | _ | 234, | | |
| 2 | Provide the estimated percentage of the curr | | | | | , | · · | | | | |
| а | Board designated or quasi-endowment | 69.1640 | % | , | | | | | | | |
| b | Permanent endowment 30.8360 | % | _ /- | | | | | | | | |
| c | Term endowment • 0000 | | | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c show | | | | | | | | | | |
| За | Are there endowment funds not in the posses | - | tion that are held ar | nd administere | ed for the | , | | | | | |
| | organization by: | 3- | | | | | | [| Yes | No | |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | | Х | |
| | (m) = 1 · · · · · · · · · | | | | | | | | | Х | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | ' | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, | Part X, lii | ne 10. | | | | | |
| | Description of property | (a) Cost or o | | or other (other) | ٠, | cumulate reciation | ed | (d) Boo | k valu | e | |
| | Land | - ` ` | , | ` ' | | | | | | | |
| b | Buildings | | 61.99 | 0,252. | 49.0 | 16,32 | 29. | 12,97 | 3.9 | 23. | |
| | Leasehold improvements | | 102,00 | -, | , | , | | ,_, | - , | | |
| d | Equipment | | 3.99 | 8,286. | 3.7 | 38,15 | 52. | 2.6 | 0,1 | 34. | |
| | Other | | | 0,980. | | 94,00 | | | 6,9 | | |
| | . Add lines 1a through 1e. (Column (d) must e | | | | | | | 13,47 | | | |
| . J.u | | auur Onn 330. Fäll | A. III IC TOO. COIDITIIT | (<i>UII</i> | | | | -,-, | | | |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 THE NEWARK M Part VIII Investments - Other Securities | USEUM ASSOCI | | -1487275 Page |
|---|---------------------------|---|------------------------|
| Complete if the organization answered "Yes" o | n 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 | d-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, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" o | | 11d. See Form 990, Part X, line 15. | |
| (a) D | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| <u>(7)</u> | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities | <u>(B))</u> | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 1 |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) REFUNDABLE ADVANCES | | | 61,772 |
| (3) | | | |

| <u>1.</u> | (a) Description of liability | (b) Book value |
|-----------|---|----------------|
| (1) | Federal income taxes | |
| (2) | REFUNDABLE ADVANCES | 61,772. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 61,772. |

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

Schedule D (Form 990) 2023

2,914,660.

17,887,249.

| Sche | dule D (Form 990) 2023 THE NEWARK MUSEUM ASSOCIATION | 22- | 1487275 | Page 4 | | | | |
|------|--|-----|---------|--------|--|--|--|--|
| Par | 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 | 20,801, | 909. | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | | |
| • | Net unrealized gains (losses) on investments | | | | | | | |

b Donated services and use of facilities 2c Recoveries of prior year grants 122,139 Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1

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 Other (Describe in Part XIII.)

c Add lines 4a and 4b

<u>271,516.</u> 18,158,765

Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| Total expenses and losses per audited financial statements | | | 1 | 19,909,091. |
|--|---|---|---|--|
| Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| Donated services and use of facilities | 2a | | | |
| Prior year adjustments | 2b | | | |
| | | | | |
| | | 122,139. | | |
| Add lines 2a through 2d | | | 2e | 122,139. |
| Subtract line 2e from line 1 | | | 3 | 19,786,952. |
| Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| nvestment expenses not included on Form 990, Part VIII, line 7b | 4a | 186,984. | | |
| Other (Describe in Part XIII.) | 4b | 84,532. | | |
| Add lines 4a and 4b | | | 4c | 271,516. |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 20,058,468. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | Prior year adjustments 2b Prior year adjustments 2c Pother (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Pother (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Dither losses Dither (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Determine the losses D |

│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.

25 PURCHASES, 2 GIFTS, AND 1 TRANSFERS WERE ACCESSIONED INTO THE PERMANENT COLLECTION; 42 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 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED IN PART VIII, LINE 6B

122,139.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 22-1487275 THE NEWARK MUSEUM ASSOCIATION 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. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) 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.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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

| | | of fundraising event contributions and gro | | | | s greater than \$5,000. |
|-----------------|------------|---|---------------------------------------|------------------------------|-----------------------|---|
| | | | (a) Event #1 ANNUAL SPRING GALA | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| nue | | | (6.6.11.13/p.0) | (Crain type) | (total mannes) | |
| Revenue | 1 | Gross receipts | 718,586. | | | 718,586. |
| | 2 | Less: Contributions | 588,216. | | | 588,216. |
| | 3 | Gross income (line 1 minus line 2) | 130,370. | | | 130,370. |
| | 4 | Cash prizes | | | | |
| S | 5 | Noncash prizes | | | | |
| xpense | 6 | Rent/facility costs | 128,414. | | | 128,414. |
| Direct Expenses | 7 | Food and beverages | 72,101. | | | 72,101. |
| | 8 | Entertainment | | | | |
| | | Other direct expenses | 148,744. | | | 148,744. |
| | | Direct expense summary. Add lines 4 through | | | | 349,259. |
| Da | 11 rt I | Net income summary. Subtract line 10 from li | | | | -218,889. |
| Pa | ונו | Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1990, Part IV, line 19, or i | reported more than | |
| | | ψ13,500 0111 01111 330 E2, line 6a. | | (b) Pull tabs/instant | | (d) Total gaming (add |
| ηue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | |
| Ä | 1 | Gross revenue | | | | |
| | | | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | Ŭ | = | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No No | No 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) | | | |
| ۵ | En | ter the state(s) in which the organization condu | cte gaming activities: | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No |
| | | No," explain: | | | | |
| | | · · · | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re | | - | | Yes No |
| b | If " | Yes," explain: | | | | |
| | _ | | | | | |
| | | | | | | |

Schedule G (Form 990) 2023

332082 09-13-23

| Sch | edule G (Form 990) 2023 THE NEWARK MUSEUM ASSOCIATION 22- | 140/2 | <u>4 / 5</u> | Page 3 |
|-----|---|-------------|--------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | \ | ′ es | ☐ No |
| | 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? | \ | ′ es | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | | % |
| | 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? | 🔲 \Upsilon | ⁄es | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | | |
| С | of gaming revenue retained by the third party \$ 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: | | | |
| | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| а | retain the state gaming license? | | ⁄es | ☐ No |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | . Ш ' | | 110 |
| b | organization's own exempt activities during the tax year \$ | | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III line | se 0 (| 2h 10h |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | 111, 11110 | ,5 0, 0 | 75, 105, |
| | 13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| Schedule G | G (Form 990) | \mathtt{THE} | NEWARK | MUSEUM | ASSOCIATION | 22-1487275 | Page 4 |
|------------|---|----------------|-------------|--------|-------------|------------|--------|
| Part IV | G (Form 990) Supplemental Inform | mation | (continued) | | | | |
| | • | | (continued) | | | | |
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SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE NEWARK MUSEUM ASSOCIATION

 $\begin{array}{c} \text{Employer identification number} \\ 22 - 1487275 \end{array}$

| Pa | art I Questions Regarding Compensation | | | |
|----|---|------------|-----|-----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account 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 | 1b | | <u> </u> |
| 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? | 2 | | <u> </u> |
| | | | | |
| 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. | | | |
| | X Compensation committee | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations X 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: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | <u> X</u> |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | 0.1 11 504/ V0) 504/ V4) 1504/ V00) 1 11 11 5 0 | | | |
| _ | 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: | | | v |
| a | The organization? | 5a | | X |
| a | Any related organization? | 5b | | \vdash |
| _ | 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: | 6- | | х |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | |
| 7 | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| ′ | 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 | 7 | Х | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | – ′ | | \vdash |
| 3 | | 8 | | x |
| 9 | Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| 9 | D. 141. 50 (050 0/)0 | 9 | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2023

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-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|---------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) LINDA C. HARRISON, DIRECTOR | (i) | 364,448. | 90,000. | 4,548. | 54,654. | 32,249. | 545,899. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SAYAKA ARAKI | (i) | 204,914. | 2,500. | 1,255. | 25,592. | 15,126. | 249,387. | 0. |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CATHERINE EVANS INBUSCH, DEPUTY | (i) | 197,651. | 2,500. | 2,242. | 21,963. | 17,698. | 242,054. | 0. |
| DIR., COLLECTIONS/CURATORIAL STRATEG | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) PETER WILDEROTTER, DEPUTY DIR. | (i) | 199,653. | 0. | 1,779. | 25,662. | 14,523. | 241,617. | 0. |
| PHILANTHROPY & EXTERNAL RELATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) STEPHANIE LYLES, DEPUTY | (i) | 189,149. | 2,500. | 1,016. | 24,546. | 13,401. | 230,612. | 0. |
| DIR. OF PEOPLE, CULTURE, & OPERATION | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DAVID MAY | (i) | 140,288. | 5,000. | 3,747. | 18,205. | 26,391. | 193,631. | 0. |
| SR. DIR., FACILITIES OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) SHIRLEY THOMAS | (i) | 147,030. | 0. | 674. | 18,421. | 26,580. | 192,705. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) TIMOTHY WINTEMBERG, SR. DIR., | (i) | 153,785. | 0. | 1,323. | 18,585. | 0. | 173,693. | 0. |
| STRATEGIC INNO. PROJECTS & DESIGN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (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 2023. THE |
| AMOUNT IS REPORTED ON FORM 990, PART VII IN COLUMN (D) AND/OR SCHEDULE J, |
| PART II, COLUMN B(III). |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

| | THE NEWARK M | USEUM . | ASSOCIATION NECESTRALIS NA PROPERTIES NA PRO | ON | | 22-1 | 487 | <u> 275</u> | |
|-----|--|-------------------------------|--|---|----------------|---|---------|-------------|----|
| Par | t I Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash cont amounts repo Form 990, Part V | rted on | (d) Method of de noncash contribu | etermin | • | s |
| 1 | Art - Works of art | X | 3 | | 0. | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other () | | | | | | | | |
| 26 | Other () | | | | | | | | |
| 27 | Other () | | | | | | | | |
| 28 | Other (| | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | | | | | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | Oonee Acknowledg | ement | 29 | | | 0 | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | _ | | | | |
| | must hold for at least 3 years from the date of | | | | | | | | |
| | exempt purposes for the entire holding period? | ? | | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | | | | | | | | <u> </u> | |
| 32a | 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | 1 | |
| | contributions? | | | | | | 32a | Х | |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column | n (a) is check | ed, | | | |
| | describe in Part II. | | | | | | | | |

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

| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
|---|
| SCHEDULE M, PART I, COLUMN (B): |
| THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, |
| COLUMN (B) OF SCHEDULE M. |
| |
| SCHEDULE M, LINE 32B: |
| HIRE AND USE OF THIRD PARTIES: |
| THE NEWARK MUSEUM OCCASIONALLY CONTRACTS WITH COMMERCIAL AUCTION HOUSES |
| SUCH AS SOTHEBY'S TO SELL NON-CASH CONTRIBUTIONS OF WORKS OF ART OR |
| PERSONAL PROPERTY. THESE GIFTS MAY BE WORKS THAT HAVE BEEN PART OF THE |
| COLLECTION FOR YEARS, BUT THAT HAVE BEEN RECENTLY DE-ACCESSIONED, OR |
| THEY MAY BE WORKS OF ART OR PERSONAL PROPERTY DONATED TO THE MUSEUM |
| THAT DO NOT FIT WITH THE MUSEUM'S COLLECTIONS. |
| |
| SCHEDULE M, LINE 33: |
| GIFTS OR ART OBJECTS TO THE MUSEUM ARE EXCLUDED FROM REVENUE IN THE |
| ORGANIZATION'S FINANCIAL STATEMENTS AND IN ACCORDANCE THIS, THE REVENUE |
| IS ALSO EXCLUDED FROM THE FORM 990. |
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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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number 22-1487275

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

MARKS THE FIRST TIME THE MUSEUM'S HISTORICAL GALLERIES HAVE BEEN FULLY

REIMAGINED SINCE 2001. IT'S ALSO THE FIRST TIME THE HISTORICAL ARTWORKS

ARE PLACED IN DIALOGUE WITH LIVING ARTISTS OF COLOR.

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

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

COMPRISING NEARLY 80 ARTWORKS, THE SUITE OF EIGHT CONNECTED GALLERIES

DRAWS LARGELY FROM THE MUSEUM'S HOLDINGS AND FEATURES OBJECTS THAT

HIGHLIGHT THE OUTGROWTH OF THE TRANSATLANTIC SLAVE TRADE AND THE

AFRICAN DIASPORA. THE PHYSICAL RENOVATIONS ARE ALSO PAIRED WITH NEW

THEMES, FULLY BILINGUAL LABELS, AND SEVERAL ENGAGING VISITOR

EXPERIENCES. THESE INCLUDE A SPACE FOR VISITORS TO SHARE THEIR WRITTEN

RESPONSES, A READING NOOK TO VIEW ANTIRACIST BOOKS, AND A SPACE TO MAKE

ABOLITIONIST BOOKMARKS. THE AMERICAN VOICES PROGRAM, LAUNCHED IN 2019,

INVITES MEMBERS OF THE COMMUNITY TO CREATE A WALL LABEL IN RESPONSE TO

AN ARTWORK ON VIEW. THE NEW AMERICAN VOICES LABELS INCLUDE TEXTS BY

NOELLE LORRAINE WILLIAMS, MARGIE "MIA X" JOHNSON, CATHERINE MCKINLEY,

AND ROGER C. TUCKER.

THE NMOA HAS LAUNCHED ITS NEWLY REIMAGINED MEMBER EXPERIENCES FOR 2023

AND BEYOND. THESE UNIQUE, EXCLUSIVE EVENTS OFFER MEMBERS THE

OPPORTUNITY TO ENJOY ARTFUL CONVERSATIONS LED BY MUSEUM EXPERTS TO

UNDERSTAND WHAT LIES BENEATH THE SURFACE OF SOME OF ITS MOST BELOVED

ARTWORKS. ON JULY 20, 2023, THE MUSEUM HOSTED A MEMBER EXPERIENCE

EVENT, OTHER VOICES: RETELLING AMERICAN HISTORY, IN THE SEEING AMERICA:

18TH & 19TH CENTURY GALLERIES OFFERED AN EXPANDED VIEW OF AMERICAN

IDENTITY AND MORE HONEST AND INCLUSIVE NARRATIVES. THE REINSTALLATION

OF THESE GALLERIES PRESENTS CONTEMPORARY ART INSTALLED ALONGSIDE

HISTORICAL PAINTING, SCULPTURE, AND MATERIAL CULTURE. DURING THIS

SESSION, MEMBERS ENGAGED IN THOUGHTFUL DIALOGUE GUIDED BY MUSEUM

DOCENTS WHO USED THEIR EXTENSIVE KNOWLEDGE OF PORTRAITS, LANDSCAPES,

AND IMAGES OF DAILY LIFE, HIGHLIGHTING A DEEPER UNDERSTANDING OF THE

UNDER-TOLD STORIES OF AMERICAN HISTORY.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number 22-1487275

THE BALLANTINE HOUSE

IN NOVEMBER 2023, THE MUSEUM REOPENED A NATIONAL HISTORIC LANDMARK FROM

1885, THE BALLANTINE HOUSE, WITH A NEW INTERPRETATION THAT HIGHLIGHTS

UNTOLD STORIES OF THE DIVERSE COMMUNITIES OF NEWARK PAST AND PRESENT. A

COMBINATION OF FRESHLY INSTALLED AND REINSTALLED GALLERIES, AS WELL AS

PERIOD ROOMS WITH NEW INTERVENTIONS, WELCOMES VISITORS WITH ENGAGING

EXPERIENCES AND EXPANDED REPRESENTATION. BEGINNING IN 2022 THE MUSEUM

UNDERTOOK A MAJOR EXTERIOR RESTORATION THE BALLANTINE HOUSE, ITSELF A

COLLECTION OBJECT, TO ADDRESS ISSUES OF WATER INCURSION AND

DETERIORATING WYOMING GREY SANDSTONE, AS WELL AS TARGETING AREAS OF

INTERIOR ARCHITECTURAL CONSERVATION.

THE REIMAGINED BALLANTINE HOUSE IS A SIGNIFICANT CHANGE IN INTERPRETIVE
PHILOSOPHY, STRATEGY, AND EDUCATIONAL PROGRAMMING, ALIGNING WITH THE
MUSEUM'S MISSION. THE AIM OF THE INTERPRETIVE FRAMEWORK IS TO ENHANCE
THE VISITOR EXPERIENCE AND TO CREATE AN ENVIRONMENT IN WHICH PEOPLE
FEEL REPRESENTED, CREATE POSITIVE MEMORIES, AND FEEL A CONNECTION WITH
THE NEWARK COMMUNITY, PAST AND PRESENT. TO ACHIEVE THESE GOALS, THE
MUSEUM CREATED GALLERY EXPERIENCES THAT MAKE SPACE FOR THE VISITOR
THROUGH HIGHLIGHTED OBJECTS AND ARTWORKS, MULTI-SENSORY EXPERIENCES,
AND COMFORTABLE SEATING TO ENCOURAGE CONVERSATION AND REFLECTION. THE
REOPENED HOUSE FEATURES NEW GALLERIES WITH IMMERSIVE EXPERIENCES;
INTERVENTIONS OF CONTEMPORARY ART AND OBJECTS WITH IMMIGRANT AND BLACK
FAMILY HISTORIES INSTALLED IN PERIOD ROOMS; REINSTALLED SPACES WITH
COLLECTION OBJECTS THAT SUPPORT THE THEMES; AND NEW ELEMENTS INCLUDING
DIGITAL FEATURES, SUCH AS A LISTENING LOUNGE AND IMMERSIVE SOUNDSCAPES

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

THAT WILL BRING THE HOUSE TO LIFE. NMOA ENVISIONS THESE UNEXPECTED

MOMENTS, MADE POSSIBLE BY THE LATEST TECHNOLOGY, AS A NEW MODEL TO

CONNECT VISITORS WITH THE PAST, PRESENT, AND FUTURE. VISITOR EVALUATION

WILL BEGIN IN 2024 IN ORDER FOR THE MUSEUM TO SEE HOW VISITORS ARE

RESPONDING TO THE OVERALL INSTALLATION AND INDIVIDUAL ELEMENTS, AS WELL

AS PROVIDING STANDARDIZED METRICS FOR EVALUATING SUCCESSES AND WHAT CAN

BE IMPROVED OR BUILT UPON.

HARRIET TUBMAN SQUARE

THE MUSEUM WORKED CLOSELY WITH THE CITY OF NEWARK AND AUDIBLE ON THE

CREATION OF THE HARRIET TUBMAN MONUMENT, WHICH DEBUTED ON MARCH 20,

2023. THE LEARNING & ENGAGEMENT TEAM SUPPORTED THIS COLLABORATIVE

PROJECT BY 1) WORKING WITH THE ARCHITECT TO MAKE THE COMMUNITY TILES

THAT WERE INCORPORATED IN THE MONUMENT; 2) COLLABORATING WITH

HISTORIANS AND CITY REPRESENTATIVES TO DEVELOP INTERPRETIVE CONTENT AND

SIGNAGE, 3) ORGANIZING THREE COMMUNITY DAYS TO CELEBRATE THE LIFE OF

HARRIET TUBMAN, AND 4) DEVELOPED A CURRICULUM GUIDE FOR NEWARK SCHOOLS

ABOUT THE MONUMENT AND RELEVANT WORK IN THE MUSEUM COLLECTION.

ANIMAL KINGDOM

FROM SEPTEMBER 23, 2022, THROUGH 2025, ANIMAL KINGDOM, AN EXPLORATION

OF ECOLOGY AND NATURE, THROUGH ANIMAL SPECIMENS, ARTWORKS, AND DIGITAL

EXPERIENCE OFFERS VISITORS OF ALL AGES A UNIQUE OPPORTUNITY TO

STIMULATE THEIR CREATIVITY WITH AN INTRODUCTION TO ART AS A MEDIUM FOR

PLAY, PARTICIPATION, AND LEARNING. THE LONG-TERM INSTALLATION INVITES

VIEWERS TO ENGAGE WITH ITS INTERACTIVE FEATURES AND IMMERSIVE SPACES,

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

SERVING AS A REMINDER THAT THE EARTH IS HOME TO AN ASTOUNDING VARIETY

OF LIFE. ANIMAL KINGDOM COMPLETES THE REIMAGINING OF THE MUSEUM'S

ENTIRE THIRD FLOOR FOR THE FIRST TIME SINCE 2002, UNDER THE UMBRELLA OF

ART + SCIENCE + TECH, WITH THE INTENTION OF OFFERING A VARIETY OF

MEMORABLE, PARTICIPATORY EXPERIENCES TO FAMILIES AND ADULT AUDIENCES IN

OTHER INTERACTIVE ELEMENTS INCLUDE AN ANIMAL-MATCHING GAME WITH ANCIENT

CAVE DRAWINGS, DIGITAL RECREATION OF THREE ECOSYSTEMS AND THE

ENDANGERED AND EXTINCT SPECIES THAT ONCE CALLED THEM HOME, TAKEN FROM

AUDUBON'S BIRDS OF AMERICA. A HIGHLIGHT OF THE EXHIBITION IS SKETCH

AQUARIUM: CONNECTED WORLD, AN INTERACTIVE DIGITAL INSTALLATION CREATED

BY TEAMLAB, AN INTERNATIONAL ART COLLECTIVE AND INTERDISCIPLINARY GROUP

WHOSE COLLABORATIVE PRACTICE SEEKS TO NAVIGATE THE CONFLUENCE OF ART,

SCIENCE, TECHNOLOGY, AND THE NATURAL WORLD. IN THIS INSTALLATION,

VISITORS CAN DRAW THEIR OWN SEA CREATURES TO JOIN AN UNDERWATER HABITAT

WHERE ANIMALS COME TO LIFE AND SWIM IN A VIRTUAL AQUARIUM.

STAFF UPDATES

THIS REGION AND BEYOND.

IN JANUARY OF 2023, THE MUSEUM CREATED THE POSITION OF ASSISTANT

CURATOR, LATINX & LATIN AMERICAN ART. ELENA MUNOZ-RODRIGUEZ, WHO HAD

BEEN A CURATORIAL ASSISTANT AT THE MUSEUM SINCE NOVEMBER OF 2019, WAS

PROMOTED TO FILL THIS ROLE, THE FIRST OF ITS KIND AT NMOA. WITH THIS

POSITION, THERE IS NEW RESEARCH AND INTERPRETATION OF THE EXISTING

AMERICAN ART COLLECTION WITH A LATINX FOCUS UNDERWAY. ADDITIONALLY, THE

AMERICAN ART COLLECTION IS BEING EXPANDED THROUGH STRATEGIC LATINX &

LATIN AMERICAN ART ACQUISITIONS. THE IMPACT OF THIS AREA OF FOCUS IS

THE NEWARK MUSEUM ASSOCIATION

THE NEWARK MUSEUM ASSOCIATION

ALREADY SEEN IN THE AMERICAN ART GALLERIES: "THE SPANISH CARIBBEAN

BODY" IS A NEW GALLERY IN SEEING AMERICA: 20TH-21ST CENTURY. THIS

GALLERY FEATURES ARTISTS WITH CONNECTIONS TO CUBA, THE DOMINICAN

REPUBLIC, AND PUERTO RICO WHO USE THE BODY AS A LENS TO ADDRESS RACE,

GENDER, MIGRATION, AND THE CARIBBEAN'S RELATIONSHIP WITH THE U.S, AS

WELL AS RECENT ACQUISITIONS BY EMERGING LATINX ARTISTS SUCH AS RAELIS

GLOBAL CONTEMPORARY: ADAMA DELPHINE FAWUNDU

THE MUSEUMS GLOBAL CONTEMPORARY PROGRAM IS A YEAR-LONG INSTALLATION

SHOWCASING NEW WORK BY LIVING ARTISTS IN DIALOGUE WITH THE MUSEUM'S

COLLECTIONS. FOR THE FOURTH ITERATION OF THIS SERIES, NMOA INVITED

ARTIST ADAMA DELPHINE FAWUNDU FOR HER FIRST ONE-PERSON MUSEUM SHOW AND

RELATED PROGRAMMING. BORN IN BROOKLYN, NY, TO PARENTS FROM SIERRA LEONE

AND EQUATORIAL GUINEA, FAWUNDU IS AN ASSOCIATE PROFESSOR OF VISUAL ARTS

AT COLUMBIA UNIVERSITY AND CO-FOUNDER OF MFON: WOMEN PHOTOGRAPHERS OF

THE AFRICAN DIASPORA. FAWUNDU'S PHOTO-BASED WORK FOCUSES ON THEMES OF

DECOLONIZATION, MEMORY, AND INTERSECTING HISTORIES.

ADAMA DELPHINE FAWUNDU: IN THE SPIRIT OF ASE PRESENTED NEW ARTWORKS

CREATED BY ADAMA DELPHINE FAWUNDU UTILIZING THE MUSEUM'S FAR-REACHING

ARTS OF GLOBAL AFRICA COLLECTION AS A TOUCHSTONE FOR HER ARTISTIC

EXPLORATIONS. FAWUNDU APPROACHED THE COLLECTION AS A REPOSITORY OF

INSIGHTFUL AND INTERCONNECTED ENERGIES RATHER THAN AFRICAN OBJECTS. FOR

THE ARTIST, EVERYTHING IS INTERTWINED AND ALIVE WITH "PERFORMATIVE

POWER" KNOWN AS ASE - THE VITAL FORCE THE YORUBA RECOGNIZE AS THE

SOURCE OF ALL EXISTENCE, INCLUDING ART AND ARTISTS.

VASQUEZ.

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number 22-1487275

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

80 LOCAL ORGANIZATIONS IN 2023. 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 34,476 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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Schedule O (Form 990) 2023 **Employer identification number** Name of the organization THE NEWARK MUSEUM ASSOCIATION 22-1487275 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, 778 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 & SCIENCE DROP-INS FAMILY DROP-IN IN THE COURT AND SCIENCE DROP-INS PROGRAMS ENGAGED YOUTH AND FAMILIES DURING THE YEAR, FOR A TOTAL OF OVER 5,249 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 2023, CAMP NMOA RAN FOR SIX WEEKS FROM JULY 10-AUGUST 18, 2023. A TOTAL OF 1,407 NEWARK-AREA CHILDREN BETWEEN THE AGES OF 3 AND 13

THE NEWARK MUSEUM ASSOCIATION 22-1487275

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

Name of the organization

THE NEWARK MUSEUM OF ART (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 50

STUDENTS THROUGH VIRTUAL AND IN-PERSON WORKSHOPS, VISITS, AND

TRAININGS, CULMINATING WITH THE EXPLORERS GRADUATION AND NMOA ART BALL.

IN JULY 2023, THE EXPLORERS KICKED OFF THE 2023-2024-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 2023,

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 WORKSHOPS THAT RESPONDED TO ADAMA DELPHINE FAWUNDU: IN

THE SPIRIT OF ASE. IN THIS WAY, THEIR PERSPECTIVE AS TEENS AND

MUSEUMGOERS HELPED TO INFORM AND ENHANCE THE MUSEUM'S PROGRAMMING AND

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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 THOUGH 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 6 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, ADVENTURE AQUARIUM, 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.

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-LIFE SKILL WORKSHOPS: IN ORDER TO COMPLEMENT THE EXPLORERS TRAININGS
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 18 HOURS OF INSTRUCTION AND

8-10 HOURS OF PRACTICE TESTS. 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.

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.

EVALUATION AND IMPACT

THE NMOA'S PUBLIC AND SCHOOL PROGRAMS IMPACTED ITS COMMUNITY NEEDS IN

NUMEROUS WAYS. IN 2023 THE MUSEUM WITNESSED AN INCREASE OF ATTENDANCE

TO BOTH PUBLIC AND SCHOOL PROGRAMS. IN 2023, PUBLIC PROGRAMS ENGAGED

OVER 46,000 VISITORS. PUBLIC PROGRAM SURVEYS RESPONSES IN 2023

22-1487275

Employer identification number Name of the organization 22-1487275 THE NEWARK MUSEUM ASSOCIATION INDICATED A SIGNIFICANT INCREASE OF 5% IN DIVERSITY AMONGST OUR ATTENDEES, WHO WERE ALSO SIGNIFICANTLY YOUNGER (75% UNDER 45 AND OF THAT NUMBER 45% WERE UNDER 18) COMPARED TO THE PREVIOUS YEAR. SATISFACTION WITH PUBLIC PROGRAMS REMAINS HIGH AT 4.74 OUT OF 5 IN 2023. PUBLIC PROGRAM PARTICIPANTS BENEFITTED FROM PROGRAM ATTENDANCE IN MANY WAYS. 77% HAD A FUN AND ENJOYABLE EXPERIENCE, 61% FELT WELCOME, 59% SPENT QUALITY TIME WITH FRIENDS OR FAMILY, 49% FELT A SENSE OF CONNECTION WITH THE COMMUNITY, 69% LEARNT SOMETHING NEW, AND 47% 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

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20% AGREED WITH THE INTERACTIVE OPPORTUNITIES PRESENTED AS PART OF

THEIR PROGRAMS.

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22-1487275

-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 THAT

THE EXPERIENCE MADE THEM WANT TO LEARN MORE.

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

UNTIL THE RETURN IS FINALIZED FOR FILING.

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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

BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE

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

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 2023. CONTEMPORANEOUS
SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED

THROUGH MINUTES OF THE COMMITTEE'S MEETINGS.

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|---|---|
| Name of the organization THE NEWARK MUSEUM ASSOCIATION | Employer identification number 22-1487275 |
| | |
| 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 INSPEC | TION AS REQUIRED |
| UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETU | RN IS AVAILABLE ON |
| GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADD | ITION, THE FORM |
| 990 AS WELL AS ITS FINANCIAL STATEMENTS, CONFLICT OF INTE | REST POLICY, |
| CERTIFICATE OF INCORPORATION, AND BYLAWS ARE AVAILABLE UP | ON WRITTEN REQUEST |
| OR BY CALLING THE MUSEUM DIRECTLY. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| PAYROLL SERVICE FEES: | |
| PROGRAM SERVICE EXPENSES | 153,837. |
| MANAGEMENT AND GENERAL EXPENSES | 31,213. |
| FUNDRAISING EXPENSES | 37,902. |
| TOTAL EXPENSES | 222,952. |
| PROFESSIONAL FEES AND CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 587,298. |
| MANAGEMENT AND GENERAL EXPENSES | 440,013. |
| FUNDRAISING EXPENSES | 154,787. |
| TOTAL EXPENSES | 1,182,098. |
| SECURITY SERVICE: | |
| PROGRAM SERVICE EXPENSES | 21,316. |
| MANAGEMENT AND GENERAL EXPENSES 332212 11-14-23 | 449 . Schedule O (Form 990) 2023 |

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|--|---|
| Name of the organization THE NEWARK MUSEUM ASSOCIATION | Employer identification number 22-1487275 |
| FUNDRAISING EXPENSES | 673. |
| TOTAL EXPENSES | 22,438. |
| EXHIBITION CONSULTANT: | |
| PROGRAM SERVICE EXPENSES | 287,503. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 287,503. |
| ARTIST HONORARIUM: | |
| PROGRAM SERVICE EXPENSES | 399,180. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 399,180. |
| CONSERVATOR - REGISTRAR: | |
| PROGRAM SERVICE EXPENSES | 743,497. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 743,497. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 2,857,668. |
| FORM 990, PART XII, LINE 2C: | |
| THE MUSEUM HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBIL | LITY FOR THE |
| OVERSIGHT OF THE SELECTION OF AN INDEPENDENT AUDITOR AND T | THE AUDIT OF |
| THE MUSEUM'S FINANCIAL STATEMENTS. THE MUSEUM DID NOT CHAN | NGE ITS |
| OVERSIGHT PROCESS DURING THE TAX YEAR. | |