

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING

December 31, 2013

<b>Prepared for</b>	The Newark Museum Association 49 Washington Street Newark, NJ 07102
<b>Prepared by</b>	O'Connor Davies, LLP 665 Fifth Avenue New York, NY 10022
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-EO and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

Form **990**

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE NEWARK MUSEUM ASSOCIATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 49 WASHINGTON STREET City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07102 <b>F Name and address of principal officer:</b> MEME OMOGBAI SAME AS C ABOVE	<b>D Employer identification number</b> 22-1487275 <b>E Telephone number</b> 973-596-6550 <b>G Gross receipts \$</b> 42,207,911. <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> WWW.NEWARKMUSEUM.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1909 <b>M State of legal domicile:</b> NJ

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>THE NEWARK MUSEUM OPERATES FOR THE BENEFIT OF THE PUBLIC AS A MUSEUM OF SERVICE.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 50 4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 49 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) <b>5</b> 279 6 Total number of volunteers (estimate if necessary) <b>6</b> 363 7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 0. b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> 0.																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">10,749,109.</td> <td style="text-align: right;">11,473,876.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">536,234.</td> <td style="text-align: right;">506,795.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">4,471,683.</td> <td style="text-align: right;">3,200,111.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">467,585.</td> <td style="text-align: right;">493,611.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">16,224,611.</td> <td style="text-align: right;">15,674,393.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	10,749,109.	11,473,876.	9 Program service revenue (Part VIII, line 2g)	536,234.	506,795.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,471,683.	3,200,111.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	467,585.	493,611.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,224,611.	15,674,393.						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MEME OMOGBAI, ASST. TREASURER & COO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name GARRETT M. HIGGINS Preparer's signature GARRETT M. HIGGINS Date 05/09/14 Check if self-employed <input type="checkbox"/> PTIN P00543209 Firm's name O'CONNOR DAVIES, LLP Firm's EIN 27-1728945 Firm's address 665 FIFTH AVENUE NEW YORK, NY 10022 Phone no. (212) 286-2600	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

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

4a (Code: ) (Expenses \$ 4,028,497. including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O: EXHIBITIONS

4b (Code: ) (Expenses \$ 3,074,292. including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O: REGISTRAR & CURATORIAL

4c (Code: ) (Expenses \$ 2,467,102. including grants of \$ ) (Revenue \$ 958,944.) SEE SCHEDULE O: EDUCATION, SCIENCE, ART AND HUMANITIES PROGRAMS

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

4e Total program service expenses 9,569,891.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 50		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 49		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MEME OMOGBAI, ASST TREASURER & COO - 973-596-6550**  
**49 WASHINGTON STREET, NEWARK, NJ 07102**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW H. RICHARDS PRESIDENT	8.00	X		X			0.	0.	0.	
(2) ARLENE LIEBERMAN CHAIR	15.00	X		X			0.	0.	0.	
(3) GLORA HOPKINS BUCK VICE PRESIDENT	8.00	X		X			0.	0.	0.	
(4) MARY SUE PRICE, DIRECTOR & CEO TERM ENDED MAY 2013	60.00	X		X			135,437.	0.	26,059.	
(5) MEME OMOGBAI, INTERIM CEO ASST TREASURER & COO	60.00	X		X			241,669.	0.	29,456.	
(6) PETER B. SAYRE TREASURER	5.00	X		X			0.	0.	0.	
(7) ANGELO J. GENOVA TRUSTEE	2.00	X					0.	0.	0.	
(8) ANN B. DICKENSON TRUSTEE	5.00	X					0.	0.	0.	
(9) ASHLEY M. PERTSEMLIDIS TRUSTEE	2.00	X					0.	0.	0.	
(10) CHRISTINE C. GILFILLAN TRUSTEE	2.00	X					0.	0.	0.	
(11) CLIFFORD BLANCHARD TRUSTEE	2.00	X					0.	0.	0.	
(12) D. NICHOLAS MICELI TRUSTEE	2.00	X					0.	0.	0.	
(13) DAVE BARGER TRUSTEE	2.00	X					0.	0.	0.	
(14) DONALD M. KARP TRUSTEE	2.00	X					0.	0.	0.	
(15) DOROTHY D. LEWIS TRUSTEE	2.00	X					0.	0.	0.	
(16) ELEANORE K. COHEN TRUSTEE	5.00	X					0.	0.	0.	
(17) FRANCIS A. WOOD TRUSTEE	2.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY SHAW TRUSTEE	2.00	X						0.	0.	0.
(19) GRIZEL UBARRY TRUSTEE	2.00	X						0.	0.	0.
(20) GURDON B. WATTLES TRUSTEE	2.00	X						0.	0.	0.
(21) JACOB S. BUURMA TRUSTEE	2.00	X						0.	0.	0.
(22) JAZZ J. MERTON TRUSTEE	2.00	X						0.	0.	0.
(23) JEROME W. GOTTESMAN TRUSTEE	2.00	X						0.	0.	0.
(24) JOAN KALKIN TRUSTEE	2.00	X						0.	0.	0.
(25) JOSEPH BUCKLY TRUSTEE	2.00	X						0.	0.	0.
(26) JOSEPH MELONE TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								377,106.	0.	55,515.
<b>c Total from continuation sheets to Part VII, Section A</b>								591,049.	0.	110,765.
<b>d Total (add lines 1b and 1c)</b>								968,155.	0.	166,280.

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 **7**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOHN O'HARA COMPANY INC. 25 KEARNEY STREET, EAST ORANGE, NJ 07017	CONSTRUCTION	205,347.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JUDITH LIEBERMAN TRUSTEE	2.00	X					0.	0.	0.	
(28) KATHY GRIER TRUSTEE	2.00	X					0.	0.	0.	
(29) KEITH DOLIN TRUSTEE	2.00	X					0.	0.	0.	
(30) LINDA M. A. RODRIGUES TRUSTEE	2.00	X					0.	0.	0.	
(31) MONA GIBSON, TRUSTEE THROUGH FEBRUARY 2013	2.00	X					0.	0.	0.	
(32) PATRICIA HALL CURVIN TRUSTEE	2.00	X					0.	0.	0.	
(33) PATRICIA P. LUNKA TRUSTEE	2.00	X					0.	0.	0.	
(34) PAUL M. GRAVES TRUSTEE	3.00	X					0.	0.	0.	
(35) POONAM KHUBANI TRUSTEE	2.00	X					0.	0.	0.	
(36) RICHARD K. WEINROTH, TRUSTEE THROUGH FEBRUARY 2013	2.00	X					0.	0.	0.	
(37) ROBERT H. DOHERTY TRUSTEE	2.00	X					0.	0.	0.	
(38) RONALD M. OLLIE TRUSTEE	2.00	X					0.	0.	0.	
(39) RUTH C. LIPPER TRUSTEE	2.00	X					0.	0.	0.	
(40) SAMUEL A. DELGADO TRUSTEE	2.00	X					0.	0.	0.	
(41) SETH L. ROSEN TRUSTEE	2.00	X					0.	0.	0.	
(42) SHAHID MALIK TRUSTEE	2.00	X					0.	0.	0.	
(43) SHEILA NUGENT CARTER TRUSTEE	2.00	X					0.	0.	0.	
(44) SOPHIA SHENG TRUSTEE	2.00	X					0.	0.	0.	
(45) STEPHANIE GLICKMAN TRUSTEE	2.00	X					0.	0.	0.	
(46) STEPHEN R. EHRLICH TRUSTEE	3.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Rows include names like SUSAN M. BAER, THEODORE G. KOVEN, THOMAS H. KEAN, JR., WILLIAM F. TAGGERT, WILMA GELFAND, CORY M. GRAY, JAY WEINSTEIN, KATHY ALLEGRO, MARK ALBIN, MARY DOUGHERTY GORA, ULYSSES DIETZ, KRISTEN CURRY, and a Total row.

**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b> 801,017.				
	<b>c</b> Fundraising events	<b>1c</b> 815,481.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 6,576,284.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 3,281,094.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	200,000.				
	<b>h Total.</b> Add lines 1a-1f	▶ 11,473,876.				
	<b>Program Service Revenue</b>	<b>2 a</b> EDUC PGMS & WORKSHOPS	<b>Business Code</b> 900099	342,642.	342,642.	
<b>b</b> REGISTRATION FEES		900099	164,153.	164,153.		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶ 506,795.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 899,924.			899,924.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real	279,893.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	40,842.			
		<b>c</b> Rental income or (loss)	239,051.			
	<b>d</b> Net rental income or (loss)	▶ 239,051.			239,051.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	28,308,014.			
		(ii) Other	3,896.			
		<b>b</b> Less: cost or other basis and sales expenses	26,011,723.	0.		
		<b>c</b> Gain or (loss)	2,296,291.	3,896.		
	<b>d</b> Net gain or (loss)	▶ 2,300,187.			2,300,187.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 815,481. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	90,900.			
		<b>b</b> Less: direct expenses	292,782.			
<b>c</b> Net income or (loss) from fundraising events		▶ -201,882.			-201,882.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	640,320.				
	<b>b</b> Less: cost of goods sold	188,171.				
	<b>c</b> Net income or (loss) from sales of inventory	▶ 452,149.	452,149.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER REVENUE	900099	4,293.			4,293.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	▶ 4,293.				
<b>12 Total revenue.</b> See instructions.	▶ 15,674,393.	958,944.	0.	3,241,573.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	432,621.		262,196.	170,425.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,673,323.	2,755,976.	1,125,527.	1,791,820.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	532,751.	312,717.	23,773.	196,261.
9 Other employee benefits	984,093.	552,080.	68,370.	363,643.
10 Payroll taxes	707,671.	389,219.	56,614.	261,838.
11 Fees for services (non-employees):				
a Management				
b Legal	21,644.		21,644.	
c Accounting	91,867.		91,867.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	250,891.	225,778.	5,044.	20,069.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	391,869.	357,231.	11,713.	22,925.
12 Advertising and promotion	351,930.	203,216.	79,726.	68,988.
13 Office expenses	704,941.	553,816.	51,099.	100,026.
14 Information technology	120,337.	31,406.	81,402.	7,529.
15 Royalties				
16 Occupancy	677,224.	609,501.	13,545.	54,178.
17 Travel	50,078.	32,151.	14,716.	3,211.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,345.	6,652.	32,743.	4,950.
20 Interest	5,726.		5,726.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,945,795.	1,801,216.	38,915.	105,664.
23 Insurance	258,213.	223,165.	16,286.	18,762.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>ACQ OF WORKS OF ART</b>	978,631.	978,631.		
b <b>REPAIRS AND MAINT.</b>	302,876.	271,122.	7,654.	24,100.
c <b>MEMBERSHIP TOURS</b>	206,516.	154,887.	18,586.	33,043.
d <b>EQUIPMENT RENTAL &amp; MAIN</b>	83,514.	68,127.	9,784.	5,603.
e All other expenses	69,617.	43,000.	13,728.	12,889.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	14,886,473.	9,569,891.	2,050,658.	3,265,924.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,840,110.	1	7,561,986.	
	<b>2</b> Savings and temporary cash investments .....	2,112,374.	2	1,131,535.	
	<b>3</b> Pledges and grants receivable, net .....	2,382,859.	3	1,853,436.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	174,270.	8	151,312.	
	<b>9</b> Prepaid expenses and deferred charges .....	442,447.	9	414,497.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 54,619,879.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 40,349,237.	15,657,673.	<b>10c</b> 14,270,642.	
	<b>11</b> Investments - publicly traded securities .....	34,853,240.	11	24,662,069.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,660,640.	12	23,424,018.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	162,594.	15	35,725.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	69,286,207.	16	73,505,220.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	741,437.	17	313,143.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,000,000.	23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	21,573.	25	126,454.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,763,010.	26	439,597.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	50,239,093.	27	52,819,674.	
	<b>28</b> Temporarily restricted net assets .....	4,270,081.	28	6,686,297.	
	<b>29</b> Permanently restricted net assets .....	13,014,023.	29	13,559,652.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	67,523,197.	33	73,065,623.	
<b>34</b> Total liabilities and net assets/fund balances .....	69,286,207.	34	73,505,220.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,674,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,886,473.
3	Revenue less expenses. Subtract line 2 from line 1	3	787,920.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,523,197.
5	Net unrealized gains (losses) on investments	5	4,754,506.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	73,065,623.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17,579,715.	19,022,524.	13,237,105.	10,749,109.	11,473,876.	72,062,329.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	17,579,715.	19,022,524.	13,237,105.	10,749,109.	11,473,876.	72,062,329.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						914,224.
<b>6 Public support.</b> Subtract line 5 from line 4.						71,148,105.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	17,579,715.	19,022,524.	13,237,105.	10,749,109.	11,473,876.	72,062,329.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	950,338.	978,170.	1,016,086.	1,297,547.	1,179,817.	5,421,958.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....				30,825.	4,293.	35,118.
<b>11 Total support.</b> Add lines 7 through 10						77,519,405.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,558,496.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.78 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	90.07 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

BUSINESS & COMMUNITY COUNCIL EVENTS

2012 AMOUNT: \$ 22,408.

TRIP INCOME

2012 AMOUNT: \$ 2,048.

BOOK SALE

2012 AMOUNT: \$ 442.

2013 AMOUNT: \$ 4,293.

VENDING MACHINES

2012 AMOUNT: \$ 1,730.

PENSION PLAN FORFEITURES

2012 AMOUNT: \$ 3,769.

AUCTION REVENUE

2012 AMOUNT: \$ 428.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2013**

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>4,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>1,505,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization <b>THE NEWARK MUSEUM ASSOCIATION</b>	Employer identification number <b>22-1487275</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

**THE NEWARK MUSEUM ASSOCIATION**

Employer identification number

**22-1487275**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_



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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,988,137.	40,825,039.	43,753,255.	41,598,842.	
b Contributions	644,957.	2,546,876.	414,194.	904,941.	
c Net investment earnings, gains, and losses	7,704,398.	4,342,982.	215,868.	4,251,468.	
d Grants or scholarships					
e Other expenditures for facilities and programs	2,891,191.	3,726,760.	3,558,278.	3,001,996.	
f Administrative expenses					
g End of year balance	49,446,301.	43,988,137.	40,825,039.	43,753,255.	

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

- a Board designated or quasi-endowment  67.02 %
- b Permanent endowment  27.24 %
- c Temporarily restricted endowment  5.74 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		49,576,358.	36,517,669.	13,058,689.
c Leasehold improvements				
d Equipment		4,307,843.	3,831,568.	476,275.
e Other		735,678.		735,678.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,270,642.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUND: LONG/SHORT		
(B) EQUITY	6,801,354.	END-OF-YEAR MARKET VALUE
(C) LIMITED PARTNERSHIP	16,622,664.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>23,424,018.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	126,454.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>126,454.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	20,218,850.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	4,754,506.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	40,842.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,795,348.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,423,502.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	250,891.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	250,891.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,674,393.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,676,424.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	40,842.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	40,842.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,635,582.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	250,891.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	250,891.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	14,886,473.

**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:**

**EXPLANATION: 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 EXCLUSIVELY UTILIZE RESTRICTED ACQUISITION FUNDS TO ACQUIRE NEW OBJECTS FOR ITS COLLECTIONS.**

**PART III, LINE 4:**

**EXPLANATION: THE MUSEUM'S DISTINGUISHED COLLECTIONS ARE PRESENTED IN EIGHTY GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS OF SEVEN BUILDINGS IN THE CENTER OF ONE OF AMERICA'S OLDEST CITIES. THE CAMPUS ENCOMPASSES THE**

**Part XIII** Supplemental Information (continued)

BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARMS SCHOOLHOUSE AND THE RECENTLY COMPLETED HORIZON PLAZA, A WELCOMING STREETScape/PLAZA WITH GREENERY, DYNAMIC LIGHTING, AND POTENTIALLY A MAJOR PUBLIC ART INSTALLATION.

PART V, LINE 4:

EXPLANATION: 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:

EXPLANATION: THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT DISCLOSURE. THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED IN PART VIII, LINE 6B 40,842.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED IN PART VIII, LINE 6B 40,842.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		6,761,401.
<b>3 a</b> Sub-total .....	0	0			6,761,401.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			6,761,401.

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

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

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2013



**Part V** Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Name of the organization: **THE NEWARK MUSEUM ASSOCIATION**

Employer identification number: **22-1487275**

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

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

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

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPRING COSMIC GALA (event type)	BENEFIT LUNCHEON (event type)	1 (total number)		
Revenue	1	Gross receipts	762,176.	89,149.	55,056.	906,381.
	2	Less: Contributions	685,676.	74,749.	55,056.	815,481.
	3	Gross income (line 1 minus line 2)	76,500.	14,400.		90,900.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	82,251.			82,251.
	7	Food and beverages	76,014.	26,504.		102,518.
	8	Entertainment				
	9	Other direct expenses	67,519.	19,703.	20,791.	108,013.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				292,782.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-201,882.

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

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**THE NEWARK MUSEUM ASSOCIATION**

Employer identification number  
**22-1487275**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2013

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY SUE PRICE, DIRECTOR & CEO TERM ENDED MAY 2013	(i)	135,437.	0.	0.	12,867.	13,192.	161,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MEME OMOGBAI, INTERIM CEO ASST TREASURER & COO	(i)	241,669.	0.	0.	22,959.	6,497.	271,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK ALBIN DIRECTOR OF MARKETING	(i)	129,960.	0.	0.	17,352.	12,346.	159,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	33	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 .....	X	1	200,000.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **2**

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

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED IN PART I COLUMN (B).

SCHEDULE M, LINE 33:

EXPLANATION: 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.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

FORM 990, PART III, LINE 1:

EXPLANATION: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

SINCE ITS FOUNDING IN 1909 BY PIONEERING MUSEOLOGIST JOHN COTTON DANA,  
THE NEWARK MUSEUM HAS EMBRACED THE RICHNESS OF WORLD CULTURES AND HAS  
MADE EDUCATION, ACCESS AND CIVIC SERVICE CENTRAL TO ITS MISSION.

THE MUSEUM IS RENOWNED FOR ITS THOUGHTFUL APPROACH TO COLLECTING AND  
PRESENTATION, CONNECTING OBJECTS IN ITS COLLECTIONS TO THE CULTURAL  
NEEDS OF ITS COMMUNITIES, PRODUCING INTERDISCIPLINARY PROJECTS IN THE  
HUMANITIES AND SCIENCES, AND MAKING IMPORTANT CONNECTIONS ACROSS  
TRADITIONAL COLLECTING AREAS. THE LARGEST IN NEW JERSEY, THE MUSEUM IS  
HOME TO EXTRAORDINARY ENCYCLOPEDIA COLLECTIONS IN THE ARTS. A CENTURY  
AFTER ITS FOUNDING, THE MUSEUM IS NOW CUSTODIAN TO OVER 110,000 OBJECTS  
IN THE DEPARTMENTS OF AMERICAN ART, ASIAN ART, AFRICAN ART, DECORATIVE  
ARTS, ANCIENT MEDITERRANEAN ART, NUMISMATICS AND THE LARGEST NATURAL  
SCIENCE COLLECTION IN THE STATE OF NEW JERSEY.

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

THE NEWARK MUSEUM, AS IT HAS SINCE ITS FOUNDING, OPERATES IN THE PUBLIC  
TRUST AS A MUSEUM OF SERVICE, A LEADER IN CONNECTING OBJECTS AND IDEAS  
TO THE NEEDS AND WISHES OF ITS CONSTITUENCIES. WE BELIEVE THAT OUR ART  
AND SCIENCE COLLECTIONS HAVE THE POWER TO EDUCATE, INSPIRE AND  
TRANSFORM INDIVIDUALS OF ALL AGES AND THE LOCAL, REGIONAL, NATIONAL AND

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INTERNATIONAL COMMUNITIES WE SERVE. IN THE WORDS OF THE FOUNDING DIRECTOR, JOHN COTTON DANA, "A GOOD MUSEUM ATTRACTS, ENTERTAINS, AROUSES CURIOSITY, LEADS TO QUESTIONING - AND THUS PROMOTES LEARNING."

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

THE MUSEUM DEVOTES A SUBSTANTIAL PORTION OF ITS FACILITIES TO YOUTH, FAMILY AND SCHOOL PROGRAMS AND ENSURES THAT ITS EDUCATIONAL RESOURCES, COLLECTIONS AND FACILITIES ARE READILY ACCESSIBLE TO A BROAD AUDIENCE REPRESENTING DIVERSE INTERESTS, AGES AND BACKGROUNDS. NEARLY TWO OUT OF THREE MEMBERS OF THE MUSEUM'S ANNUAL AUDIENCE ARE ENGAGED BY AN EDUCATIONAL PROGRAM. THE MUSEUM HAS CONSISTENTLY BEEN CITED FOR EXCELLENCE IN EXHIBITION AND EDUCATION INITIATIVES BY GOVERNMENT AUTHORITIES, NATIONAL FUNDING SOURCES AND PROFESSIONAL ASSOCIATIONS.

THE MUSEUM'S DISTINGUISHED COLLECTIONS ARE PRESENTED IN EIGHTY GALLERIES HOUSED ON A SEVEN-ACRE CAMPUS OF SEVEN BUILDINGS IN THE CENTER OF ONE OF AMERICA'S OLDEST CITIES. THE CAMPUS ENCOMPASSES THE BALLANTINE HOUSE, WHICH IS A NATIONAL HISTORIC LANDMARK, THE DREYFUSS MEMORIAL GARDEN, THE NEWARK FIRE MUSEUM, THE 1784 LYONS FARMS SCHOOLHOUSE AND THE RECENTLY COMPLETED HORIZON PLAZA, A WELCOMING STREETScape/PLAZA WITH GREENERY, DYNAMIC LIGHTING, AND A POTENTIALLY A

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MAJOR PUBLIC ART INSTALLATION. THE TRANSFORMATION OF THIS BUSY PERIMETER AREA IS A MAJOR INSTITUTIONAL OBJECTIVE OF THE SIGNATURE CAMPAIGN FOR SUSTAINABILITY AND GROWTH, THE BOARD APPROVED PLAN THAT ADDRESS THE OPERATING REQUIREMENTS OF THE MUSEUM WITH THE CONTEXT OF A FOCUS ON THE AFRICAN ART COLLECTION, BUILDING INFRASTRUCTURE NEEDS FOR COLLECTIONS, INCLUDING STORAGE AND PARKING GARAGE FACILITY, AS WELL AS OPERATING SUPPORT FOR WORKING CAPITAL AND ENDOWMENT.

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

DURING 2013, THE NEWARK MUSEUM DESIGNED AND INSTALLED 10 PROJECTS THAT ENCOMPASSED APPROXIMATELY 13,650 SQUARE FEET OF INTERIOR GALLERY SPACE (NOT INCLUDING OBJECT ROTATIONS IN PERMANENT GALLERIES). THIS SCOPE WAS VERY AMBITIOUS GIVEN THAT IT WAS ACHIEVED AFTER A 20% REDUCTION FROM THE 2012 BUDGET.

REGARDLESS OF THE CONTINUING FISCAL DIFFICULTIES, AND INSTITUTION-WIDE STAFF REDUCTIONS, 2013 WAS A YEAR THAT SAW THE MUSEUM CONTINUE TO MOUNT COMPLEX, HIGH-QUALITY EXHIBITIONS-INCLUDING BOTH TRAVELING LOAN SHOWS (THE SMITHSONIAN'S AFRICAN COSMOS: STELLAR ARTS) AND SELF-ORGANIZED EXHIBITIONS THAT HIGHLIGHTED OUR STUNNING COLLECTIONS (MING TO MODERN; THE ART OF TRANSLATION; CITY OF SILVER & GOLD; ETC.). ALL MAJOR PROJECTS WERE--IN THE FACE OF SOME CHALLENGING DEADLINES-COMPLETED ON TIME, ON OR BELOW BUDGET AND ACCOMPLISHED WITH PROFESSIONALISM, STYLE AND THOUGHTFUL WORK.

PROGRAMMATIC DETAILS:

THE MUSEUM STAFF COLLABORATED EXTENSIVELY INTERDEPARTMENTALLY

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

-DRAMATICALLY SHOWCASED AN ART & SCIENCE SURVEY OF AFRICAN COSMOLOGY STRETCHING OVER THREE MILLENNIA FROM ANCIENT EGYPT THROUGH TO MULTIMEDIA CONTEMPORARY ART INSTALLATIONS (AFRICAN COSMOS)

-EXAMINED AND DECODED HOW TRADITIONAL VISUAL SYMBOLIC LANGUAGES TRANSITIONED IN AFRICAN ART THROUGH A TIME OF SOCIAL UPHEAVAL (THE ART OF TRANSLATION: MODERN AND CONTEMPORARY ART)

-REVEALED COLLECTION OBJECTS OF ASTOUNDING QUALITY-MANY OF WHICH HAD NEVER BEFORE DISPLAYED DUE TO THEIR FRAGILITY (ANCIENT SCROLLS) AND SCALE (9' HIGH CERAMIC FU DOGS (MING TO MODERN)

-REACHED OUT TO A NON-TRADITIONAL MUSEUM AUDIENCE BY USING THE VINCE LOMBARDI TROPHY AS A CENTERPIECE STAGED TO ALTERNATE BETWEEN PERIODS OF AESTHETIC CONTEMPLATION AND MORE ACTIVE CONTEXTUAL VIDEO CLIPS (CITY OF SILVER & GOLD)

-UTILIZED SPACE CREATIVELY TO HIGHLIGHT ADVANCING TECHNOLOGY (NANO: SCIENCE OF THE VERY SMALL - A 400 SQ FT EXHIBIT ON LOAN FROM THE NANOTECHNOLOGY INFORMAL SCIENCE EDUCATION NETWORK)

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

IN 2013, THE REGISTRAR, IN CONJUNCTION WITH THE CURATORIAL STAFF, AT THE NEWARK MUSEUM SPEARHEADED FOUR ON-GOING PROJECTS, JOINTLY FUNDED

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WITH THE INSTITUTE OF LIBRARY AND MUSEUM SERVICES TO PRESERVE THE COLLECTION OF THE NEWARK MUSEUM, AS WELL AS MAKE IT MORE READILY ACCESSIBLE TO THE PUBLIC. THE MUSEUM'S COLLECTION OF JEWELRY, AFRICAN ART AND SCIENTIFIC ARTIFACTS (BOTANICALS, SHELLS, BIRD'S EGGS, ETC) HAS UNDERGONE CATALOGING IN 2013, WHICH NEW OPTIMAL ENVIRONMENTS CREATED FOR BOTH THE JEWELRY AND AFRICAN COLLECTIONS.

ADDITIONALLY, THE PIECES FROM THE AFRICAN ART COLLECTION ARE CURRENTLY BEING PROFESSIONALLY DIGITALLY PHOTOGRAPHED TO CREATE A DIGITAL CATALOGUE FOR INCREASED ACCESSIBILITY TO THE COLLECTION. THIS TIRELESS WORK BY THE REGISTRAR HAS ENSURED THE PRESERVATION AND ACCESSIBILITY OF THIS IMPORTANT INTERNATIONAL COLLECTION OF AFRICAN ART.

THESE HIGHLIGHTED PROJECTS ARE IN ADDITION TO THE ONGOING CARE AND CONSERVATION OF THE MUSEUM'S PERMANENT COLLECTIONS. IN 2013, 160 OBJECTS UNDERWENT CONSERVATION EFFORTS, 720 OBJECTS WERE ADDED TO THE MUSEUM'S ONLINE SEARCHABLE DATABASE AND 101 OBJECTS WERE ACCESSIONED INTO THE PERMANENT COLLECTION. IN 2013, THE REGISTRAR AND CURATORIAL STAFF JOINTLY WORKED TOWARD PHOTOGRAPHING, DOCUMENTING AND CLEARING COPYRIGHTS FOR VARIOUS FUTURE PUBLICATIONS INCLUDING OBJECTS FROM THE MUSEUM'S AMERICAN, CHINESE, KOREAN AND AFRICAN COLLECTIONS. THE WORK FOR THESE PUBLICATIONS WAS IN ADDITION TO EXTERNAL SCHOLAR REVIEW SESSIONS OF REQUESTED WORKS, TOTALING 1,395 OBJECTS.

THE CURATORIAL DEPARTMENT, IN CONJUNCTION WITH THE RESEARCH LIBRARY AND EXHIBITIONS DEPARTMENT PUT TOGETHER AN EXHIBITION THAT WAS REQUIRED OF THE MUSEUM IN RESPONSE TO THE DEMOLITION OF THE 1863 POLHEMUS HOUSE (NOW HORIZON PLAZA). ASIDE FROM THE EXTERNAL EXHIBITION IN THE PLAZA

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ITSELF (PRODUCED BY MICHAEL GRAVES AND BUILDING CONSERVATION ASSOCIATES, BUT EDITED BY CHIEF CURATOR ULYSSES DIETZ), THE MUSEUM WAS REQUIRED TO PRODUCE AN EXHIBITION IN THE BALLANTINE HOUSE TO TALK ABOUT THE POLHEMUS HOUSE AND THE WASHINGTON PARK NEIGHBORHOOD AS IT HAS CHANGED OVER TIME.

THIS OFFERED A UNIQUE OPPORTUNITY TO EXPAND AND UPDATE THE ORIENTATION GALLERY FOR THE "HOUSE & HOME" INSTALLATION, AND TO OFFER A DEEPER HISTORICAL CONTEXT FOR THE BALLANTINE HOUSE. INFORMATION TECHNOLOGY OFFICE WAS ESSENTIAL IN PRODUCING (AND THE ONGOING EDITING OF) THE TOUCH-SCREEN VIDEO SHOWING SEQUENTIAL CHANGES TO THE BUILDINGS AND NEIGHBORHOOD AROUND AND ON WASHINGTON PARK FROM THE 1600S TO THE PRESENT DAY.

"STUDIO GLASS, 1962-2012" REMAINS ON VIEW IN THE CONTEMPORARY CRAFT GALLERY UNTIL FURTHER NOTICE, BOTH BECAUSE IT IS ATTRACTIVE AND POPULAR, AND BECAUSE LEAVING IT UP SAVES CRUCIAL MONEY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
THE NEWARK MUSEUM, KNOWN FOR THE FAMILY AND SCHOOL PROGRAMS WITH GRAVITY AND DEPTH PROVIDED A MULTITUDE OF PROGRAMS COVERING ART, HUMANITIES, SCIENCE, TECHNOLOGY AND ENGINEERING; ALL SERVING AS A VITAL LINK BETWEEN THE MUSEUM, EXHIBITS AND THE PUBLIC, ENSURING A WELCOMING ACCESSIBLE LEARNING ENVIRONMENT FOR ALL. UTILIZING ITS UNIQUE POSITION AS A LEADER IN ARTS AND SCIENCES, THE MUSEUM PROVIDED A NUMBER OF SUCCESSFUL PROGRAMS FOR SCHOOL CHILDREN AND THEIR TEACHERS, FAMILIES AND ADULTS IN 2013.



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THE MUSEUM MAINTAINS DISTRICT CONTRACTS WITH BOTH NEWARK PUBLIC SCHOOLS (3RD & 5TH GRADES) AND JERSEY CITY PUBLIC SCHOOLS (5TH & 8TH GRADES) WHICH INCLUDES PROFESSIONAL DEVELOPMENT FOR TEACHERS AND GALLERY AND STUDIO ACTIVITIES AT THE MUSEUM FOR STUDENTS. AS A RESULT OF THE MUSEUM'S ROBUST LEARNING PROGRAMS AND STEAM EDUCATION INITIATIVES OVER 50,000 SCHOOL CHILDREN CAME TO THE NEWARK MUSEUM OR HAD A MUSEUM EDUCATOR IN THEIR CLASSROOM IN 2013. PROGRAMS RANGED EXTENSIVELY IN SCOPE AND SIZE RANGING FROM SCIENCE LABS AND GALLERIES (INCLUDING BUT NOT LIMITED TO: NANOTECH: SCIENCE OF THE SMALL, FORENSIC SCIENCE, CHEMISTRY, DYNAMIC EARTH AND GEOLOGY ROCKS!), ART AND HUMANITIES PROGRAMS (INCLUDING: WHO DONE IT IN THE BALLANTINE HOUSE AND EXPRESS YOURSELF - EXPLORING THE WORLD THROUGH ART, WHICH INCLUDES THREE MODULES FOR AMERICAN ART, AFRICAN ART AND ASIAN ART - ALL USING THE MUSEUM'S OWN TEACHING COLLECTION) AND PLANETARIUM SHOWS (INCLUDING SKYQUEST, CONSTELLATIONS TONIGHT AND EXTREME PLANETS).

IN ADDITION TO SCHOOL PROGRAMS, THE MUSEUM OPERATES WEEKEND DROP-IN PROGRAMMING FOR FAMILIES AND THE SUMMER CAMP NEWARK. IN 2013 REGULAR WEEKEND ART AND GALLERY TOURS WERE ACCOMPANIED BY THE D.I.G. (DISCOVER INVEST GROW) LAB, CHALLENGING FAMILIES TO BUILD SOLUTIONS FOR DESIGN CHALLENGES USING SIMPLE, EVERYDAY MATERIAL. ADDITIONALLY, DROP-IN PROGRAMMING WAS OFFERED IN THE AFTERNOONS IN DYNAMIC EARTH, GENERATION FIT AND EMPOWERED EXHIBITS. PROJECTS INCLUDED WINDMILLS, TESTING JUICES FOR VITAMIN C AND THE REASON FOR THE COLOR CHANGE IN AUTUMN LEAVES.

CAMP NEWARK, SERVING OVER 550 CAMPERS BETWEEN AGES 3 AND 13. IN 2013, CAMP NEWARK SERVED AS A PILOT SITE FOR MAKER CORP, WITH THREE LOCAL COLLEGE STUDENTS WORKING AS SPECIALISTS OFFERING TECHNOLOGY BASED

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ACTIVITIES, ADDING A NEW, POSITIVE DYNAMIC TO THE CAMP.

GALLERY PROGRAMS SERVED 10,159 VISITORS IN THE DYNAMIC EARTH AND GENERATION FIT EXHIBITIONS. OUTREACH, SCHOOL-BASED PROGRAMS PRESENTED CLASSROOM LABORATORIES TO 429 STUDENTS. ONSITE MUSEUM LABORATORY PROGRAMS PROVIDED 1,844 STUDENTS WITH HANDS-ON SCIENCE INVESTIGATIONS ON TOPICS RANGING FROM CHEMISTRY TO FORENSICS

TEACHER PROFESSIONAL DEVELOPMENT INCLUDED INTRODUCING PRE-K TEACHERS TO OUR YOUNG SCIENTISTS' PROGRAMS AND A FOUR-DAY INQUIRY INSTITUTE WITH 7 GRADUATE STUDENTS IN THEIR URBAN RESIDENCY PROGRAM. THESE STUDENTS THEN TAUGHT SCIENCE DURING OUR MAKER SUMMER CAMP.

#### EXPLORERS PROGRAM

THE EXPLORERS PROGRAM AT THE NEWARK MUSEUM, IN ITS 19TH YEAR IN 2013, IS DESIGNED TO PROVIDE SELECTED STUDENTS WITH AS MANY ACADEMIC EXPERIENCES AS POSSIBLE AND IS A HIGHLY SUCCESSFUL COLLEGE AND JOB PREPAREDNESS PROGRAM THAT PROVIDES AT-RISK URBAN HIGH SCHOOL STUDENTS WITH EDUCATION, EMPLOYMENT AND MENTORING OPPORTUNITIES. THE EXPLORES PROGRAM FOLLOWS AN EXTRAORDINARILY EXTENSIVE CURRICULUM IMPLEMENTED THROUGH WORKSHOPS FIELD TRIPS AND INTERNSHIP AT THE MUSEUM. SOME OF THE WORKSHOPS DURING THE PAST YEAR INCLUDE - MATERIAL SCIENCE, ENTREPRENEURSHIP WORKSHOP, FINANCIAL LITERACY AND MAKER SPACE-DRIVEN WORKSHOPS.

RECENT FIELD TRIPS IN 2013 INCLUDE BODIES PULSE EXHIBIT, MADAM TUSSAUDS WAX MUSEUM, SEVERAL COLLEGE TRIPS, THE INFAMOUS WORD SERIES OF BIRDING COMPETITION IN CAPE MAY AND A HIGHLY EDUCATIVE GRADUATION TRIP TO

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WASHINGTON DC, ALEXANDRIA VIRGINIA AND BALTIMORE MARYLAND.

A CADRE OF EXPLORERS IS TRAINED AS AMBASSADORS THE MUSEUM'S SCIENCE EXHIBITS - EMPOWERED, GENERATION FIT. EXPLORERS PROGRAM RECENTLY EXTENDED THE AMBASSADORSHIP COMPONENT TO ARTS EXHIBITS AT THE MUSEUM INCLUDING AFRICAN COSMOS AND THE 2014 NORMAN ROCKWELL EXHIBIT.

AMBASSADORS ARE TRAINED TO BECOME EXPERTS OF THESE EXHIBITS, PROVIDE TOURS AND FACILITATE HAND-ON LEARNING EXPERIENCE TO MUSEUM VISITORS AND GENERAL PUBLIC. AMBASSADORS WORK CLOSELY WITH SCIENCE STAFF AND CURATORS DURING THEIR TRAINING PROCESS.

TRAINED AND SUPERVISED BY SCIENCE EDUCATION STAFF, THE GRADUATING EXPLORERS ALSO TAUGHT AT THE MAKER-DRIVEN SUMMER CAMP, ALONG WITH EDUCATION STAFF. DURING THE SIX WEEKS OF CAMP, CAMPERS DESIGNED WEARABLE TECH, ART WITH A TECH EDGE, WAYS TO DEAL WITH WEIRD WEATHER, SPACE ROVERS AND THE CITY OF THE FUTURE. THESE PROJECT-BASED ACTIVITIES COMBINED SCIENCE AND DESIGN TO CAPTURE THE CAMPERS' IMAGINATIONS.

#### FAMILY PROGRAMS

DINOSAUR DAY WAS THE BIGGEST FESTIVAL OF THE YEAR, SERVING APPROXIMATELY 5,000 VISITORS. KIDS MADE FOSSIL RUBBINGS, CREATED PTERODACTYL PUPPETS, PANNED FOR MINERALS AND GEMS IN THE MINERAL SLUICE AND RAN FROM A LIFE-SIZED ANIMATRONIC BABY TYRANNOSAURUS REX.

NANO FAMILY DAY WAS HELD ON MARCH 16TH, BRINGING IN 400 VISITORS, DESPITE THE SNOW. VISITORS TOURED THE NANO EXHIBIT, LEARNED ABOUT

NANO-CIRCUITRY AND DESIGNED A CELL PHONE-CHARGING BACKPACK AS PART OF

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OUR ART/SCIENCE COLLABORATION.

#### GENERATION FIT PROGRAMMING

IN 2013 WE BEGAN AN EXPANSION OF OUR GENERATION FIT PROGRAMMING. IN ADDITION TO OUR WEEKEND DROP-IN WORKSHOPS, WE UPDATED OUR NUTRITION LABORATORY WORKSHOP, DEVELOPED A SCHOOL OUTREACH WORKSHOP AND STARTED AN AFTER SCHOOL WORKSHOP THAT TRAVELS TO THE AFTER-SCHOOL PROGRAM'S SITE.

WORKING WITH OUR PARTNERS, WE BROUGHT GENERATION FIT PROGRAMMING TO:

- FESTIVAL DE LA FAMILIA
- AMERICAN HEART ASSOCIATION HEART WALK
- NEW JERSEY PERFORMING ARTS CENTER
- ST. BARNABAS HEALTH FESTIVAL

#### PLANETARIUM PROGRAMS

THE DREYFUSS PLANETARIUM PROVIDED A VARIETY OF PROGRAMS FOR SCHOOL AND PUBLIC AUDIENCES ON TOPICS RANGING FROM EGYPT AND AFRICA TO EXTRASOLAR PLANETS. 11,378 SCHOOL STUDENTS VISITED THE PLANETARIUM AND 6,182 WERE SERVED BY THE PLANETARIUM'S SKYLAB PORTABLE PLANETARIUM. IN ADDITION 7,500 VISITORS ENJOYED PUBLIC PROGRAMS AT THE PLANETARIUM THIS YEAR.

- A PLANETARIUM PROGRAM SKYWATCHERS OF AFRICA AND STARS OF PHARAOHS WERE SHOWN IN CONJUNCTION THE AFRICAN COSMOS EXHIBITION.

- THE PLANETARIUM OFFERED A TWO-PART INTRODUCTORY ASTRONOMY CLASS FOR 43 ADULTS IN THE SPRING.

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THE MARTIN LUTHER KING JR. DAY CELEBRATION IS AN EVENT THAT DRAWS 1,000 TO 1,500 PEOPLE PER YEAR. ON JANUARY 21, PEOPLE COMMEMORATED THE 150TH ANNIVERSARY OF THE EMANCIPATION PROCLAMATION THROUGH COMMUNITY SERVICE, MUSICAL PERFORMANCE BY THE NORTH JERSEY PHILHARMONIC GLEE CLUB, FILM SCREENINGS, HANDS-ON WORKSHOPS AND GALLERY GAMES.

JAZZ IN THE GARDEN, IN ITS 48TH YEAR, IS THE LONGEST CONTINUOUSLY RUNNING CULTURAL PROGRAM IN NEWARK AND IN 2013 THE FOLLOWING JAZZ GREATS PERFORMED: NAT ADDERLY JR (QUARTET), RENE MARIE, ULYSSES OWENS JR. (QUARTET), DUDUKA DA FONSECA WITH MAUCHA ADNET (QUARTET) AND CLAIRE DALY (QUARTET). 2,300 VISITORS PARTICIPATED IN THE SERIES FROM JUNE 27-AUGUST 1.

#### ADULT PROGRAMS

IN 2013, THE MUSEUM HOSTED SIX GALLERY LECTURES THAT INCLUDED A WIDE RANGE OF TOPICS, BOTH RELEVANT TO THE ART AND SCIENCE COLLECTIONS. THE PROGRAM, CONVERSATIONS IN THE GALLERY, IS A FREE EVENT THAT HOSTED OVER 200 PEOPLE IN 2013. THIS WAS IN ADDITION TO THE MUSEUM'S ANNUAL TIBET LECTURE, THIS YEAR ENTITLED THE LIFE OF THE BUDDHA AT JONANG MONASTERY: LITERATURE, ART AND INSTITUTION, CO-PRESENTED BY PROFESSORS FROM UNIVERSITY OF VIRGINIA AND YALE UNIVERSITY.

NEW IN 2013, THE MUSEUM OFFERED AN ADULT COURSE IN CHINESE ART TO COMPLIMENT THE MING TO MODERN EXHIBIT. THE FOUR PART COURSE, TAUGHT BY A PROFESSOR FROM THE RUTGERS NEWARK CAMPUS, WAS ATTENDED BY 400 PEOPLE.

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MARKETING AND PUBLIC OUTREACH

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

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

EXPLANATION: SINCE ITS FOUNDING IN 1909 BY PIONEERING MUSEOLOGIST JOHN COTTON DANA, THE NEWARK MUSEUM HAS EMBRACED THE RICHNESS OF WORLD CULTURES AND HAS MADE EDUCATION, ACCESS AND CIVIC SERVICE CENTRAL TO ITS MISSION.

IN 2013 THE MARKETING DEPARTMENT AT THE NEWARK MUSEUM COLLABORATED WITH BERKLEY COLLEGE ON A PROGRAM TO RECOGNIZE THE SELFLESS SACRIFICES OF U.S. MILITARY VETERANS AND THEIR FAMILIES. WE PARTNERED WITH HORIZON,

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THE HOUSE OF MANDELA WINES AND THE ELBOW ROOM TO CREATE A SUMMER SOLSTICE MUSIC EVENT TO PROMOTE THE ART/SCIENCE EXHIBITION AFRICAN COSMOS: STELLAR ARTS. WE REACHED OUT INTO THE COMMUNITY, SPECIFICALLY NEWARK'S SOUTH STREET ELEMENTARY SCHOOL AND FACILITATED THEIR PRESENTATION OF A BOTTLE CAP RECYCLING WORK OF ART ENTITLED: STARRY NIGHT. SPECIAL TOWN DAYS WERE PROMOTED IN ORDER TO PROVIDE AREA RESIDENTS WITH SPECIAL INCENTIVES TO VISIT WHILE THE COLLABORATION WITH RUTGERS UNIVERSITY, FIELD STATION DINOSAURS AND DINOSAUR BBQ RESTAURANT YIELDED A FAMILY AUDIENCE IN EXCESS OF 5,000 PEOPLE AT THE MUSEUM. COLLABORATIONS WITH CASA DON PEDRO, THE BROOKLYN JEWISH CHILDREN'S MUSEUM, ROCKY MOUNTAIN CHOCOLATE FACTORY AND STAR LEDGER HELPED TO CREATE MANY MUSEUM PROGRAMS WHICH RESONATED WITH THE COMMUNITIES WE SERVE AND THEIR ATTENDANCE BY THE THOUSANDS AT THESE EVENTS VALIDATED THE MUSEUM'S RELEVANCE.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: 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:

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

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

EXPLANATION: AMENDMENTS TO THE BYLAWS ARE APPROVED BY THE MUSEUM'S MEMBERS, AND UNDER THE NEW JERSEY NON-PROFIT CORPORATION ACT, CERTAIN SIGNIFICANT TRANSACTIONS REQUIRE MEMBER'S APPROVAL SUCH AS MERGER, CONSOLIDATION AND DISSOLUTION.

Name of the organization THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE NEWARK MUSEUM HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT, REVIEWED BY THE MUSEUM'S OUTSIDE LEGAL COUNCIL, AND 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 GROUP, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED BY THE MUSEUM'S TRUSTEES FOR FILING.

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

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



Name of the organization

THE NEWARK MUSEUM ASSOCIATION

Employer identification number

22-1487275

THE CHAIRPERSON OF THE BOARD OF TRUSTEES OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE WHETHER THE MUSEUM CAN AND/OR SHOULD OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT APPROPRIATE OR REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE MUSEUM'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

THE MINUTES OF THE BOARD OF TRUSTEES AND ALL COMMITTEES SHALL CONTAIN:

1. THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD OF TRUSTEES' OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED.

2. THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.

Name of the organization THE NEWARK MUSEUM ASSOCIATION	Employer identification number 22-1487275
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FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE MUSEUM CONDUCTS A DETAILED REVIEW OF COMPENSATION FOR ITS DIRECT/CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS AND KEY EMPLOYEES ENSURES THAT THE COMPENSATION LEVELS COMPARE WITH ART MUSEUMS IN HISTORIC DISTRICTS ACROSS THE COUNTRY. AS PART OF THIS PROCESS THE MUSEUM ALSO CONSIDERS PUBLISHED COMPENSATION SURVEYS AND COMPENSATION INFORMATION INCLUDED IN FORMS 990 FILED BY OTHER ART MUSEUMS. THIS INFORMATION IS REVIEWED BY THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (AS MORE PARTICULARLY SET FORTH IN THE MUSEUM'S BYLAWS), WHEN THEN APPROVES ANY CHANGES IN COMPENSATION. CONTEMPORANEOUS SUBSTANTIATION OF THESE DELIBERATIONS AND DECISIONS ARE ACCOMPLISHED THROUGH MINUTES OF THE COMMITTEE'S MEETING.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: THE MUSEUM MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FORM 990 AS WELL AS THE FORM 1023 ARE AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE MUSEUM DIRECTLY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE MUSEUM MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, CERTIFICATE OF INCORPORATION, AND BYLAWS AVAILABLE UPON WRITTEN REQUEST BY CALLING THE MUSEUM DIRECTLY.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE MUSEUM HAS AN AUDIT COMMITTEE WHICH MONITORS THE AUDIT PROCESS AND ENSURES COMPLIANCE WITH THE SYSTEM OF INTERNAL CONTROLS,

Name of the organization  
**THE NEWARK MUSEUM ASSOCIATION**

Employer identification number  
**22-1487275**

AND APPLICABLE LAWS. THE AUDIT COMMITTEE ALSO MONITORS THE SELECTION,  
INDEPENDENCE AND PERFORMANCE OF EXTERNAL AUDITORS AND FACILITATES THE  
COMMUNICATION PROCESS BETWEEN THE EXTERNAL AUDITORS AND MANAGEMENT AND  
THE BOARD OF TRUSTEES. THIS PROCESS DID NOT CHANGE FROM THE PRIOR  
YEAR.

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

December 31, 2013

<b>Prepared for</b>	The Newark Museum Association 49 Washington Street Newark, NJ 07102
<b>Prepared by</b>	O'Connor Davies, LLP 665 Fifth Avenue New York, NY 10022
<b>Mail tax return to</b>	New Jersey Division of Consumer Affairs Charities Registration & Investigation P.O. Box 45021 Newark, NJ 07101
<b>Return must be mailed on or before</b>	June 30, 2014
<b>Special Instructions</b>	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Enclose a check for \$250 made payable to New Jersey Division of Consumer Affairs. Include the organization's New Jersey charitable organization number and "2013 Form CRI-300R" on the remittance.</p>

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2013
2. Federal ID Number (EIN) 22-1487275 2a. N.J. Charities Registration Number: CH- 0082300
3. Full legal name of the registering organization: THE NEWARK MUSEUM ASSOCIATION
4. Mailing Address: 49 WASHINGTON STREET, NEWARK, NJ 07102
5. The principal street address of the registering organization: Same as Mailing Address

6. Does the organization have any offices in New Jersey in addition to the one listed above? No
6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
MEME OMOGBAI 49 WASHINGTON STREET NEWARK, NEW JERSEY 07102
973-596-6550 973-642-0459

7. Organization's contact information:
973-596-6550 973-642-0455
MOMOGBAI@NEWARKMUSEUM.ORG WWW.NEWARKMUSEUM.ORG

8. Type of organization (check one):
[X] Nonprofit corporation [ ] Foundation [ ] Individual [ ] Association [ ] Society
[ ] Partnership [ ] Trust [ ] Other (Specify)

9. Where and when was the organization legally established? Date: 04/29/1909 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
NY

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
THE NEWARK MUSEUM OPERATES FOR THE BENEFIT OF THE PUBLIC AS A MUSEUM OF SERVICE. IT CONNECTS OBJECTS AND IDEAS TO THE NEEDS OF ITS CONSTITUENCIES.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
SEE STATEMENT 1

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No  
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No  
b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_  
c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

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23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 2</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.

*Please report all figures as GROSS, not NET.*

Full legal name and street address of the organization

Full legal name: THE NEWARK MUSEUM ASSOCIATION

Fiscal year-end being reported: 12/31/2013 Federal ID Number (EIN) 22-1487275  
month day year

Mailing address:  
49 WASHINGTON STREET, NEWARK, NJ 07102  
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: 49 WASHINGTON STREET, NEWARK, NJ 07102  
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 0082300 Telephone number: 973-596-6550  
-00 (include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

- (1) Direct mail .....
- (2) Telephone solicitation .....
- (3) Commercial co-venture .....
- (4) Gross receipts from fund-raising events .....
- (5) Canisters, counter cards, door to door etc .....
- (6) Corporations and other businesses .....
- (7) Foundations and trusts .....
- (8) Donated land, buildings, property, equipment and materials .....
- (9) Legacies and bequests .....
- (10) Membership dues solely resulting from solicitations .....
- (11) Other support (specify) .....

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) .....

Line A1c. Indirect Public Support received from the following sources:

- (1) Federated fund-raising organization .....
- (2) From an affiliated organization .....
- (3) From another fund-raising organization .....

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) .....



Line A2. Government grants including purchase of service contracts (specify agency)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

a. Bona fide membership \_\_\_\_\_

b. Program service revenue \_\_\_\_\_

c. Professional services rendered by volunteers \_\_\_\_\_

d. Miscellaneous income (specify) \_\_\_\_\_

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) \_\_\_\_\_

**B. Expenses**

Line B1. Program expenses \_\_\_\_\_

Line B2. Management and general expenses \_\_\_\_\_

Line B3. Fund-raising expenses \_\_\_\_\_

Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_

Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_

**D. Fund Balance**

Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_

Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: THE NEWARK MUSEUM ASSOCIATION

N.J. Charities Registration Number: CH- 0082300 -00

Federal ID Number (EIN) 22-1487275

Fiscal Year-End being reported: 12/31/2013  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other?  Yes  No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

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We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

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We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name MEME OMOGBAI Title ASST. TREASURER & COO Date \_\_\_\_\_

Signature \_\_\_\_\_ Name PETER B. SAYRE Title TREASURER Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

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**Note: Form CRI-300RC must be filed with Form CRI-300R.**

FORM CRI-300R

SPECIFIC PROGRAMS AND CHARITABLE PURPOSES

STATEMENT 1

PAGE 2, LINE 14A

PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-EXHIBITIONS

ALREADY EXISTS-REGISTRAR & CURATORIAL

ALREADY EXISTS-EDUCATION & SCIENCE

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES  
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 2

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SEE ATTACHED FORM 990, PART VII,  
SECTION A & SCHEDULE J, PART II FOR  
DETAILS

(973) 596-6550

ADDRESS

SALARY

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

December 31, 2013

<b>Prepared for</b>	The Newark Museum Association 49 Washington Street Newark, NJ 07102
<b>Prepared by</b>	O'Connor Davies, LLP 665 Fifth Avenue New York, NY 10022
<b>Mail tax return to</b>	New York State Department of Law Charities Bureau - Registration Section 120 Broadway New York, NY 10271
<b>Return must be mailed on or before</b>	May 15, 2014
<b>Special Instructions</b>	<p>New York Form CHAR500 must be signed and dated by both of the authorized individuals. Also be sure that the attached copy of federal Form 990 has been properly signed and dated.</p> <p>Enclose a check for \$25 made payable to NYS Department of Law. Include the organization's state registration number on the remittance.</p>

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2013</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <b>01/01/2013</b> and ending (mm/dd/yyyy) <b>12/31/2013</b>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>THE NEWARK MUSEUM ASSOCIATION</b>		d. Fed. employer ID no. (EIN) <b>22-1487275</b>
	e. NY State registration no. <b>16-82-10</b>		
	Number and street (or P.O. box if mail not delivered to street address) <b>49 WASHINGTON STREET</b>	Room/suite	f. Telephone number <b>973 596-6550</b>
	City or town, state or country and ZIP + 4 <b>NEWARK, NJ 07102</b>		g. Email <b>MOMOGBAI@NEWARKMUSE</b>

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	<b>MEME OMOGBAI</b>	<b>COO &amp; ASST TREASURER</b>	
	Signature Printed Name	Title Date	
b. Chief Financial Officer or Treas.	<b>PETER B. SAYRE</b>	<b>TREASURER</b>	
	Signature Printed Name	Title Date	

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? ..... <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee .....	\$ <u>25.</u>
b. EPTL filing fee .....	\$ _____
c. <b>Total fee</b> .....	\$ <u>25.</u>
<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>	

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b>
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THE NEWARK MUSEUM ASSOCIATION

**Schedule 4b: Government Contributions (Grants)**

If you checked the box in question 4.b. on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

<b>Government Agency Name</b>	<b>Grant Amount</b>
NJ HISTORIC TRUST	\$ 14,038.
NJ STATE COUNCIL ON ARTS	\$ 1,505,000.
DEPARTMENT OF ENERGY -DOE	\$ 117,817.
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	\$ 177,698.
NATIONAL ENDOWMENT FOR THE HUMANITIES	\$ 85,401.
NEWARK BOARD OF EDUCATION	\$ 120,000.
NJ COUNCIL ON THE HUMANITIES	\$ 8,812.
NJ CULTURAL TRUST	\$ 31,061.
NJ DIVISION OF TRAVEL AND TOURISM	\$ 5,550.
NJ STATE LIBRARY	\$ 10,907.
CITY OF NEWARK	\$ 4,500,000.
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<b>Total Government Contributions (Grants)</b>	<b>\$ 6,576,284.</b>

**THE NEWARK MUSEUM ASSOCIATION**

**5. Fee Instructions**

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

**Organization's Registration Type    Fee Instructions**

- **Article 7-A**                                Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL**                                         Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual**                                         Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

**6. Attachments - Document Attachment Check-List**

Check the boxes for the documents you are attaching.

**For All Filers**

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> <b>IRS Form 990</b> <input checked="" type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> <b>IRS Form 990-EZ</b> <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> <b>IRS Form 990-PF</b> <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T
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**Additional Article 7-A Document Attachment Requirement**

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)