## (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. The part of the Treasury Internal Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30,

OMB No. 1545-0047

Open to Public Inspection

| В                       | Check if        | C Name of organization  |         | D Employer                              |              | cation number  |  |  |
|-------------------------|-----------------|---|---------|---|--------------|--|--|--|
|                         | Addr            |   |         |   |              | Tanibor  |  |  |
| F                       | chan            | THE ARTS  |         |   |              |  |  |  |
| -                       | lchan           |   |         | 52-1                                    | 2388         | 10   |  |  |
| -                       | returr<br>Final | I ROOM  | suite   | E Telephone                             | numbe        | r  |  |  |
| _                       | returr          |   |         | (202                                    | 783          | -5000  |  |  |
|                         | ated<br>Amer    | City or town, state or province, country, and ZIP or foreign postal code  |         | G Gross receipts                        | \$           | 46,013,695.  |  |  |
| F                       | Appli           |   |         | H(a) Is this a                          | group re     | eturn  |  |  |
| _                       | tion<br>pend    | IF Name and address of principal officer SUSAN FISHER STEPT. TMC  |         | for subo                                | rdinates     | ? Yes X No   |  |  |
| _                       | Tay ay          |   |         |   |              | ncluded? Yes No  |  |  |
|                         |                 | empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or te: ➤ WWW • NMWA • ORG   | 527     |   |              | list. (see instructions)   |  |  |
|                         |                 |   |         | H(c) Group ex                           | kemptio      | n number   |  |  |
|                         |                 | Trust Association Other ► L  Summary  | Year o  | f formation: 1                          | 981          | A State of legal domicile: DC  |  |  |
|                         | 1               | Briefly describe the organization's mission or most significant activities: SEE PART  | г т     | TT TTNT                                 | D 1          |  |  |  |
| Activities & Governance |                 | TAK   | L _L.   | LI, LIN                                 | c I.         |  |  |  |
| rug                     | 2               | Check this box if the organization discontinued its operations or disposed of   | more    | than OEO/ -fil                          |              |  |  |  |
| ove                     | 3               |   |         |   |              |  |  |  |
| <u>ه</u>                | 4               | Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  |         | *************************************** | . 3          | 40   |  |  |
| es                      | 9               | rotal number of individuals employed in calendar year 2019 (Part V. line 2a)  |         |   | =            | 114  |  |  |
| Σ                       | 0               | rotal number of volunteers (estimate if necessary)  |         |   | 6            | 130  |  |  |
| Acti                    | 7 a             | Total unrelated business revenue from Part VIII, column (C), line 12  |         |   | 7a           | 17,083.  |  |  |
| _                       | b               | Net unrelated business taxable income from Form 990-T, line 39  |         |   | 7b           | 13,380.  |  |  |
|                         |                 |   | T       | Prior Year                              | 10           |  |  |  |
| 9                       | 8               | Contributions and grants (Part VIII, line 1h)   |         | 8,803,                                  | 278          | 31,152,297.  |  |  |
| enc                     |                 | Program service revenue (Part VIII, line 2g)  |         | 758,3                                   |              | 477,282.   |  |  |
| Revenue                 | 10              | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |         | 3,371,3                                 |              | 2,258,657.   |  |  |
| _                       | 11              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |         | 876,4                                   |              | 278,625.   |  |  |
|                         | 12              | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1       | 13,809,3                                | 179.         | 34,166,861.  |  |  |
|                         | 13              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |         |   | 0.           | 0.   |  |  |
|                         | 14              | Benefits paid to or for members (Part IX, column (A), line 4)   |         |   | 0.           | 0.   |  |  |
| ses                     | 15              | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |         | 4,176,6                                 | 89.          | 4,523,308.   |  |  |
| Expenses                | 16a             | Professional fundraising fees (Part IX, column (A), line 11e)   |         | 472,9                                   | 149.         | 607,028.   |  |  |
| Ä                       | b               | Total fundraising expenses (Part IX, column (D), line 25)   1,198,271.  |         |   |              | The state of the s |  |  |
| -                       | 17              | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |         | 5,524,4                                 |              | 5,357,543.   |  |  |
|                         | 18              | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 1       | 0,174,0                                 |              | 10,487,879.  |  |  |
| - SS                    | 19              | Revenue less expenses. Subtract line 18 from line 12  |         | 3,635,1                                 | 14.          | 23,678,982.  |  |  |
| sets or                 | 20              | Total access (Part V. Erra day  |         | nning of Currer                         |              | End of Year  |  |  |
| Asse                    | 21              | Total assets (Part X, line 16)  | -/      | 9,851,1                                 |              | 103,784,222.   |  |  |
| Net As<br>Fund B        | 22              | Total liabilities (Part X, line 26)   |         | 1,310,9                                 |              | 2,774,238.   |  |  |
|                         |                 | Net assets or fund balances. Subtract line 21 from line 20  | 1       | 8,540,1                                 | .95.         | 101,009,984.   |  |  |
| 200                     |                 |   |         |   |              |  |  |  |
| true.                   | correc          | lties of perjury, I declare that I have examined this return, including accompanying schedules and sta<br>t, and complete. Declaration of preparer (other than officer) is based on all information of which prep | atemen  | its, and to the be                      | est of my    | knowledge and belief, it is  |  |  |
|                         |                 | Some and the property (other than officer) is based on an information of which prep   | arer na | as any knowled                          | 1- 1         | 2  |  |  |
| Sign                    | 1               | Signature of officer  |         | Date                                    | 121          | 20   |  |  |
| Her                     |                 | PAMELA J. AYRES, DEPUTY DIR., FIN. & OPER   | ΔΨΤ     |   |              |  |  |  |
|                         |                 | Type or print name and title  | AII     | CND                                     |              |  |  |  |
|                         |                 | Print/Type preparer's name Preparer's signature,  | Dat     | te I                                    | Check        | PTIN   |  |  |
| Paid                    |                 | RICHARD J. LOCASTRO, CPA Rubard h. Locasta  |         | ומפונונו                                | 1            | D00000014  |  |  |
| Prep                    | arer            | Firm's name GELMAN, ROSENBERG & FREEDMAN  |         |   | elf-employed | 52-1392008   |  |  |
| Use                     | Only            | Firm's address 4550 MONTGOMERY AVE SUITE 800N   |         | 1 11111 31                              | -111         | 1372000  |  |  |
|                         |                 | BETHESDA, MD 20814-2930   |         | Phone                                   | no.(30       | 01) 951-9090   |  |  |
| May                     | the IF          | S discuss this return with the preparer shown above? (see instructions)   |         | 1. 110110                               | , 0          | Yes No   |  |  |
|                         |                 |   |         |   |              |  |  |  |

|       | n 990 (2019) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Part III Statement of Program Service Accomplishments   |
|-------|--|
|       | Check if Schedule O contains a response or note to any line in this Burt III   |
| 1     | Check if Schedule O contains a response or note to any line in this Part III   |
|       | THE MISSION OF THE NATIONAL MUCEUM OF MONTH.   |
|       | THE MISSION OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS IS TO COLLECT  |
|       | THE PLANT THE ALTERNATION OF A PROPERTY OF A |
|       | TILL TOWN DITTIES AND TO BUILDING OUR DITTIES OF THE CONTROL OF TH |
| _     | AND AND THE PROPERTY OF ACCOMPLISH OUR MISSION BY NATIONAL AND   |
| 2     | and significant didertake any significant program services during the year which were not listed on the  |
|       | prior Form 990 or 990-EZ?  |
|       | 199, Gooding those new services on Schedule O.   |
| 3     | Did the organization cease conducting or make it.  |
|       | If "Yes," describe these changes on Schedule O.  |
| 4     | Describe the organization's present scriedule O.   |
|       | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   |
|       | 10/0) and contolly organizations are required to report the amount of grants and allocations to others the tatal   |
|       | reading for each program service reported.   |
| 4a    | (Code: ) (Expenses \$ 1,710,857. including grants of \$ ) (Revenue \$ 185,76   |
|       | EXHIBITIONS: (Revenue \$)  |
|       | MORE IS MORE: MULTIPLES  |
|       | MAY 3 - SEPT 22, 2019  |
|       | ORGANIZED BY MANY EOD MILE MEDDICE   |
|       | ORGANIZED BY NMWA FOR THE TERESA LOZANO LONG GALLERY   |
|       | MUDITIFUED-THREE-DIMENSIONAL ART OR TECTE DECORUMENTAL CONTROL   |
|       |  |
|       | TOTAL TOTAL THE HOMES OF CONSUMEDS WORLD MITTO BOOKER  |
|       | THE MEDICAL OF SENSE OF WHIMSY PROPERTIES CENTERED   |
|       | DECORATIVE OBJECTS, AND TOYS CREATED BY WOMEN ARTISTS FREQUENTLY OFFE  |
|       | TONGUE-IN-CHEEK SOCIAL AND CHEER SOCIAL  |
|       | TONGUE-IN-CHEEK SOCIAL AND CULTURAL COMMENTARY. EYE-CATCHING MULTIPLE;   |
| 41-   | OLIDE DILLIGIAN, MICKALENE THOMAS, BARRARA KRIICER UEI EN MARRINA TELEVI   |
| 4b    | (Expenses 5 4, 450, 351 a including greater of 6   |
|       | OUTREACH: (Revenue \$ 238, 18  |
|       | - DIGITAL ENGAGEMENT STATS   |
|       | DICTINE ENGAGEMENT STATS   |
|       | - VISITS TO NMWA.ORG   |
|       | 1 224 721 DIVING   |
|       | - 1,324,721 UNIQUE PAGEVIEWS (1,633,781 PAGEVIEWS)   |
|       | - IWITTER FOLLOWERS  |
|       | - 57,637 (INCREASE OF 5,230 OR 10%)  |
|       | - NOTABLY, TWITTER'S PACE OF GROWTH WAS 177% HIGHER THANK THE COLOR  |
|       | THANKS, #MEANGIRLSDAY!   |
| 1     | - FACEBOOK FOLLOWERS   |
|       | - 55 911 (INCREAGE OF 2 005 07 1   |
| 4.    | - 55,811 (INCREASE OF 3,885 OR 7.07%)  |
|       | (Code: ) (Expenses \$ 2,001,176, including product)  |
|       | CURATORIAL LIBRARY AND PUBLICATIONS (Revenue \$ 14,75)   |
|       |  |
|       | - BOOK/MATERIAL ACQUISITIONS OR COLLECTION GROWTH (ANYTHING THAT YOU WANT TO DIBLICIZE INCH YEAR MET TOOLS   |
|       | THE TO TODUTCIZE LAST YEAR WE INCLUDED THINKS TITLE MITE MITE MITE MITE MITE   |
|       | REFERENCE AND RESEARCH REQUESTS ANSWERED, AND THE NUMBER OF PURCHASED AND ACCEPTED FROM BONDETONS.   |
|       | PURCHASED AND ACCEPTED FROM DONATIONS, ETC.). (TG, EM)   |
|       | THE ROOM DONATIONS, ETC.). (TG, EM)  |
|       | - THE IDO ADOUTED AGGIGN   |
|       | - THE LRC ARCHIVES ASSISTED RESEARCHERS FROM THE UNITED STATES,  |
|       | DOMDOR, GERMANI, THE NETHERLANDS AND MUE INTERED VINCEDON THE  |
|       | INTERESTS INCLUDED WORK ON FRIDA KAHLO FEMINIST CURATORIAL DRAGGEOR  |
|       | AND MARIA SIBYLLA MERIAN.  |
|       | - IN ADDITION, THE ARCHIVE BECAME THE NEW HOME FOR THE PAPERS OF   |
|       | THE NEW MIND DO DIES AND AND THE NEW MIND DOD MIND DARBOA AND  |
| d (   | Other program services (Describe on School to C.)  |
|       | Other program services (Describe on Schedule O.)   |
| (     | (Expenses \$ 942,706 • including grants of \$ ) (Revenue \$ 41,214 a)  |
| (     | Other program services (Describe on Schedule O.)   |
| e T   | Citrier program services (Describe on Schedule O.)  (Expenses \$ 942,706 · including grants of \$ ) (Revenue \$ 41,214 · )  Total program service expenses ► 7,145,330 · Form 990 (a)  |
| le T  | (Expenses \$ 942,706 • including grants of \$ ) (Revenue \$ 41,214 a)  |
| (le 7 | Citrier program services (Describe on Schedule O.)  (Expenses \$ 942,706 • including grants of \$ ) (Revenue \$ 41,214 • )  Total program service expenses ► 7,145,330 •   |

| _       | Shoulded Scriedules  |            |    | . ago |
|---------|--|------------|----|-------|
| 1       | If "Yes," complete Schedule A  |            |    | s No  |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political companions.  | 1          | X  |       |
| 3       | Did the organization engage in direct or indirect political campaign potitivities as he was a  | 2          | X  |       |
|         | Paris Sines: Il 166, Complete Scriedule C. Part I  |            |    | 77    |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effectiving the tax year? If "Yes " complete Schodule C. Both"   | 3          | -  | X     |
|         | The san year. If year, to read the solie of Part II  |            |    |       |
| 5       |  |            | -  | X     |
|         | arrival arrival as defined in nevertue Procedure 98-197 If "Yes " complete Schodule C. Po-t III  | _          |    | 37    |
| 6       | Similar tinds or accounts for which depend on accounts for which depend on accounts for which depend on a contract of the second |            |    | X     |
|         | at the distribution of investment of amounts in such funds or accounts? If "Voc " complete of the contract of  |            |    | 37    |
| 7       | and digarization receive of floid a conservation excement including excession  | 6          |    | X     |
|         | the environment, historic land areas, or historic structures? If "Yes " complete School to D. D. H.  | l _        |    | v     |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, assets a second liability.  | 7          |    | X     |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | 8          | X  |       |
|         | amounts not listed in Part X: or provide credit counseling, dobt management will institute, serve as a custodian for   |            |    |       |
|         | If "Yes," complete Schedule D, Part IV   |            |    |       |
| 10      | If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | 9          |    | X     |
|         | or in quasi endowments? If "Yes," complete Schedule D. Part V  | 100,000    |    |       |
| 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   | 10         | X  |       |
|         | ac applicable.   |            |    |       |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |            |    |       |
|         | , are vi   |            | v  |       |
| b       |  | 11a        | X  | _     |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII  |            |    |       |
| C       |  | 11b        |    | X     |
|         | additional reported in Part A, line 16? If Yes, complete Schedule D. Part VIII   |            |    | v     |
| d       |  | 11c        |    | X     |
|         | t art X, line To: It Tes, Complete Schedule D. Part IX   | 444        |    | x     |
| е       |  | 11d<br>11e | X  | Δ     |
| f       | and the digarization's separate or consolidated financial statements for the tay year include a factor to the  | 116        | Λ  |       |
|         | and digarillation's liability for uncertain tax positions under FIN 48 (ASC 740)2 If "Ves " complete School to D. D. J. V.   | 11f        | X  |       |
| 12a     | and the digarization obtain separate, independent audited financial statements for the towns of the second of the  | 1 11       | 21 |       |
|         | Conclude D, Faits XI and XII   | 12a        | х  |       |
| b       |  | IZd        | 21 |       |
| 80      | in res, and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is entired   | 12b        |    | х     |
| 13      | is the organization a school described in section 1/U(b)(1)(A)(ii)? If "Yes " complete Schedulo E  | 13         |    | X     |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |    | X     |
| b       | and the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business   | 170        |    |       |
|         | investment, and program service activities outside the United States or aggregate ferring investment.  |            |    |       |
|         | or more: If Tes, complete scriedule F, Parts I and IV  | 14b        |    | х     |
| 15      |  | 170        |    |       |
|         | To leight organization? If Yes, complete Schedule F, Parts II and IV   | 15         |    | X     |
| 16      |  | .0         |    |       |
|         | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |    | X     |
| 17      |  |            |    |       |
|         | Column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17         | X  |       |
| 18      |  | **         |    |       |
|         | it and bar il res, complete schedule G, Part II  | 18         | x  |       |
| 19      |  | 10         |    | -     |
|         | complete schedule G, Part III  | 19         |    | X     |
| 20a     |  | 20a        |    | X     |
| 972 TEX | to the 20d, did the organization attach a copy of its audited financial statements to this return?   | 20b        |    |       |
| 1       | and the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |            |    |       |
|         | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |    | v     |

|             | art IV Checklist of Required Schedules (continued)   |      |     | Page |
|-------------|--|------|-----|------|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      | Yes | No   |
|             | rar IA, Column (A), line 2? If Yes, "Complete Schedule I, Parts I and III  | 22   |     | x    |
| 23          | The state of the second of the | 22   |     | 1    |
|             | Schedule J   |      |     |      |
| <b>24</b> a | and overlight borid issue with an outstanding principal amount of more than \$100,000 as at the  | 23   | X   |      |
|             | Schedule K. If "No," go to line 25a  | 04-  |     | v    |
| b           |  | 24a  |     | X    |
| C           | and organization maintain an escrow account other than a refunding secrow at any time division the   | (    |     |      |
|             | ary tax exempt bonds?  | 24c  |     |      |
| 250         |  | 24d  |     |      |
| 20a         | order of (c)(d), of (c)(d), and of (c)(29) organizations Did the organization and the organiz | V- I |     |      |
| b           | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  | 1   | X    |
|             | and a discussified and it cligated in an excess penetit transaction with a discussified agree in a second in an excess penetit transaction with a discussified agree in a second in an excess penetit transaction with a discussified agree in a second in a secon |      |     |      |
| ne          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? /f "Yes," complete  | 25b  |     | х    |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |      |     |      |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |      |     |      |
| 27          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26   |     | X    |
|             | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee,   | 1    |     |      |
|             | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  |      |     | 5.00 |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  | 27   |     | X    |
|             | instructions, for applicable filing thresholds, conditions, and exceptions):   |      |     |      |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial and till a contillation of the contillation of th |      |     |      |
|             | res, complete schedule L, Part IV  | 28a  |     | x    |
| b           | , and the second and the second secon | 28b  |     | X    |
| С           | "Yes," complete Schedule L, Part IV  | 28c  |     | X    |
| 29          | The state of the s | 29   | Х   |      |
| 30          | and the organization receive contributions of art historical treasures or other similar and the  |      |     |      |
| 31          | contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and coace prestings? (f    Yes,    coace prestings?) (f    Yes,    coace prestings?)  | 30   | X   |      |
| 2           | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   | 31   |     | X    |
|             | Schedule N, Part II  Did the organization own 100% of an entity disregarded as spectrate from the assets? If "Yes," complete   |      |     |      |
| 3           | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 32   |     | X    |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I  | 00   |     | v    |
| 4           | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | 33   |     | X    |
| 5a          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receives a section 512(b)(13)?   | 34   |     | X    |
| b           | to mile dod, did tile digalization receive any payment from or angage in any transaction with  | 35a  |     | X    |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2  | 054  |     |      |
| 6           | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities the result.   | 35b  |     |      |
| 7           | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 36   |     | X    |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule P. Port VI   | 07   |     | v    |
| 8           | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 193   | 37   |     | X    |
| ar          | Note: All Form 990 filers are required to complete Schedule O  | 38   | Х   |      |
|             | Check if Schedule O contains a response or note to any line in this Part V   |      | 1   |      |
| 10          |  |      | Yes | No   |
| h           | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 116   |      |     |      |
| C           | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 110  1b 0  |      |     |      |
|             | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |      |     |      |
|             |  | 1c   | X   |      |

932004 01-20-20

Form 990 (2019) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|         |  |          | Yes  | No     |
|---------|--|----------|------|--------|
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |          | 103  | 140    |
|         | filed for the calendar year ending with or within the year covered by this return  |          |      |        |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | Х    |        |
|         | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |          |      |        |
|         | the organization have unrelated business gross income of \$1,000 or more during the year?  | За       | X    |        |
| b       | to the state of th | 3b       | X    |        |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |          |      |        |
| h       | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |      | X      |
| D       | If "Yes," enter the name of the foreign country  |          |      |        |
| E.      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |          |      |        |
| 5a<br>b | a promoted tax sheller transaction at any time during the ray year?  | 5a       |      | X      |
| C       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |      | X      |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |      |        |
| ou      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |          |      |        |
| b       | any contributions that were not tax deductible as charitable contributions?  | 6a       |      | X      |
| -       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |          |      |        |
| 7       | were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  | 6b       |      |        |
| a       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 1900     | 77   |        |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7a       | X    |        |
| c       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | 7b       | X    |        |
|         | to file Form 8282?   | _        |      | 37     |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | 7c       |      | X      |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | -        |      | v      |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7e       |      | X      |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7f       |      | Δ      |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7g<br>7h |      |        |
| 8       | sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | /11      |      |        |
|         | sponsoring organization have excess business holdings at any time during the year?  N/A  | 8        |      |        |
| 9       | Sponsoring organizations maintaining donor advised funds.  |          |      |        |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?  N/A  | 9a       |      |        |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A   | 9b       |      |        |
| 10      | Section 501(c)(7) organizations. Enter:  |          |      | 1737   |
| a       | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a   |          |      |        |
| D       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |      |        |
| 11      | Section 501(c)(12) organizations. Enter:   |          |      |        |
|         | Gross income from members or shareholders N/A 11a  |          |      |        |
| -       | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |          |      |        |
| 12a     | amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |          |      |        |
| b       | If "Yes" enter the amount of tay exempt interest received  | 12a      |      |        |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |      |        |
| а       |  | -        |      | 2.10   |
|         | Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  | 13a      |      |        |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the   |          |      |        |
|         | organization is licensed to issue qualified health plans   |          |      |        |
| C       | Enter the amount of reserves on hand 13c   |          |      |        |
| 144     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |      | X      |
| b       | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation on Octobrity Octobrity   | 14b      |      |        |
| 15      | is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | .75      |      |        |
|         | excess parachute payment(s) during the year?   | 15       |      | X      |
|         | 1 1es, see instructions and file Form 4720, Schedule N.  |          |      |        |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       |      | X      |
|         | If "Yes," complete Form 4720, Schedule O.  |          |      |        |
|         |  | - 1      | 200/ | 20.101 |

Form 990 (2019)

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

DATE OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes on Schedule O. See instructions.

| Sec  | ction A. Governing Body and Management   |   |                                 |        |        | X   |
|------|--|---|---------------------------------|--------|--------|-----|
|      |  |   |                                 |        | l v .  |     |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year  | 1a                                      | 40                              |        | Yes    | No  |
|      | if there are material differences in voting rights among members of the governing body, or if the governing  |   |                                 |        |        |     |
|      | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |   |                                 |        |        |     |
| b    | the first of voting members included on line 1a, above, who are independent  | 1b                                      | 40                              |        |        |     |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  | nip with any oth                        | ier                             |        |        |     |
| 3    | officer, director, trustee, or key employee?   |   |                                 | 2      | X      |     |
| •    | Did the organization delegate control over management duties customarily performed by or under to  | he direct super                         | vision                          |        |        | 177 |
| 4    | of officers, directors, trustees, or key employees to a management company or other person?  |   |                                 | 3      |        | X   |
| 5    | Did the organization make any significant changes to its governing documents since the prior Form  | 990 was filed?                          |                                 | 4      |        | X   |
| 6    | Did the organization become aware during the year of a significant diversion of the organization's as Did the organization have members or stockholders?   | ssets?                                  |                                 | 5      |        | X   |
| 7a   | Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or a  |   |                                 | 6      |        | X   |
|      | more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to expressed by a reserved to for subject to expressed by a reserved by a reserved to for subject to expressed by a reserved by a  | appoint one or                          |                                 |        |        |     |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | oto oldo oldo us                        |                                 | 7a     |        | X   |
|      | persons other than the governing body?   |   |                                 |        |        | v   |
| 8    | and or garried contemporarie dusing document the meetings neid or written actions undertaken during the ve   | ar by the following                     |                                 | 7b     |        | X   |
| а    | The governing body?  |   |                                 | 8a     | х      |     |
| b    | to act on benail of the governing body?  |   |                                 | 8b     | X      |     |
| 9    | to tricle any officer, director, trustee, or key employee listed in Part VII Section A who cannot be re-   |   | -condensessessessessessessesses | OD     | 22     |     |
| Coo  | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |   |                                 | 9      |        | X   |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Fi   | evenue Code.)                           |                                 |        |        |     |
|      |  |   |                                 |        | Yes    | No  |
| h    | Did the organization have local chapters, branches, or affiliates?   |   |                                 | 10a    | Х      |     |
| D    | and the organization have written policies and procedures governing the activities of such a   | bondous -ffill-t                        | 22                              |        | -      |     |
| 11a  | and branches to ensure their operations are consistent with the organization's exempt purposes?  |   |                                 | 10b    | X      |     |
| b    | Has the organization provided a complete copy of this Form 990 to all members of its governing boo Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | ly before filing                        | the form?                       | 11a    | X      |     |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key amployees required to disclose a second to the s |   |                                 |        |        |     |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  |   |                                 | 12a    | X      |     |
| C    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y  | to conflicts?                           |                                 | 12b    | X      |     |
|      | in Schedule O how this was done  Did the organization have a written whistlehlower policy?   | es, aescribe                            |                                 |        | v      |     |
| 13   |  |   |                                 | 12c    | X      |     |
| 14   | and destruction nolicy?  |   |                                 | 13     | X      |     |
| 15   | and approve  | al by independ                          | ent                             | 14     | Λ      |     |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decisions  |   |                                 |        |        |     |
| a    | The organization's CEO, Executive Director, or top management official   |   |                                 | 15a    | Х      |     |
| b    | out of the organization  |   |                                 | 15b    |        | X   |
|      | to an interest of rob, describe the process in Schedule O (see instructions).  |   |                                 |        |        |     |
| ioa  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger  | ment with a                             |                                 |        |        |     |
| h    | taxable entity during the year?  | • |                                 | 16a    |        | X   |
|      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to injurity years arrangements and are seen in the first venture arrangements and are seen in the first venture arrangements.   | te its participat                       | ion                             |        |        |     |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organexempt status with respect to such arrangements?  | nization's                              |                                 |        |        |     |
| Sect | exempt status with respect to such arrangements? ion C. Disclosure   |   |                                 | 16b    |        |     |
|      | List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE   | 0                                       |                                 |        |        |     |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at  |   |                                 |        |        |     |
|      | for public inspection. Indicate how you made these available. Check all that apply.  | nd 990-T (Secti                         | on 501(c)(3)s                   | only)  | availa | ble |
|      | X Our walate   | on Schedule C                           |                                 |        |        |     |
| 19   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co  | on schedule C                           | )<br>                           |        |        |     |
|      | statements available to the public during the tax year.  | inict of interes                        | t policy, and                   | tinand | cial   |     |
| 20   | State the name, address, and telephone number of the person who possesses the organization's book  | nks and record                          |                                 |        |        |     |
|      | TAMEDA 0. AIRES - (202)/83-5000  | ons and record                          |                                 |        |        | 53  |
|      | 1250 NEW YORK AVENUE, NW, WASHINGTON, DC 20005   |   |                                 |        |        | _   |

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Form **990** (2019)

### Form 990 (2019) 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| (A)<br>Name and title                | (B) Average hours per week   | box                            | not c                 | Pos<br>heck<br>ss pe | more<br>rson | than<br>is bot               | h an   | (D) Reportable compensation from       | (E) Reportable compensation from related | (F) Estimated amount of other   |
|--------------------------------------|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------|--|--|---|
|                                      | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations  |
| (1) WILHELMINA COLE HOLLADAY         | 5.00   |                                |                       |                      |              |                              |        |  |  |   |
| CHAIR OF THE BOARD                   | 1.   | X                              |                       | X                    |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (2) WINTON S. HOLLADAY               | 15.00  |                                |                       |                      |              |                              |        | -                                      |  |   |
| VICE CHAIR OF THE BOARD              |  | X                              |                       | X                    |              |                              |        | 0.                                     | 0.                                       | 0   |
| (3) GINA F. ADAMS                    | 2.00   |                                |                       |                      |              |                              |        |  |  | Acres |
| FIRST VICE PRESIDENT                 | 4 00   | X                              |                       | X                    |              |                              | 1 - 10 | 0.                                     | 0.                                       | 0   |
| (4) SUSAN GOLDBERG                   | 1.00   |                                |                       |                      |              |                              |        |  | 1987                                     |   |
| SECOND VICE PRESIDENT                | 1.50   | X                              |                       | X                    |              |                              |        | 0.                                     | 0.                                       | 0   |
| (5) SHEILA SHAFFER                   | 1.50   |                                |                       |                      |              |                              |        |  |  |   |
| TREASURER & FINANCE CHAIR            | 0.08   | X                              | _                     | X                    |              |                              |        | 0.                                     | 0.                                       | 0   |
| (6) ROSE CARTER                      | 0.07   |                                |                       |                      |              |                              |        |  |  |   |
| SECRETARY                            | 1 00   | X                              |                       | X                    |              |                              |        | 0.                                     | 0.                                       | 0 .   |
| (7) JOANNE C. STRINGER               | 1.00   |                                |                       |                      |              |                              |        |  |  |   |
| COMPENSATION CHAIR                   | 6.00   | X                              |                       | X                    |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (8) NANCY DUBER<br>NOMINATIONS CHAIR | 6.00   | 37                             |                       | 77                   |              |                              |        |  |  |   |
| (9) AMY WEISS                        | 1 00   | X                              |                       | X                    | _            | _                            |        | 0.                                     | 0.                                       | 0   |
| COMMUNICATIONS CHAIR                 | 1.00   | 37                             |                       | 37                   |              |                              |        |  |  |   |
| (10) NANCY NELSON STEVENSON          | 20.00  | X                              |                       | X                    |              |                              |        | 0.                                     | 0.                                       | 0   |
| WORKS OF ART                         | 20.00  | x                              |                       | х                    |              |                              |        |  |  | •   |
| (11) MARCIA MYERS CARLUCCI           | 1.00   | Λ                              |                       | Λ                    |              |                              |        | 0.                                     | 0.                                       | 0   |
| BUILDING CHAIR                       | 1.00   | x                              |                       | x                    |              |                              |        |  |  | •   |
| (12) ASHLEY DAVIS                    | 0.75   | Δ                              |                       | Λ                    |              |                              |        | 0.                                     | 0.                                       | 0   |
| GOVERNMENT RELATIONS CHAIR           | 0.75   | X                              |                       | x                    |              |                              |        | 0.                                     | 0.                                       | 0   |
| (13) CINDY JONES                     | 1.00   | 21                             |                       | 27                   |              |                              |        | 0.                                     | 0.                                       | 0 .   |
| MEMBER                               | 1.00   | X                              |                       |                      |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (14) MARY V. MOCHARY                 | 1.00   |                                |                       |                      |              |                              |        | 0.                                     | 0.                                       | 0.  |
| MEMBER                               | 2.00   | X                              |                       |                      |              |                              |        | 0.                                     | 0.                                       | 0.  |
| (15) CAROL MATTHEWS LASCARIS         | 1.00   |                                |                       |                      |              |                              |        | 0.                                     | 0.                                       | 0.  |
| MEMBER                               | 2.00   | X                              |                       |                      |              |                              |        | 0.                                     | 0.                                       | 0 .   |
| (16) JANICE LINDHURST ADAMS          | 3.00   |                                |                       |                      |              |                              |        | 0.                                     | 0.                                       | 0.  |
| MEMBER                               |  | х                              |                       |                      |              |                              |        | 0.                                     | 0.                                       | 0   |
| (17) STEPHANIE SALES                 | 1.00   |                                |                       |                      |              |                              |        |  | 0.                                       | 0.  |
| MEMBER                               |  | x                              |                       |                      |              |                              |        | 0.                                     | 0.                                       | 0 .   |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (E) Position Average Reportable Reportable Estimated Name and title (do not check more than one hours per compensation amount of box, unless person is both an compensation officer and a director/trustee) week from related other from (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related organization (W-2/1099-MISC) trustee organizations and related Key employee below organizations line) 1.00 (18) SUSAN DUNLEVY 0. 0 0 X MEMBER 1.00 (19) CHARLOTTE CLAY BUXTON 0 0. X 0 MEMBER (20) DIANE CASEY-LANDRY 1.00 0 . 0. 0. INVESTMENT COMMITTEE CHAIR X 1.00 (21) LIZETTE CORRO 0 0 0. MEMBER X 2.00 (22) BETTY B. DETTRE 0. X 0. 0 MEMBER (23) DEBORAH I. DINGELL 1.00 MEMBER X 0 . 0 0. 5.00 (24) MARTHA LYN DIPPELL X 0. 0 0. MEMBER 1.00 (25) ANJALI GUPTA 0. 0 . 0 MEMBER 0.00 (26) PAM GWALTNEY 0 0 0. MEMBER 0. 0. 0. 88,984. 1,255,843. 0. c Total from continuation sheets to Part VII, Section A 88,984. 1,255,843. d Total (add lines 1b and 1c) ..... Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X 4 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person 5

Section B. Independent Contractors

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)<br>Compensation    |
|--|-----------------------------------|------------------------|
| SANDRA VICCHIO & ASSOCIATES, LLC, 305<br>SAINT DUNSTANS ROAD, BALTIMORE, MD 21212  | BUILDING<br>ARCHITECTURAL DESIGN  | 1,017,640.             |
| COMMUNITY COUNSELLING SERVICES CO LLC  | FUNDRAISING,<br>BUILDING CAMPAIGN | 286,542.               |
| PO BOX 824885, PHILADELPHIA, PA 19182<br>LUCY BUCHANAN   | FUNDRAISING                       |                        |
| 7819 MARQUETTE ST, DALLAS, TX 75225 PURPLE, ROCK, SCISSORS LLC, 2014 EDGEWATER   | CONSULTANT                        | 175,000.               |
| DRIVE #342, ORLANDO, FL 32804 PHOENIX SERVICES LLC, 105 EXECUTIVE DR.,   | WEB PAGE DEVELOPMENT              | 118,285.               |
| SUITE 220, STERLING, VA 20166  | CLEANING SERVICES                 | 114,841.               |
| 2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 5 | ed above) who received more than  |                        |
|  | HEETS                             | Form <b>990</b> (2019) |

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| (A)<br>Name and title  | (B)<br>Average<br>hours   | (C) Position (check all that apply) |                       |         |              |                              | ly)    | (D) Reportable compensation from       | (E) Reportable compensation from related  | (F) Estimated amount of other |  |
|--|---|-------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|-------------------------------|--|
|  | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director      | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations co<br>ation (W-2/1099-MISC) |                               |  |
| 27) SALLY L. JONES<br>MEMBER                                       | 2.00  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (28) MARLENE MCARTHUR MALEK  | 6.00  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (29) JACQUELINE BADER MARS   | 2.00  | X                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (30) BONNIE MCELVEEN-HUNTER<br>MEMBER                              | 1.00  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (31) PAMELA PARIZEK<br>AUDIT COMMITTEE CHAIR                       | 2.00  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (32) PATTI WHITE<br>MEMBER   | 1.00  | х                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (33) JACKIE QUILLEN<br>MEMBER                                      | 1.00  | х                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (34) KATHLEEN ELIZABETH SPRINGHORN                                 | 10.00   | х                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (35) JESSICA H. STERCHI<br>MEMBER                                  | 0.25  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (36) MAHINDER TAK<br>MEMBER  | 3.00  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (37) ANNIE TOTAH<br>MEMBER   | 1.00  | х                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (38) FRANCES LUESSENHOP USHER<br>MEMBER                            | 5.00  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | C                             |  |
| (39) RUTHANNA MAXWELL WEBER<br>MEMBER                              | 1.00  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | 0                             |  |
| (40) ALICE WEST<br>MEMBER  | 1.00  | x                                   |                       |         |              |                              |        | 0.                                     | 0.  | C                             |  |
| (41) SUSAN FISHER STERLING<br>EXECUTIVE DIRECTOR (ALICE WEST DIR.) | 40.00   |                                     |                       | х       |              |                              |        | 347,782.                               | 0.  | 24,153                        |  |
| (42) PAMELA J. AYRES DEPUTY DIR., FINANCE & OPERATIONS             | 40.00   |                                     |                       | х       |              |                              |        | 194,058.                               | 0.  |                               |  |
| (43) ILENE GUTMAN DEPUTY DIR., NAT. & INT'L. OUTREACH              | 40.00   |                                     |                       | x       |              |                              |        | 160,883.                               | 0.  |                               |  |
| (44) KATHRYN WAT<br>DEPUTY DIR., ART, PROG. & PUBLIC ENG           | 40.00   |                                     |                       | x       |              |                              |        | 181,975.                               | 0.  |                               |  |
| (45) CHRISTINA KNOWLES DIR. OF DEV., ANNUAL GIVING & MEMBER        | 40.00   |                                     |                       |         |              | x                            |        | 125,205.                               | 0.  |                               |  |
| (46) DOUG BEAVER DIRECTOR OF SECURITY                              | 40.00   |                                     |                       |         |              | x                            |        | 132,807.                               |   |                               |  |

| (A)                                  | (B)   |                                 |              | (0      | <b>(</b> )   |                              |        | Compensated Employe<br>(D)                     | (E)  | (F)   |  |
|--------------------------------------|---|---------------------------------|--------------|---------|--------------|------------------------------|--------|--|--|---|--|
| Name and title                       | Average hours   | Position (check all that apply) |              |         |              |                              | W      | Reportable compensation                        | Reportable compensation                          | Estimated<br>amount of  |  |
|                                      | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director  | onal trustee | Officer | Key employee | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |  |
| 47) LORI BRUBAKER                    | 40.00   |                                 |              |         |              |                              |        |  |  | 1011201 20200   |  |
| IRECTOR OF SPECIAL EVENTS            |   |                                 |              |         |              | X                            |        | 113,133.                                       | 0.   | 12,421  |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
|                                      |   |                                 |              |         |              |                              |        |  |  |   |  |
| otal to Part VII, Section A, line 1c |   |                                 |              |         |              |                              |        | 1,255,843.                                     |  | 88,984  |  |

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Gifts, Grants 1 a Federated campaigns 1,552,953 b Membership dues ..... c Fundraising events ..... 493,691 1c d Related organizations 1d Contributions, and Other Sim 1,632,191 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 27,473,212 5,717,897 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 31,152,297. **Business Code** 2 a MEMBERSHIP DUES Program Service Revenue 900099 230,411. 230,411. b ADMISSIONS 900099 193,708 193,708. c PROGRAM FEES 900099 40,535. 40,535. TOURS 900099 8,970 8,970. RIGHTS & REPRODUCTIONS 900099 3,658. 3,658. f All other program service revenue ..... g Total. Add lines 2a-2f 477,282. Investment income (including dividends, interest, and other similar amounts) 1,732,428 1,715,345. 17,083. Income from investment of tax-exempt bond proceeds Royalties ..... 1,859. 1,859. (ii) Personal (i) Real 6 a Gross rents 6a 733,650 b Less: rental expenses ... 6b 294,399 c Rental income or (loss) 439,251. d Net rental income or (loss) 439,251. 439,251. 7 a Gross amount from sales of (i) Securities (ii) Other 11,571,239. assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7b 11,045,010 c Gain or (loss) 526,229. 7c d Net gain or (loss) ..... 526,229. ▶ 526,229. 8 a Gross income from fundraising events (not including \$ 493,691. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 165 300 c Net income or (loss) from fundraising events -165,300. -165,300. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities\_ 10 a Gross sales of inventory, less returns and allowances 10a 344,755 b Less: cost of goods sold ..... 10b 342,125 c Net income or (loss) from sales of inventory 2,630. 2,630. **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS 900099 185 185. d All other revenue e Total. Add lines 11a-11d 185. Total revenue. See instructions 34,166,861, 479,912. 17,083. 2,517,569. 932009 01-20-20 Form 990 (2019)

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 (C) (**D**) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 962,237. 374,595. 587,642. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,878,178. 1,949,511. 679,905. 248,762. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 102,686. 66,858. 23,009. 12,819. 279,924. 171,405. 95,341. 13,178. Other employee benefits 300,283. 193,386. 85,945. Payroll taxes 20,952. 10 Fees for services (nonemployees): a Management 107,545. 189. 4,106. 103,250. b Legal ..... 39,846. 39,846. Accounting Lobbying ..... 607,028. 607,028. Professional fundraising services. See Part IV, line 17 222,571. 222,571. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 514,769. 463,412. 51,356. column (A) amount, list line 11g expenses on Sch O.) 619,348. 612,625. 230. 6,493. 12 Advertising and promotion 292,734. 197,288. 65,248. 30,198. Office expenses 13 252,680. Information technology 252,680. 14 15 Royalties 479,674. 458,687. 16,906. 16 Occupancy 4,081. 165,315. 87,846. 22,429. 55,040. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 287,155. 223,031. 28,091. Conferences, conventions, and meetings ..... 36,033. 19 1,473. 1,473. 20 Interest Payments to affiliates 21 21,198. 601,460. Depreciation, depletion, and amortization ..... 575,145. 5,117. 22 106,458. 2,033. 104,425. 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 518,624. 518,624. a DIRECT MAIL b ART ACQUISITION 218,712. 218,712. c SERVICE CONTRACTS 17,742. 175,923. 143,771. 14,410. 145,153. 110,349. 34,770. d EXHIBITION CONSTRUCTION 34. 6,139. 608,103. 525,183. 76,781. e All other expenses 10,487,879. 7,145,330. 2,144,278. Total functional expenses. Add lines 1 through 24e 1,198,271. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

932010 01-20-20

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2019)
Part X Balance Sheet

|        |        | Chook if Sahadala C  |  |                          |             | Page I             |
|--------|--------|--|--|--------------------------|-------------|--------------------|
|        |        | Check if Schedule O contains a response or note  | to any line in this Part X   |                          |             |                    |
|        | 1      | Cook   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|        | 2      | Savings and tomporary south in   |  | 855,073                  | . 1         |                    |
|        | 3      | cavings and temporary cash investments   | 6,361,109  | . 2                      |             |                    |
|        | 4      | receivable, net  | 2,937,463  | • 3                      | 14,514,900  |                    |
|        | 5      | The state of the s |  | 42,045                   | . 4         |                    |
|        | •      | and carrent or to  | ormer officer director   |                          |             |                    |
|        |        | trustee, key employee, creator or founder, substan   | itial contributor, or 35%  |                          |             |                    |
|        | 6      | controlled entity or family member of any of these   | persons  |                          | 5           |                    |
|        | "      | Loans and other receivables from other disqualifie   | d persons (as defined  |                          |             |                    |
| ņ      | 7      | under section 4958(f)(1)), and persons described in  | n section 4958(c)(3)(B)  |                          | 6           |                    |
| Assets | 8      | Notes and loans receivable, net  |  |                          | 7           |                    |
| î      | 9      | and the said of use  |  | 174,920                  | 8           | 177,067            |
|        | (3500) | real end deferred charges  |  | 28,851.                  | 9           | 35,867             |
|        | .ou    | and equipment: cost or other   |  |                          |             | 007007             |
|        | h      | basis. Complete Part VI of Schedule D  | 0a 26,305,834.   |                          |             |                    |
|        | 11     | Less: accumulated depreciation   | $0b \mid 17,380,115.$  |                          | 10c         | 8,925,719          |
|        | 12     | Investments - publicly traded securities   | 62,184,950.  | 11                       | 59,944,441  |                    |
|        | 13     | other securities, see Part IV line 11  | 107,100.   | 12                       | 107,100     |                    |
|        | 14     | investments program-related. See Part IV. line 11  |  | 13                       | 20,7100     |                    |
|        | 15     |  |  | 14                       |             |                    |
|        | 16     | and account occi art iv, line i  |  | 15                       |             |                    |
|        | 17     | i stat doocts. Add lines i through 15 (must equal li   | 79,851,183.  | 16                       | 103,784,222 |                    |
|        | 18     | recourts payable and accrued expenses  | 827,703.   | 17                       | 1,376,653   |                    |
|        | 19     | Granto payable   |  |                          | 18          | 27070,033          |
|        | 20     | T  |  | 55,285.                  | 19          | 198,835.           |
|        | 21     |  |  |                          | 20          | 25070331           |
| 1      | 22     | Escrow or custodial account liability. Complete Part   | IV of Schedule D   |                          | 21          |                    |
|        |        | Loans and other payables to any current or former  | Officer director   |                          |             |                    |
|        |        | trustee, key employee, creator or founder, substant  | ial contributor, or 35%  |                          |             |                    |
|        | 23     | controlled entity or family member of any of these p   | ersons   |                          | 22          |                    |
| - 1    | 24     | Secured mortgages and notes payable to unrelated   | third parties  |                          | 23          |                    |
| - 1    |        | orisecured notes and loans payable to unrelated the  | rd narties   |                          | 24          | 779,000.           |
|        |        | other liabilities (including federal income tax, payab   | es to related third  |                          |             | 773,000.           |
|        |        | parties, and other liabilities not included on lines 17-<br>of Schedule D  | 24). Complete Part X   |                          |             |                    |
|        |        | ***************************************  |  | 428,000.                 | 25          | 419,750.           |
| ۲      |        | Total liabilities. Add lines 17 through 25   |  | 1,310,988.               | 26          | 2,774,238.         |
|        |        | Organizations that follow FASB ASC 958, check it and complete lines 27, 28, 32, and 33.  | ere X  |                          |             |                    |
| 1      | 27     | Net assets without domestication.  |  | ***                      |             |                    |
|        | 28     | Net assets with donor restrictions   |  | 13,198,463.              | 27          | 14,333,048.        |
| 1      |        | The descris with donor restrictions  |  | 65,341,732.              | 28          | 86,676,936.        |
|        |        | Organizations that do not follow FASB ASC 958, or and complete lines 29 through 33.  |  |                          |             |                    |
| 1      | 29     | Capital stock or trust principal   |  |                          |             |                    |
| 100    | 30 F   | Capital stock or trust principal, or current funds   |  | 29                       |             |                    |
|        |        | are in or capital surplus, or land, building, or equipm  |  | 30                       |             |                    |
| 36     |        | retained earnings, endowment, accumulated income   | or other funde   |                          | 31          |                    |
|        | -      | total fiet assets of fund balances   | The state of the s | 78,540,195.              | 32          | 101,009,984.       |
|        | -      | Total liabilities and net assets/fund balances   |  | 79,851,183.              | 33          | 103,784,222.       |

Form **990** (2019)

|    | m 990 (2019) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 5  | 2_12 | 38810 | ,   |        |
|----|--|------|-------|-----|--------|
| P  | Reconciliation of Net Assets   |      |       |     | age 12 |
| _  | Check if Schedule O contains a response or note to any line in this Part XI  |      |       |     |        |
| 1  |  | T    |       |     |        |
| 2  | Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IV, column (A), line 25)  |      | 34,16 | 6,8 | 361.   |
| 3  | Polonico (mast equal Fart IX, Column (A), line 25)   |      | 10,48 | 7,8 | 379.   |
| 4  | To reflect loss expenses, Subtract line 2 from line 1  |      | 23,67 | 8,9 | 82.    |
| 5  | The description of the particles of pedicinity of the control part V line 20 and the control of  |      | 78,54 | 0,1 | 195.   |
| 6  | riot am called gains (losses) on investments   |      | -1,20 | 9,3 | 193.   |
| 7  |  |      |       |     |        |
| 8  |  |      |       |     |        |
| 9  |  |      |       |     |        |
| 10 | Service described in the palatices (explain on Schedule ())  |      |       |     | 0.     |
|    | that about of fulful balances at end of year. Combine lines 3 through 9 (must equal Part V line 20   |      |       |     |        |
| Pa | column (B))  | 1    | 01,00 | 9,9 | 84.    |
|    |  |      |       |     |        |
| _  | Check if Schedule O contains a response or note to any line in this Part XII   |      |       |     |        |
| 1  | Accounting method used to assess to 5  |      |       | Yes | No     |
|    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |      |       |     |        |
| 2a | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |      |       |     |        |
|    | Were the organization's financial statements compiled or reviewed by an independent accountant?  |      | . 2a  |     | 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:  | 1    | 1000  |     |        |
|    | Separate Dasis, constitution dated basis, or both:   |      |       |     | 930    |
| h  | Separate basis Consolidated basis Both consolidated and separate basis   |      |       |     |        |
| ~  | Were the organization's financial statements audited by an independent accountant?   |      | 2b    | X   |        |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate bas consolidated basis, or both:  | is,  |       |     | 53-1   |
|    | X Caracter Basis, of Bulli.  |      |       |     |        |
| c  |  |      |       |     |        |
| •  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audience of the financial statement of th | it,  |       |     |        |
|    | review, or compilation of its financial statements and selection of an independent accountant?   |      | 2c    | X   |        |
| 3a | organization originated city for its oversigni process or selection process during the terms   |      |       |     |        |
| ou | to a result of a receilar award, was the organization required to undergo an audit or guidito as set forth in the organization   | udit |       |     |        |
|    | First and OMB Circular A-1991  |      | 3a    | X   |        |
|    | in res, did the organization undergo the required audit or audits? If the organization did not undergo the   | udit |       |     |        |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |      | . 3b  | X   |        |

3b X Form **990** (2019)

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

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

| Pa  | rt I           | Reason for Public                                     | Charity Status         | (All organizations must co   | omplete th        | is part.) Se                   | e instructions.  |  |
|-----|----------------|---|------------------------|------------------------------|-------------------|--------------------------------|--|--|
| The | organ          | ization is not a private found                        | dation because it is:  | (For lines 1 through 12, o   | check only        | one box.)                      |  |  |
| 1   |                | A church, convention of ch                            | nurches, or associat   | ion of churches described    | d in sectio       | n 170(b)(1                     | )(A)(i).   |  |
| 2   |                | A school described in sec                             | tion 170(b)(1)(A)(ii). | (Attach Schedule E (Forn     | n 990 or 99       | 90-EZ).)                       |  |  |
| 3   |                | A hospital or a cooperative                           | hospital service or    | ganization described in se   | ection 170        | (b)(1)(A)(ii                   | i).  |  |
| 4   |                | A medical research organia                            | zation operated in c   | onjunction with a hospita    | described         | in sectio                      | n 170(b)(1)(A)(iii). Enter                                   | the hospital's name,                   |
|     |                | city, and state:                                      |                        |                              |                   |                                |  |  |
| 5   |                | An organization operated to                           | or the benefit of a c  | ollege or university owner   | d or operat       | ted by a go                    | overnmental unit describ                                     | ped in                                 |
|     |                | section 170(b)(1)(A)(iv). (                           | Complete Part II.)     |                              |                   |                                |  |  |
| 6   |                | A federal, state, or local go                         | vernment or govern     | mental unit described in     | section 17        | 70(b)(1)(A)                    | (v).   |  |
| 7   | X              | An organization that norma                            | ally receives a subst  | antial part of its support t | from a gov        | ernmental                      | unit or from the general                                     | public described in                    |
|     |                | section 170(b)(1)(A)(vi). (0                          | Complete Part II.)     |                              |                   |                                |  |  |
| 8   | $\blacksquare$ | A community trust describ                             |                        |                              |                   |                                |  |  |
| 9   | Ш              | An agricultural research or                           |                        |                              |                   |                                |  |  |
|     |                | or university or a non-land-                          | grant college of agri  | iculture (see instructions). | Enter the         | name, city                     | , and state of the colleg                                    | e or                                   |
|     |                | university:   |                        |                              |                   |                                |  |  |
| 10  |                | An organization that norm                             | ally receives: (1) mor | re than 33 1/3% of its sup   | port from         | contribution                   | ons, membership fees, a                                      | and gross receipts from                |
|     |                | activities related to its exe                         |                        |                              | The second second |                                | CAN SEE STREET, STREET, SALES BEEN STREET, SALES OF BUILDING |  |
|     |                | income and unrelated bus                              | iness taxable incom    | e (less section 511 tax) fr  | om busine         | sses acqu                      | ired by the organization                                     | after June 30, 1975.                   |
|     |                | See section 509(a)(2). (Co                            |                        |                              |                   |                                |  |  |
| 11  |                | An organization organized                             |                        |                              |                   |                                |  |  |
| 12  |                | An organization organized                             |                        |                              |                   |                                |  |  |
|     |                | more publicly supported of                            |                        |                              |                   |                                |  | Check the box in                       |
|     |                | lines 12a through 12d that                            |                        |                              |                   |                                |  |  |
| а   | _              |   |                        | supervised, or controlled    |                   |                                |  |  |
|     |                |   |                        | egularly appoint or elect    | a majority        | of the dire                    | ctors or trustees of the s                                   | supporting                             |
|     |                | organization. You must                                |                        |                              |                   |                                |  |  |
| b   |                |   |                        | ed or controlled in connec   |                   |                                |  | ************************************** |
|     |                |   |                        | ganization vested in the s   | same perso        | ons that co                    | ontrol or manage the sup                                     | pported                                |
|     |                | organization(s). You mu                               |                        |                              |                   | 1020 - 1222                    |  |  |
| C   |                |   |                        | ng organization operated     |                   |                                |  | ed with,                               |
|     |                |   |                        | ns). You must complete       |                   |                                |  |  |
| C   |                |   |                        | porting organization ope     |                   |                                |  |  |
|     |                |   |                        | nization generally must sa   | and the second    |                                |  | tiveness                               |
|     |                |   |                        | omplete Part IV, Section     |                   |                                |  |  |
| е   | _              |   |                        | a written determination fro  |                   |                                | a Type I, Type II, Type III                                  |  |
|     | Ent            |   |                        | ionally integrated support   | 1000              |                                |  |  |
|     |                | er the number of supported                            |                        | ted evenimetics(s)           |                   |                                |  |  |
|     |                | vide the following information  (i) Name of supported | (ii) EIN               | (iii) Type of organization   | (iv) is the orga  | anization listed ing document? | (v) Amount of monetary                                       | (vi) Amount of other                   |
|     |                | organization  |                        | (described on lines 1-10     | Yes               | No No                          | support (see instructions)                                   | support (see instructions)             |
| _   |                |   |                        | above (see instructions))    | 100               | 110                            |  |  |
|     |                |   |                        |                              |                   |                                |  |  |
| _   |                |   |                        |                              |                   |                                |  |  |
|     |                |   |                        |                              |                   |                                |  |  |
| -   |                |   |                        |                              |                   |                                |  |  |
|     |                |   |                        |                              |                   |                                |  |  |
| -   |                |   |                        |                              |                   |                                |  |  |
|     |                |   |                        |                              |                   |                                |  |  |
| _   |                |   |                        |                              |                   |                                |  |  |
|     |                |   |                        |                              |                   |                                |  |  |
| Tot | al             |   |                        |                              |                   |                                |  |  |

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.)

|    | ion A. Public Support<br>dar year (or fiscal year beginning in)▶            | (a) 2015              | <b>(b)</b> 2016       | (c) 2017               | (d) 2018               | (e) 2019              | (f) Total  |
|----|---|-----------------------|-----------------------|------------------------|------------------------|-----------------------|--|
|    | Gifts, grants, contributions, and   | (4) 2010              |                       |                        |                        |                       |  |
| Ä  | membership fees received. (Do not not not not not not not not not no        | 12,658,487.           | 13,765,715.           | 9,525,289.             | 8,803,278.             | 31,152,297.           | 75,905,066.  |
|    | Tax revenues levied for the organ-  |                       |                       |                        |                        |                       |  |
|    | zation's benefit and either paid to   |                       |                       |                        |                        |                       |  |
|    | or expended on its behalf   |                       |                       |                        |                        |                       |  |
|    |   |                       |                       |                        |                        |                       |  |
|    | The value of services or facilities   |                       |                       |                        |                        |                       |  |
|    | furnished by a governmental unit to   |                       |                       |                        |                        |                       |  |
|    | the organization without charge   | 12,658,487.           | 13,765,715.           | 9,525,289.             | 8,803,278.             | 31,152,297.           | 75,905,066.  |
|    | Total. Add lines 1 through 3  | 12,030,407.           | 15,705,715.           |                        |                        |                       |  |
|    | 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,  |                       |                       |                        |                        |                       | 22,692,692   |
|    | column (f)  |                       |                       |                        |                        |                       | 53,212,374   |
|    | Public support. Subtract line 5 from line 4.                                |                       |                       |                        |                        |                       |  |
|    | tion B. Total Support   |                       |                       | 4 ) 0047               | (4) 0010               | (e) 2019              | (f) Total  |
|    | ndar year (or fiscal year beginning in) 🕨                                   | (a) 2015              | <b>(b)</b> 2016       | (c) 2017<br>9,525,289. | (d) 2018<br>8,803,278. | 31,152,297.           | 75,905,066   |
| 7  | Amounts from line 4   | 12,658,487.           | 13,765,715.           | 9,323,209.             | 0,003,270.             | 51,150,151            |  |
| 8  | Gross income from interest,   |                       |                       |                        |                        |                       |  |
|    | dividends, payments received on   |                       |                       |                        |                        |                       |  |
|    | securities loans, rents, royalties,   |                       |                       |                        | 0 015 504              | 2 450 954             | 12,053,619   |
|    | and income from similar sources   | 2,191,679.            | 2,403,097.            | 2,190,395.             | 2,817,594.             | 2,450,854.            | 12,033,013   |
| 9  | Net income from unrelated business  |                       |                       |                        |                        |                       |  |
|    | activities, whether or not the  |                       |                       | 40 -40                 | 00 676                 | 14 200                | 53,075   |
|    | business is regularly carried on  | 1,288.                | 2,191.                | 12,540.                | 22,676.                | 14,380.               | 55,075   |
| 10 | Other income. Do not include gain   |                       |                       |                        |                        |                       |  |
|    | or loss from the sale of capital  |                       |                       |                        |                        | 105                   | 4 400 000  |
|    | assets (Explain in Part VI.)  | 146,016.              | 16,911.               | 958,276.               | 1,984.                 | 185.                  |  |
| 11 | Total support. Add lines 7 through 10                                       |                       |                       |                        |                        |                       | 89,135,132   |
| 12 | Gross receipts from related activities                                      | , etc. (see instructi | ions)                 |                        |                        |                       | ,887,990   |
| 13 | First five years. If the Form 990 is for                                    | r the organization'   | s first, second, thir | d, fourth, or fifth to | ax year as a section   | on 501(c)(3)          |  |
|    | organization, check this box and sto  | p here                |                       |                        |                        |                       |  |
| Se | ction C. Computation of Pub   | lic Support Pe        | ercentage             |                        |                        |                       |  |
| 14 | Public support percentage for 2019  | (line 6, column (f) o | divided by line 11,   | column (f))            |                        | 14                    | A STATE OF THE STA |
| 45 | Bublic support percentage from 201  | 8 Schedule A. Par     | t II. line 14         |                        |                        | 15                    | P27092300000000000000  |
| 16 | a 33 1/3% support test - 2019. If the                                       | organization did n    | ot check the box of   | n line 13, and line    | 14 is 33 1/3% or       | more, check this L    | oox and  |
|    | eten have The organization qualifies  | as a publicly sup     | ported organization   | 1                      |                        |                       |  |
|    | b 33 1/3% support test - 2018. If the                                       | organization did n    | ot check a box on     | line 13 or 16a, and    | d line 15 is 33 1/39   | % or more, check      | this box   |
|    | and stan bare The organization qui  | alifies as a nublicly | supported organiz     | ation                  |                        |                       |  |
| 17 | a 10% -facts-and-circumstances te   | st - 2019. If the or  | ganization did not    | check a box on lin     | e 13, 16a, or 16b,     | and line 14 is 109    | % or more,   |
|    | and if the organization meets the "fa                                       | acts-and-circumsta    | nces" test, check t   | this box and stop i    | nere. Explain in Pa    | art viriow the orga   | ariization   |
|    | meets the "facts-and-circumstances  | " test. The organiz   | ation qualifies as a  | publicly supporte      | d organization         |                       |  |
|    | h 10% -facts-and-circumstances te   | st - 2018. If the or  | ganization did not    | check a box on lin     | ie 13, 16a, 16b, oi    | 17a, and line 15 i    | s 10% or   |
|    | more, and if the organization meets   | the "facts-and-circ   | cumstances" test.     | check this box and     | stop here. Expla       | in in Part VI how the | he _   |
|    | organization meets the "facts-and-c   | ircumetance" test     | The organization      | qualifies as a pub     | licly supported or     | ganization            | ▶∟   |
|    |   |                       |                       |                        |                        |                       |  |
|    | organization meets the "facts-and-c<br>Private foundation. If the organizat | ion did not check     | a box on line 13. 1   | 6a. 16b. 17a. or 17    | b, check this box      | and see instruction   | ons ▶L   |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (e) 2019 (c) 2017 (d) 2018 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 ....... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (f) Total (d) 2018 (e) 2019 (c) 2017 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... Total support. (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 % 15 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) % 16 16 Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) % 18 18 Investment income percentage from 2018 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2019. 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 - 2018. 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 Schedule A (Form 990 or 990-EZ) 2019 932023 09-25-19

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

|     | ion A. All Supporting Organizations   |             | Yes  | No  |
|-----|---|-------------|------|-----|
|     | A We fill a superior time a superior distance listed by name in the organization's governing  |             | 103  | 110 |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by |             |      |     |
|     |   | 1           |      |     |
| 327 | class or purpose, describe the designation. If historic and continuing relationship, explain.   |             |      |     |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status  |             |      |     |
|     | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported   |             |      |     |
|     | organization was described in section 509(a)(1) or (2).   | 2           |      |     |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer  |             |      |     |
|     | (b) and (c) below.  | 3a          |      |     |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and  |             |      |     |
|     | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the  |             |      |     |
|     | organization made the determination.  | 3b          |      |     |
| C   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)  |             |      |     |
|     | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  | 3c          |      |     |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If  |             |      |     |
|     | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | 4a          |      |     |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign   |             |      |     |
|     | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion  |             |      |     |
|     | despite being controlled or supervised by or in connection with its supported organizations.  | 4b          |      |     |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination   |             |      |     |
|     | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used   |             |      |     |
|     | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)  |             |      |     |
|     | purposes.   | 4c          |      |     |
| 52  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"  |             |      |     |
| Ja  | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN  |             |      |     |
|     | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;   |             |      |     |
|     | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action   |             |      |     |
|     | was accomplished (such as by amendment to the organizing document).   | 5a          |      |     |
|     | Type I or Type II only. Was any added or substituted supported organization part of a class already   |             |      |     |
| D   |   | 5b          |      |     |
| -   | designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c          |      |     |
|     |   | 50          |      |     |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to  |             |      |     |
|     | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class   |             |      |     |
|     | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also  |             |      |     |
|     | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in  |             |      | -   |
|     | Part VI.  | 6           |      | -   |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor   |             |      |     |
|     | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with  | -           |      |     |
|     | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  | 7           |      |     |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?   |             |      | -   |
|     | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 8           |      |     |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more   |             |      |     |
|     | disqualified persons as defined in section 4946 (other than foundation managers and organizations described   |             |      | 4   |
|     | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  | 9a          |      |     |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which   |             |      |     |
|     | the supporting organization had an interest? If "Yes," provide detail in Part VI.   | 9b          |      |     |
| c   | : Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit   | The same of |      | 1   |
|     | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  | 9c          |      |     |
| 108 | Was the organization subject to the excess business holdings rules of section 4943 because of section   |             |      |     |
|     | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated   |             | HELL | 1   |
|     | supporting organizations)? If "Yes," answer 10b below.  | 10a         |      |     |
| ŧ   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to  |             | -    |     |
|     | determine whether the organization had excess business holdings.)   | 10b         |      |     |

| Sched  | ule A (Form 990 or 990-EZ) 2019 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 5.  | 7-17200T            | Pa   | ge <b>5</b> |
|--------|--|---------------------|------|-------------|
| Part   | IV Supporting Organizations (continued)  |                     | Yes  | No          |
| 120-20 | and the second s | -                   | 100  | .,,,        |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |                     |      |             |
|        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   | 11a                 |      |             |
|        | below, the governing body of a supported organization?   | 11b                 |      |             |
| b      | A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c                 |      |             |
| Sact   | ion B. Type I Supporting Organizations   |                     |      |             |
| Seci   | on B. Type I supporting organizations  |                     | Yes  | No          |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to  |                     |      |             |
| •      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |                     |      |             |
|        | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |                     |      |             |
|        | controlled the organization's activities. If the organization had more than one supported organization,  |                     |      |             |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |                     |      |             |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1                   |      |             |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported  |                     |      |             |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |                     |      |             |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |                     |      |             |
|        | supervised, or controlled the supporting organization.   | 2                   |      |             |
| Sect   | tion C. Type II Supporting Organizations   |                     | 1    | Τ           |
|        |  |                     | Yes  | No          |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |                     |      |             |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |                     |      |             |
|        | or management of the supporting organization was vested in the same persons that controlled or managed   |                     |      | 1           |
|        | the supported organization(s).   | 1                   |      |             |
| Sec    | tion D. All Type III Supporting Organizations  |                     | Vee  | No          |
|        |  |                     | Yes  | No          |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |                     |      |             |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |                     |      |             |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   | 1                   |      |             |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?   |                     |      |             |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |                     |      |             |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   | 2                   |      |             |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).  |                     |      |             |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a  |                     |      |             |
|        | significant voice in the organization's investment policies and in directing the use of the organization's   |                     |      |             |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   | 3                   |      |             |
| Sac    | supported organizations played in this regard.  Etion E. Type III Functionally Integrated Supporting Organizations   |                     |      |             |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst  | ructions).          |      |             |
| 105    | The state of the Astrictics Test Complete line 2 helow   |                     |      |             |
| a<br>b | - Complete line 3 helow  |                     |      |             |
| c      | The state of the s | ty (see instruction | ns). | -           |
| 2      | Activities Test. Answer (a) and (b) below.   |                     | Yes  | s No        |
| a      | Did a be to the light the average retion's activities during the tay year directly further the exempt purposes of  |                     |      |             |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |                     |      |             |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,   |                     |      |             |
|        | how the organization was responsive to those supported organizations, and how the organization determined  |                     |      |             |
|        | that these activities constituted substantially all of its activities.   | 2a                  |      |             |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  |                     |      |             |
| 10-20  | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |                     |      |             |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these   |                     |      |             |
|        | activities but for the organization's involvement.   | 2b                  |      |             |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |                     |      |             |
|        | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |                     |      |             |
|        | trustees of each of the supported organizations? Provide details in Part VI.   | 3a                  |      |             |
|        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |                     | 1    |             |
| t      | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  | 36                  |      |             |

|      | other Type III non-functionally integrated supporting organizations must con  | ibiere Sec | CHOIS A HITOUGH L. |                                |
|------|---|------------|--------------------|--------------------------------|
| ecti | on A - Adjusted Net Income  |            | (A) Prior Year     | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1          |                    |                                |
| 2    | Recoveries of prior-year distributions  | 2          |                    |                                |
| 3    | Other gross income (see instructions)   | 3          |                    |                                |
| 4    | Add lines 1 through 3.  | 4          |                    |                                |
| 5    | Depreciation and depletion  | 5          |                    |                                |
| 6    | Portion of operating expenses paid or incurred for production or  |            |                    |                                |
|      | collection of gross income or for management, conservation, or  |            |                    |                                |
|      | maintenance of property held for production of income (see instructions)  | 6          |                    |                                |
| 7    | Other expenses (see instructions)   | 7          |                    |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8          |                    |                                |
| Sect | ion B - Minimum Asset Amount  |            | (A) Prior Year     | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |            |                    |                                |
| а    | Average monthly value of securities   | 1a         |                    |                                |
|      | Average monthly cash balances   | 1b         |                    |                                |
|      | Fair market value of other non-exempt-use assets  | 1c         |                    |                                |
|      | Total (add lines 1a, 1b, and 1c)  | 1d         |                    |                                |
|      | Discount claimed for blockage or other  |            |                    |                                |
|      | factors (explain in detail in Part VI):   |            |                    |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets  | 2          |                    |                                |
| 3    | Subtract line 2 from line 1d.   | 3          |                    |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4          |                    |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5          |                    |                                |
| 6    | Multiply line 5 by .035.  | 6          |                    |                                |
| 7    | Recoveries of prior-year distributions  | 7          |                    |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8          |                    |                                |
|      | tion C - Distributable Amount   |            |                    | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1          |                    |                                |
| 2    | Enter 85% of line 1.  | 2          |                    |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3          |                    |                                |
| 4    | Enter greater of line 2 or line 3.  | 4          |                    |                                |
| 5    | Income tax imposed in prior year  | 5          |                    |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to  |            |                    |                                |
| 460  | emergency temporary reduction (see instructions).   | 6          |                    |                                |

| art   | V Type III Non-Functionally Integrated 509(                                      | aj(3) Supporting Organ   | (continued)                            | Current Year                              |
|-------|--|--|--|---|
| ction | n D - Distributions  |  |  | Current rear                              |
| Α     | Amounts paid to supported organizations to accomplish exen                       | npt purposes   |  |   |
|       | Amounts paid to perform activity that directly furthers exempt                   | t purposes of supported  |  |   |
| o     | organizations, in excess of income from activity                                 |  |  |   |
| 3 A   | Administrative expenses paid to accomplish exempt purpose                        | s of supported organizations   |  |   |
| 4 A   | Amounts paid to acquire exempt-use assets  |  |  |   |
|       | Qualified set-aside amounts (prior IRS approval required)                        |  |  |   |
| 6 (   | Other distributions (describe in Part VI). See instructions.                     |  |  |   |
| 7 7   | Total annual distributions. Add lines 1 through 6.                               |  |  |   |
| 3 [   | Distributions to attentive supported organizations to which the                  | ne organization is responsive  |  |   |
|       | (provide details in Part VI). See instructions.                                  |  |  |   |
| 9 [   | Distributable amount for 2019 from Section C, line 6                             |  |  |   |
|       | Line 8 amount divided by line 9 amount   |  | 7,7450                                 |   |
|       | on E - Distribution Allocations (see instructions)                               | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1     | Distributable amount for 2019 from Section C, line 6                             |  |  |   |
|       | Underdistributions, if any, for years prior to 2019 (reason-                     |  |  |   |
|       | able cause required- explain in Part VI). See instructions.                      |  |  |   |
|       | Excess distributions carryover, if any, to 2019                                  |  |  |   |
|       | From 2014  |  |  |   |
|       | From 2015  |  |  |   |
|       | From 2016  |  |  |   |
|       | From 2017  |  |  |   |
|       | From 2018  |  |  |   |
|       | Total of lines 3a through e  |  |  |   |
|       | Applied to underdistributions of prior years                                     |  |  |   |
|       | Applied to 2019 distributable amount   |  |  |   |
|       | Carryover from 2014 not applied (see instructions)                               |  |  |   |
| +     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                |  |  |   |
| 1     | Distributions for 2019 from Section D,   |  |  |   |
| 4     |  |  |  |   |
|       | line 7: \$ Applied to underdistributions of prior years                          |  |  |   |
|       | Applied to 2019 distributable amount   |  |  |   |
|       | Remainder. Subtract lines 4a and 4b from 4.                                      |  |  |   |
| 0.02  | Remaining underdistributions for years prior to 2019, if                         |  |  |   |
| 5     | any. Subtract lines 3g and 4a from line 2. For result greater                    |  |  |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.                          |  |  |   |
| 6     | Remaining underdistributions for 2019. Subtract lines 3h                         |  |  |   |
| 6     | and 4b from line 1. For result greater than zero, explain in                     | The substitute of the substitu |  |   |
|       |  |  |  |   |
| _     | Part VI. See instructions.  Excess distributions carryover to 2020. Add lines 3j |  |  |   |
| 7     |  |  |  |   |
| _     | and 4c.  |  |  |   |
| 8     |  |  |  |   |
|       | Excess from 2015   |  |  |   |
|       | Excess from 2016   |  |  |   |
|       | Excess from 2017   |  |  |   |
| _     | d Excess from 2018   |  |  |   |
| е     | Excess from 2019   |  | Sahadula                               | A (Form 990 or 990-EZ)                    |

| Part V.  Supplemental Information. Provide the explanations required by Part II, Sec 10-Part III, Ille 12-Part III, Section A, Bine 13-Part III, Section A, Bine 13-Part III, Section A, Bine 13-Part III, Section B, Bine 13-Part III, Bart III, Bar | Schedule A | (Form 990 or 990-EZ) 2019 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Page 8  |
|--|------------|---|
|  | Part VI    | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
|  |            | (See Instructions.)   |
|  |            |   |
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 52-1238810 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

| Par | I Organizations Maintaining Donor Advised   | Funds or Other Similar Funds of  | or Accounts. Complete if the          |
|-----|---|--|---------------------------------------|
|     | organization answered "Yes" on Form 990, Part IV, line  |  | (I-) Francis and other accounts       |
|     |   | (a) Donor advised funds  | (b) Funds and other accounts          |
|     | Fotal number at end of year   |  |                                       |
|     | Aggregate value of contributions to (during year)   |  |                                       |
|     | Aggregate value of grants from (during year)  |  |                                       |
| 4   | Aggregate value at end of year  |  |                                       |
|     | Did the organization inform all donors and donor advisors in w  |  |                                       |
|     | are the organization's property, subject to the organization's e  |  |                                       |
|     | Did the organization inform all grantees, donors, and donor ac  |  |                                       |
|     | for charitable purposes and not for the benefit of the donor or   |  |                                       |
|     | impermissible private benefit?  |  | Yes No                                |
| Par |   |  | art IV, line 7.                       |
| 1   | Purpose(s) of conservation easements held by the organization   | to the first of the second |                                       |
|     | Preservation of land for public use (for example, recreat   |  | 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 qualifi   | ed conservation contribution in the form o   | f a conservation easement on the last |
|     | day of the tax year.  |  | Held at the End of the Tax Year       |
| а   | Total number of conservation easements  |  | 2a                                    |
|     |   |  |                                       |
|     | Number of conservation easements on a certified historic stru   |  |                                       |
| d   | Number of conservation easements included in (c) acquired a   | after 7/25/06, and not on a historic structu   | re                                    |
|     | listed in the National Register  Number of conservation easements modified, transferred, rel                |  | 2d                                    |
| 4 5 | year ▶  | iodic monitoring, inspection, handling of  |                                       |
|     | violations, and enforcement of the conservation easements it  |  |                                       |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,  | handling of violations, and enforcing cons   | ervation easements during the year    |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand > \$  | lling of violations, and enforcing conservat   | ion easements during the year         |
| 8   | Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?                   |  |                                       |
| 9   | In Part XIII, describe how the organization reports conservati  | on easements in its revenue and expense  | statement and                         |
|     | balance sheet, and include, if applicable, the text of the footr  |  |                                       |
|     | organization's accounting for conservation easements.   |  |                                       |
| Pa  | t III Organizations Maintaining Collections o   | f Art, Historical Treasures, or O  | ther Similar Assets.                  |
|     | Complete if the organization answered "Yes" on Form   |  |                                       |
| 10  | If the organization elected, as permitted under FASB ASC 95   |  | nd balance sheet works                |
| la  | of art, historical treasures, or other similar assets held for pul  |  |                                       |
|     | service, provide in Part XIII the text of the footnote to its fina  |  |                                       |
| h   | If the organization elected, as permitted under FASB ASC 95   |  |                                       |
| D   | art, historical treasures, or other similar assets held for public  | exhibition education or research in furth  | perance of public service.            |
|     |   | S exhibition, education, or rescaron in fort   | iciande di public da vice,            |
|     | provide the following amounts relating to these items:  |  | ▶ \$                                  |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |  | <b>L</b> •                            |
| _   | (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical tre | pasurae or other similar assets for financia   |                                       |
| 2   |   |  | ii gaiii, provide                     |
|     | the following amounts required to be reported under FASB A  |  | ▶ \$                                  |
|     | Revenue included on Form 990, Part VIII, line 1   |  |                                       |
|     | Assets included in Form 990, Part X   | 100 P (100 P P P)  | Schedule D (Form 990) 2019            |

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

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|------|--|--|--|--------------------|------------|--|-----------------|----------|-------|
|      | t III Organizations Maintaining C  |  |  |                    |            |  |                 | inued)   |       |
| 3    | Using the organization's acquisition, accession                          | on, and other records  | s, check any of the  | following that i   | make sig   | nificant use of  | its             |          |       |
|      | collection items (check all that apply):                                 |  | ▼  |                    |            |  |                 |          |       |
| a    | X Public exhibition  | d  | X Loan or exch   | nange program      | i<br>Camta | ON C CITT  | DTOIT           | TT       |       |
| b    | X Scholarly research   | е  | X Other YO   | OTH EDU            | CATI       | JN & CUI   | RRICUL          | ıU       |       |
| c    | X Preservation for future generations                                    |  |  | 2 2                |            |  |                 |          |       |
| 4    | Provide a description of the organization's co                           |  |  |                    |            |  | Part XIII.      |          |       |
| 5    | During the year, did the organization solicit or                         |  |  |                    |            |  | П.,             | 77       |       |
| Dar  | to be sold to raise funds rather than to be ma                           |  |  |                    |            |  | Yes             |          | No    |
| га   | rt IV Escrow and Custodial Arrang<br>reported an amount on Form 990, Par |  | te if the organization   | n answered "Y      | es" on F   | orm 990, Part  | IV, line 9, c   | or       |       |
| 10   |  |  |  |                    |            |  |                 |          |       |
| Id   | Is the organization an agent, trustee, custodia                          |  |  |                    |            |  |                 |          | ٦     |
| h    | on Form 990, Part X?   |  |  |                    |            |  | Yes             | _        | □ No  |
| D    | If "Yes," explain the arrangement in Part XIII a                         | and complete the foll  | lowing table:  |                    |            |  |                 |          |       |
|      | Designing holones  |  |  |                    |            |  | Amour           | nt       |       |
|      | Beginning balance  |  |  |                    |            | 1c   |                 |          |       |
| a    | Additions during the year  |  |  |                    |            | 1d   |                 |          |       |
| e    | Distributions during the year  | ***************************************  |  |                    |            |  |                 |          |       |
| 1    | Ending balance   |  |  |                    |            | 1f   |                 |          | 1     |
| 2a   | Did the organization include an amount on Fo                             |  |  |                    |            | y?   | Yes             | -        | No    |
| Par  | If "Yes," explain the arrangement in Part XIII.                          | Check here if the ex   | planation has been   | provided on P      | art XIII   |  |                 |          |       |
| ı uı | rt V Endowment Funds. Complete if  | The state of the s | DELIGERATION .   |                    |            | Walter State of the Control of the C |                 |          |       |
|      | Barbara ( ) I  | (a) Current year   | (b) Prior year   | (c) Two years      | - 1        | 1) Three years ba  | -               | ir years |       |
| 1a   | Beginning of year balance  | 66,106,482.  | 64,800,102.  | 59,745,            |            | 44,986,92  |                 | ,996     | _     |
| b    | Contributions  | 2,028,565.   | 633,948.   |                    |            | 11,857,49  | _               |          | ,399. |
| C    | Net investment earnings, gains, and losses                               | 669,033.   | 3,301,597.   | 4,470,             | 296.       | 5,231,72   | 27.             | -621     | ,689. |
| d    | Grants or scholarships   |  |  | part of the second |            |  |                 |          |       |
| е    | •  |  |  | AMILI SECURIO      | 100000     |  |                 |          |       |
|      | and programs   | 3,114,470.   | 2,629,165.   | 2,380,             | 024.       | 2,331,11   | 16.             | 2,160    | ,759. |
| f    | Administrative expenses  |  |  |                    |            |  |                 |          |       |
| g    | End of year balance  | 65,689,610.  | 66,106,482.  |                    | 102.       | 59,745,02  | 26. 4           | 1,986    | ,925. |
| 2    | Provide the estimated percentage of the curr                             |  | e (line 1g, column (a  | i)) held as:       |            |  |                 |          |       |
| a    |  | 11.65  | _%   |                    |            |  |                 |          |       |
| b    | Permanent endowment ► 65.96  | %  |  |                    |            |  |                 |          |       |
| C    | Term endowment ► 22.39   | %  |  |                    |            |  |                 |          |       |
|      | The percentages on lines 2a, 2b, and 2c sho                              |  |  |                    |            |  |                 |          |       |
| 3a   | Are there endowment funds not in the posse                               | ssion of the organiza  | tion that are held a   | nd administere     | ed for the | e organization   |                 |          |       |
|      | by:  |  |  |                    |            |  |                 | Yes      | No    |
|      | (i) Unrelated organizations  |  |  |                    |            |  | 3a(i)           |          | Х     |
|      | (ii) Related organizations   |  |  |                    |            |  | 3a(ii           |          | X     |
| b    | If "Yes" on line 3a(ii), are the related organiza                        | tions listed as requir   | ed on Schedule R?  |                    |            |  | 3b              |          |       |
| 4    | Describe in Part XIII the intended uses of the                           | organization's endo  | wment funds.   |                    |            |  |                 |          |       |
| Pai  | rt VI Land, Buildings, and Equipm  | ent.   |  |                    |            | 777  |                 |          |       |
|      | Complete if the organization answered                                    | d "Yes" on Form 990  | , Part IV, line 11a. S   | See Form 990.      | Part X. li | ne 10.   |                 |          |       |
|      | Description of property  | (a) Cost or ot   |  | or other           |            | cumulated  | (d) Bo          | ok valu  | IE.   |
|      |  | basis (investm   |  | (other)            |            | reciation  | ( <b>u</b> ) DO | ok valu  | 10    |
| 1a   | Land   | •  | The state of the s | 0,000.             | zepi       |  | 1,40            | 0 0      | 00    |
|      | Buildings  |  |  |                    | 15.1       | 23,470.  | 7,29            |          |       |
|      | Leasehold improvements   |  | 22,11  | 0,100.             | -J, I      | 23,270.  | 1,43            | · + , /  | 23.   |
| d    |  |  | 1 92   | 1,352.             | 1 7        | 25,301.  | 10              | 96,0     | 51    |
|      | 1 1  |  |  | 9,289.             |            | 31,344.  |                 | 37,9     |       |
|      | Other  |  |  |                    | 2          | Oエ, J せせ。  |                 | ,,,      | -J.   |

Schedule D (Form 990) 2019

| Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of  |                           | e 11b See Form 900 Bort V line 12                               | Page 3 |
|---|---------------------------|---|--------|
| (a) Description of security or category (including name of security)                      | (b) Book value            | (c) Method of valuation: Cost or end-of-year market v.          | alue   |
| (1) Financial derivatives   |                           | (e) mented of valuation. Good of chief by year market vi        | alue   |
| (2) Closely held equity interests   |                           |   |        |
| (3) Other   |                           |   |        |
| (A)   |                           |   |        |
| (B)   |                           |   |        |
| (C)   |                           |   |        |
| (D)   |                           |   |        |
| (E)   |                           |   |        |
| (F)   |                           |   |        |
| (G)   |                           |   |        |
| (H)   |                           |   |        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                          |                           |   |        |
| Part VIII Investments - Program Related.  |                           |   |        |
| Complete if the organization answered "Yes" o  (a) Description of investment              | n Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13.                           |        |
|   | (b) Book value            | (c) Method of valuation: Cost or end-of-year market valuation   | alue   |
| (1)   |                           |   |        |
| (2)   |                           |   |        |
| (3)   |                           |   |        |
| (4)   |                           |   |        |
| (5)   |                           |   |        |
| (6)<br>(7)  |                           |   |        |
| (8)   |                           |   |        |
| (9)   |                           |   |        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                          |                           |   |        |
| Part IX Other Assets.   |                           |   |        |
| Complete if the organization answered "Yes" o   | n Form 000 Port IV line   | - 11d O F 000 D- 1 V II - 15                                    |        |
| (a) De  | escription                |   |        |
| (1)   | occupation .              | (b) Book val  | ue     |
| (2)   |                           |   |        |
| (3)   |                           |   |        |
| (4)   |                           |   |        |
| (5)   |                           |   |        |
| (6)   |                           |   |        |
| (7)   |                           |   |        |
| (8)   |                           |   |        |
| (9)   |                           |   |        |
| Fortal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities. | 15.)                      | >   |        |
| Complete if the organization answered "Yes" or  | n Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25.                    |        |
| (a) Description of liability  |                           | (b) Book val  | ue     |
| (1) Federal income taxes  |                           |   |        |
| (2) CHARITABLE GIFT ANNUITY PA  | YABLE                     | 184,  |        |
| (3) DEPOSITS HELD   |                           | 235,  | 394.   |
| (4)   |                           |   |        |
| (5)   |                           |   |        |
| (6)   |                           |   |        |
| (7)   |                           |   |        |
| (8)   |                           |   |        |
| (9)   | System                    |   |        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                             | 25.)                      | <b>▶</b> 419,   | 750.   |
| 2. Liability for uncertain tax positions. In Part XIII, provide the                       | he text of the footnote t | to the organization's financial statements that reports the     |        |
| organization's liability for uncertain tax positions under F                              | ASB ASC 740. Check h      | here if the text of the footnote has been provided in Part XIII | X      |

Schedule D (Form 990) 2019

| -            | dule D (Form 990) 2019 THE NATIONAL MUSEUM OF WOME  |               |  |         |  | Page 4   |
|--------------|---|---------------|--|---------|--|--|
| Par          | <u> </u>  | nts Wi        | th Revenue per Re  | eturi   | 1.   |  |
|              | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                 |               |  |         | 22 526 (                                       | 201  |
|              |   |               |  | 1       | 33,536,9                                       | 321.   |
|              | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                         | 1 1           | 1 000 100  |         | STORY TO                                       |  |
|              | Net unrealized gains (losses) on investments  |               | -1,209,193.  |         | g  |  |
|              | Donated services and use of facilities  |               |  |         |  |  |
|              | Recoveries of prior year grants   |               | 001 004  |         |  |  |
|              | Other (Describe in Part XIII.)  |               | 801,824.   |         | 407  | 200  |
|              | Add lines 2a through 2d   |               |  | 2e      | -407,3   |  |
|              | Subtract line 2e from line 1  |               |  | 3       | 33,944,  | 290.   |
|              | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                        | 1 1           | 000 554  |         | 1 11   |  |
|              | Investment expenses not included on Form 990, Part VIII, line 7b                            |               | 222,571.   |         |  |  |
|              | Other (Describe in Part XIII.)  |               |  |         | 200  |  |
| C            | Add lines 4a and 4b   |               |  | 4c      | 222,   |  |
| 5            | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)             |               |  | 5       | 34,166,  | 861.   |
| Par          | t XII Reconciliation of Expenses per Audited Financial Stateme                              |               | ith Expenses per   | Retu    | ırn.   |  |
|              | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                 |               |  |         | 11 007   | 120  |
|              | Total expenses and losses per audited financial statements                                  |               |  | 1       | 11,067,  | 132.   |
|              | Amounts included on line 1 but not on Form 990, Part IX, line 25:                           |               |  |         |  |  |
|              | Donated services and use of facilities  |               |  |         |  |  |
| b            | Prior year adjustments  | 2b            |  |         |  |  |
|              | Other losses  |               | 201 001  |         |  |  |
| d            | Other (Describe in Part XIII.)  | 2d            | 801,824.   |         |  |  |
| е            | Add lines 2a through 2d   |               |  | 2e      | 801,   |  |
| 3            | Subtract line 2e from line 1  |               |  | 3       | 10,265,  | 308.   |
| 4            | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |               |  |         |  |  |
| а            | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a            | 222,571.   |         |  |  |
| b            | Other (Describe in Part XIII.)  | 4b            |  |         |  |  |
|              | Add lines 4a and 4b   |               |  | 4c      | 222,   |  |
|              | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)            |               |  | 5       | 10,487,  | 879.   |
|              | t XIII Supplemental Information.  |               |  |         |  |  |
|              | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part | Management of | The formation of the second of the second of the second of | 4; Par  | t X, line 2; Part XI                           | ,  |
| lines        | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add        | itional in    | formation.   |         |  |  |
| <u> </u>     |   |               |  |         |  |  |
| DAL          | RT III, LINE 1A:  |               |  |         |  |  |
| FAI          | AT III, DINE IA.  |               |  | -       |  |  |
| ΔT           | JUNE 30, 2020, THE MUSEUM'S HOLDINGS AGGR   | FCAT          | ED 5 911 WOD   | KC      | BY OVED  |  |
| AI           | COME 30, 2020, THE MODEOM B HOUDINGS AGGN.  | EGAI          | ED 3,911 WOR   | CA      | DI OVER  | _  |
| 1 3          | 225 WOMEN ARTISTS FROM THE SIXTEENTH CENTU  | RV T          | O THE PRESEN   | Ψ.      | THESE WO                                       | RKS  |
| - , -        | 125 WOMEN THEIDID INON THE DINIBERT CENTS.  | 1             | O IIII INDDIN  |         | THE NO.  | ICICD  |
| CON          | ISIST PRINCIPALLY OF PAINTINGS, DRAWINGS,   | SCUL          | PTURES PRIN  | TS      | AND BOOK                                       | S.   |
|              |   | 0001          |  |         | 12.2 2001                                      |  |
|              |   |               |  |         |  |  |
| 10           |   |               |  |         |  |  |
| DUE          | RING THE YEAR ENDING JUNE 30, 2020, THE MU  | SEUM          | ADDED 198 W  | ORE     | S WITH A                                       | N  |
| -            |   |               |  |         |  |  |
| API          | PRAISED VALUE OF APPROXIMATELY \$1,674,038  | TO I          | TS HOLDINGS  | ANI     | NO WORK  | S  |
|              |   |               |  |         |  |  |
| WEI          | RE DE-ACCESSED. NO MATERIAL AMOUNT OF THE   | COLL          | ECTION ITEMS   | WE      | ERE DAMAG                                      | ED,  |
|              |   |               |  |         |  |  |
| DES          | STROYED, OR LOST DURING THE YEAR.   |               |  |         |  |  |
|              |   | 31            | TARTER NO.   |         |  |  |
|              |   |               |  |         |  |  |
|              |   |               | TAX PER CONTRACTOR   |         |  |  |
| PAI          | RT III, LINE 4:   |               |  |         |  |  |
| P1           | - NAMIONAL WIGHIN OF MOVEN THE TOTAL  | 7.7           | DVMDNGTVD CC   |         | IOMICAL OF                                     |  |
| etuturous is | E NATIONAL MUSEUM OF WOMEN IN THE ARTS HAS  | AN            | EXTENSIVE CO   | 2000000 | AND TO THE SERVICE SHOWS AND THE SERVICE SHOWS | DESCRIPTION OF THE PROPERTY OF |
| 93205        | 4 10-02-19  |               |  | Sch     | edule D (Form 99                               | 90) 2019   |

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS52-1238810 Page 5 Schedule D (Form 990) 2019 Part XIII | Supplemental Information (continued)

WORKS OF ART BY WOMEN ARTISTS. THROUGH THE DISPLAY OF THESE WORKS AND OUTREACH AND EDUCATION PROGRAMS ABOUT THESE WORKS, WE ARE ABLE TO PROMOTE AND EDUCATE THE PUBLIC ON THE ACCOMPLISHMENTS OF WOMEN ARTISTS.

### PART V, LINE 4:

THE EARNINGS FROM THE ENDOWMENT ARE INTENDED TO SECURE THE MUSEUM'S LONG RANGE FUTURE. THEY ARE INTENDED TO SUPPORT ONGOING PROGRAMS, ADVANCE EDUCATIONAL OUTREACH, ENHANCE VISIBILITY AND EXPAND THE COLLECTION.

### PART X, LINE 2:

FOR THE YEAR ENDED JUNE 30, 2020, THE MUSEUM HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES, AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE 165,300. FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B. COST OF GOODS SOLD REPORTED AS EXPENSE ON THE 342,125. FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10B. FACILITY RENTAL EXPENSE REPORTED AS EXPENSE ON THE 294,399. FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 6B. TOTAL TO SCHEDULE D, PART XI, LINE 2D 801,824.

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS  Part XIII   Supplemental Information (continued)  PART XII, LINE 2D - OTHER ADJUSTMENTS:  |          |
|--|----------|
| FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE  |          |
| FINANCIAL STATEMENTS AND NETTER AND NETER AND NETTER AND NETER AND NETTER AND NETTER AND NETTER AND NETTER AND NETTER AND | 165,300  |
| FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B.   |          |
|  |          |
| COST OF GOODS SOLD REPORTED AS EXPENSE ON THE  | 342,125  |
| FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON   |          |
| FORM 990, PART VIII, LINE 10B.   |          |
| FACILITY RENTAL EXPENSE REPORTED AS EXPENSE ON THE   | 294,399. |
| FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON   | 254,555. |
| FORM 990, PART VIII, LINE 6B.  |          |
| FOTAL TO SCHEDULE D, PART XII, LINE 2D   |          |
|  | 801,824. |
|  |          |
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### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants c X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did fundraiser (v) Amount paid (iv) Gross receipts (vi) Amount paid or entity (fundraiser) (ii) Activity to (or retained by) have custody or control of contributions to (or retained by) from activity fundraiser organization listed in col. (i) DANILLER + COMPANY - 3724 Yes No JEFFERSON ST., SUITE 302, MEMBERSHIP ADVISOR X 0 0 561,965. COMMUNITY COUNSELLING SERVICES CO LLC - PO BOX FUNDRAISING CONSULTANT x 0. 0 LUCY BUCHANON - 7819 315,614. MARQUETTE ST, DALLAS, TX DEVELOPMENT CONSULTANT X 0 0 KENNETH DUTTER - 11150 BIG 200,000. CANOE, BIG CANOE, GA 30143 PLANNED GIVING CONSULTANT X 0 0 85,000. Total 1,162,579. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AR, AK, AZ, CA, CT, CO, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI, MN, MS, ME, ND, NH, NJ, NM, NY NC,OK,OR,PA,RI,SC,TN,UT,VA,WV,WI,DC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

|                            | or tarractioning event contributions an   | if the organization answere<br>d gross income on Form 99  | U-EZ, lines 1 and 6b. List                       | events with gross rece | ipts greater than \$5.00                          |
|----------------------------|---|---|--|------------------------|---|
|                            |   | (a) Event #1 SPRING GALA  | (b) Event #2                                     | (c) Other events NONE  | (d) Total events<br>(add col. (a) through         |
|                            |   | (event type)  | (event type)                                     | (total number)         | col. (c))   |
| 1                          | Gross receipts  |   |  | (total number)         |   |
|                            |   |   |  |                        | 493,691   |
| 2                          | Less: Contributions   | 493,691.  |  |                        | 493,691   |
| 3                          | Gross income (line 1 minus line 2)  |   |  |                        |   |
| 4                          | Cash prizes   | ***   |  |                        |   |
| 5                          | Noncash prizes  |   |  |                        |   |
| 6                          |   |   |  |                        | 8,303   |
| 7                          | Food and beverages  |   |  |                        | 0,000   |
| 8                          | Entertainment   | 8,515.  |  |                        | 0 515   |
| 9                          | Other direct expenses   | 148,482.  |  |                        | 8,515<br>148,482                                  |
| 10                         | Direct expense summary. Add lines 4 thro  | ough 9 in column (d)  |  |                        | 165,300   |
| 11                         | Net income summary. Subtract line 10 fro  | m line 3, column (d)  |  |                        | -165,300  |
|                            |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming       | (d) Total gaming (add col. (a) through col. (c)   |
| 1                          | Gross revenue   |   |  | (c) Other gaming       | (d) Total gaming (add col. (a) through col. (c    |
| 1 2                        | Gross revenue   |   |  | (c) Other gaming       | (d) Total gaming (add<br>col. (a) through col. (c |
| 2                          | Cash prizes   |   |  | (c) Other gaming       | (d) Total gaming (add<br>col. (a) through col. (c |
| 3                          | Cash prizes   |   |  | (c) Other gaming       | (d) Total gaming (add<br>col. (a) through col. (c |
| 3                          | Cash prizes  Noncash prizes   |   |  | (c) Other gaming       | (d) Total gaming (add col. (a) through col. (c    |
| 3 4 5                      | Cash prizes  Noncash prizes  Rent/facility costs  |   |  | Yes%                   | (d) Total gaming (add col. (a) through col. (c    |
| 3 4 5                      | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses   | Yes%  | bingo/progressive bingo  Yes%  No                | Yes%                   | (d) Total gaming (add col. (a) through col. (d    |
| 3<br>4<br>5<br>6<br>7      | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through   | Yes% No  ugh 5 in column (d)  | bingo/progressive bingo  Yes%  No                | Yes% No                | (d) Total gaming (add col. (a) through col. (c    |
| 3<br>4<br>5<br>6<br>7<br>8 | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throunder labor  Net gaming income summary. Subtract line                                     | Yes% No  ugh 5 in column (d)  2 7 from line 1, column (d)   | bingo/progressive bingo  Yes%  No                | Yes% No                | (d) Total gaming (add col. (a) through col. (c    |
| 3 4 5 6 7 8 Ent ls ti      | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through   | Yes%  No  Ugh 5 in column (d)  27 from line 1, column (d)  aducts gaming activities:  activities in each of these s | Yes % No   | Yes% No                | col. (a) through col. (c                          |
| 3 4 5 6 7 8 Ent ls ti      | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the state (s) in which the organization corne organization licensed to conduct gaming | Yes %  No  Igh 5 in column (d)  27 from line 1, column (d)  aducts gaming activities: activities in each of these s | bingo/progressive bingo  Yes%  No  No            | Yes% No                | col. (a) through col. (c                          |

| Sche       | dule G (Form 990 or 990-EZ) 2019 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1   | 12388          | 10 Page 3     |
|------------|--|----------------|---------------|
| 11 1       | Does the organization conduct gaming activities with nonmembers?   | Ye             | es No         |
| 12         | s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed   |                |               |
| 13         | to administer charitable gaming? Indicate the percentage of gaming activity conducted in:  | ☐ Ye           | es No         |
|            | organization's facility  | 120            | 0/            |
| b          | An outside facility  | 13a<br>13b     | <u>%</u>      |
| 14         | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  | 100            | 70            |
|            |  |                |               |
| I          | Name   |                |               |
| ,          | Address ►  |                |               |
| 15a l      | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | ☐ Ye           | es No         |
|            | o and the second of the second | '              | -S - NO       |
| bl         | f "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount  |                |               |
| (          | of gaming revenue retained by the third party > \$   |                |               |
| c l        | f "Yes," enter name and address of the third party:  |                |               |
| ,          | Nama N   |                |               |
| ,          | Name   |                |               |
|            | Address >  |                |               |
| 16 (       | Gaming manager information:  |                |               |
|            |  |                |               |
| 1          | Name   |                |               |
|            |  |                |               |
| (          | Gaming manager compensation > \$   |                |               |
| 1          | Description of services provided   |                |               |
|            | Description of services provided   |                |               |
|            |  |                |               |
|            |  |                |               |
|            | Director/officer Employee Independent contractor   |                |               |
| 47 1       | Manufakan diskila di   |                |               |
|            | Mandatory distributions:   |                |               |
|            | s the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  | Ye             | s No          |
| b E        | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the   |                | 75 L 140      |
|            | organization's own exempt activities during the tax year > \$  |                |               |
| Par        | and (v); and Part I, line 2b, Columns (iii) and (v); and Part I, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and Part II, line 2b, Columns (iii) and (v); and ( | art III, line: | s 9, 9b, 10b, |
|            | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   |                |               |
| SCH        | EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER  |                |               |
|            |  | (5:            |               |
|            |  |                |               |
| (I)        | NAME OF FUNDRAISER: DANILLER + COMPANY   |                |               |
| (I)        | ADDRESS OF FUNDRAISER: 3724 JEFFERSON ST., SUITE 302, AUSTIN   | J my           | 78731         |
|            | The state of the s | V, IA          | 70731         |
| / T \      | NAME OF HUNDRATGER, GOLDWINSTER, CO.   |                |               |
| <u>(I)</u> | NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICES CO LLC  |                |               |
| (I)        | ADDRESS OF FUNDRAISER: PO BOX 824885, PHILADELPHIA, PA 1918  | 32             |               |
|            |  |                |               |
| (I)        | NAME OF FUNDRAISER: LUCY BUCHANON  |                |               |
| 932083     | 09-11-19 Schedule G (Form  | n 000 or 1     | 000 EZ\ 2010  |

| Sched      | ule G (Form 990<br>: IV Supple | or 990<br>ment | DEZ)<br>tal Infor | THE<br>mation | NA1 | IONA<br>inued) | L MUS | EUM O | F WO | MEN II | V TH | EA | RTS52- | 12388 | 10 Page |
|------------|--------------------------------|----------------|-------------------|---------------|-----|----------------|-------|-------|------|--------|------|----|--------|-------|---------|
| <u>(I)</u> | ADDRESS                        | OF             | FUND              | RAISE         | ER: | 7819           | MARQ  | UETTE | ST,  | DALLA  | AS,  | TX | 75225  |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            | The Service                    |                |                   | 110           |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   | 19/4          |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     | N.A.           |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       |         |
|            |                                |                |                   |               |     |                |       |       |      |        |      |    |        |       | 1.012   |

932084 04-01-19

Schedule G (Form 990 or 990-EZ)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

| Par | t I Questions Regarding Compensation   |             | Yes | No |
|-----|--|-------------|-----|----|
| 1a  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |             |     |    |
| _   | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |             |     |    |
|     | First-class or charter travel  Housing allowance or residence for personal use   |             |     |    |
|     | Travel for companions  Payments for business use of personal residence   |             |     |    |
|     | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |             |     |    |
|     | Discretionary spending account  Personal services (such as maid, chauffeur, chef)                                      |             |     |    |
| h   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |             |     |    |
| _   | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b          |     |    |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       | STANGE STAN |     |    |
|     | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2           |     |    |
| 3   | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |             |     |    |
| •   | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |             |     |    |
|     | establish compensation of the CEO/Executive Director, but explain in Part III.   |             |     |    |
|     | ■ Written employment contract  |             |     |    |
|     | Independent compensation consultant  X Compensation survey or study  |             |     |    |
|     | X Approval by the board or compensation committee  |             |     |    |
|     |  |             |     |    |
| 4   | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |             |     |    |
| 100 | organization or a related organization:  |             |     |    |
| a   | Receive a severance payment or change-of-control payment?  | 4a          |     | X  |
| b   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                  |             |     | X  |
|     | Participate in, or receive payment from, an equity-based compensation arrangement?                                     |             |     | X  |
|     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |             |     |    |
|     | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |             |     |    |
| 5   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |             |     |    |
|     | contingent on the revenues of:   |             |     |    |
| а   | The organization?  | 5a          |     | X  |
| b   | Any related organization?  | 5b          |     | X  |
|     | If "Yes" on line 5a or 5b, describe in Part III.   |             |     |    |
| 6   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |             |     |    |
|     | contingent on the net earnings of:   |             |     |    |
| а   | The organization?  | 6a          |     | X  |
| b   | Any related organization?  | 6b          |     | X  |
|     | If "Yes" on line 6a or 6b, describe in Part III.   |             |     |    |
| 7   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |             |     |    |
|     | not described on lines 5 and 6? If "Yes," describe in Part III   | 7           |     | X  |
| 8   | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |             | 1   |    |
|     | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8           |     | X  |
| 9   | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |             |     |    |
|     | Regulations section 53.4958-6(c)?  | 0           |     |    |

Schedule J (Form 990) 2019

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

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

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

|                                    |          | (B) Breakdown of \       | W-2 and/or 1099-MISC compensation   | SC compensation                     | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation                          |
|------------------------------------|----------|--------------------------|-------------------------------------|-------------------------------------|--------------------|----------------|----------------------|---|
| (A) Name and Title                 |          | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation       |                | (a)-(i)(a)           | reported as deferred<br>on prior Form 990 |
| (1) SUSAN FISHER STERLING          | 8        | 347,782.                 | 0                                   | 0                                   | 17,389.            | 6,764.         | 371,935.             | 0   |
| CUTIVE DIRECTOR (ALICE WEST DIR.)  |          | 0                        | 0                                   | 0                                   | 0                  | 0.             |                      | 0   |
| (2) PAMELA J. AYRES                | ε        | 194,058                  | 0                                   | 0.                                  | 9,703.             | 224.           | 203,985.             | 0   |
| DEPUTY DIR., FINANCE & OPERATIONS  | €        | 0                        | 0                                   | 0                                   |                    | 0.             |                      | 0.  |
| UTMAN                              | 8        | 160,88                   | 0                                   | 0                                   | 8,044.             | 212.           | 169,139.             | 0.  |
| DEPUTY DIR, NAT. & INT'L, OUTREACH | 3100     |                          | 0                                   | 0.                                  | 0                  | 0              | 0                    | 0   |
|                                    |          | 181,97                   | 0                                   | 0                                   | 60'6               | 5,894.         | 196,96               | 0   |
|                                    | (E)      |                          | 0                                   | 0                                   | 0                  | 0.             | 0.                   | 0.  |
|                                    | €        |                          |                                     |                                     |                    |                |                      |   |
|                                    | €        |                          |                                     |                                     |                    |                |                      | Allenses T. William                       |
|                                    | Θ        |                          |                                     |                                     |                    |                |                      |   |
|                                    | €        |                          |                                     |                                     |                    |                |                      |   |
|                                    | Θ        |                          |                                     |                                     |                    |                |                      |   |
|                                    | <b>E</b> |                          |                                     |                                     |                    |                |                      |   |
|                                    | Ξ        |                          |                                     |                                     |                    |                |                      |   |
|                                    | 1        |                          |                                     |                                     |                    |                |                      |   |
|                                    | Ξ        |                          |                                     |                                     |                    |                |                      |   |
|                                    | (ii)     |                          |                                     |                                     |                    |                |                      |   |
|                                    | Θ        |                          |                                     |                                     |                    |                |                      |   |
|                                    | (ii)     |                          |                                     |                                     |                    |                |                      |   |
|                                    | Ξ        |                          |                                     |                                     |                    |                |                      |   |
|                                    | (ii)     |                          |                                     |                                     |                    |                |                      |   |
|                                    | (i)      |                          |                                     |                                     |                    |                |                      |   |
|                                    | (ii)     |                          |                                     |                                     |                    |                |                      |   |
|                                    | (3)      |                          |                                     |                                     |                    |                |                      |   |
|                                    | 1        |                          |                                     |                                     |                    |                |                      |   |
|                                    | Ξ        |                          |                                     |                                     |                    |                |                      |   |
|                                    | €        |                          |                                     |                                     |                    |                |                      |   |
|                                    | (1)      |                          |                                     |                                     |                    |                |                      |   |
|                                    | €        |                          |                                     |                                     |                    |                |                      |   |
|                                    | Ξ        |                          |                                     |                                     |                    |                |                      |   |
|                                    | €        |                          |                                     |                                     |                    |                |                      |   |
|                                    |          |                          |                                     |                                     |                    |                | Schedu               | Schedule J (Form 990) 2019                |

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

| Part | Types of Property  |                               |   |   | (4)  |        | _    |
|------|--|-------------------------------|---|---|--|--------|------|
|      |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g   | (d)  Method of determining noncash contribution am |        |      |
| 1    | Art - Works of art   | X                             | 198   | 0.  | FMV  |        |      |
|      | Art - Historical treasures   |                               | Barrier Land  |   |  |        |      |
|      | Art - Fractional interests   |                               |   |   |  |        |      |
|      | Books and publications   |                               |   |   |  |        |      |
|      | Clothing and household goods   |                               |   |   |  |        |      |
|      | Cars and other vehicles  |                               |   |   |  |        | -    |
| 7    | Boats and planes   |                               |   |   |  |        | 173. |
| 8    | Intellectual property  |                               |   |   |  |        |      |
| 100  | Securities - Publicly traded   | X                             | 24  | 5,717,879   | 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   |                               | 1 500 1100  |   |  |        |      |
| 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 organ   | nization duri                 | ng the tax year for                                       | contributions   |  | 22.550 |      |
|      | for which the organization completed Form 8  |                               |   |   |  | 12     |      |
|      | To who are organization of the process of the proce |                               | •   |   |  | Yes    | No   |
| 30a  | During the year, did the organization receive must hold for at least three years from the da   | by contribu                   | tion any property re                                      | eported in Part I, lines 1 thro   | ough 28, that it                                   |        |      |
|      | exempt purposes for the entire holding period  |                               |   |   |  |        | Х    |
|      | If "Yes," describe the arrangement in Part II.   |                               |   | u of any nameton dovd contri  | ibutions? 31                                       | X      |      |
| 31   | Does the organization have a gift acceptance   | e policy that                 | requires the review                                       | w of any nonstandard contr  | oh   |        |      |
|      | Does the organization hire or use third parties contributions?   |                               |   |   | 32a  |        | Х    |
| b    | If "Yes," describe in Part II.   |                               |   | at a facilitation of the section of | healed   |        |      |
| 33   | If the organization didn't report an amount in describe in Part II.  | column (c)                    | for a type of prope                                       | rty for which column (a) is c   | пескеа,  |        |      |

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

Schedule M (Form 990) 2019

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

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERNATIONAL OUTREACH PROGRAMS DEDICATED TO PROVIDE AN OPPORTUNITY FOR ALL TO JOIN US IN THE RECOGNITION OF WOMEN ARTISTS, MOTIVATE CHILDREN AND ADULTS ALIKE IN THE PURSUIT OF A DEEPER UNDERSTANDING OF THE OBSTACLES AND ACCOMPLISHMENTS OF WOMEN ARTISTS. WITH THE MUSEUM'S OUTSTANDING EDUCATIONAL PROGRAMS, IN-HOUSE LIBRARY, MAGAZINE, MEMBER BENEFITS AND EXCEPTIONAL EXHIBITIONS, WE ARE ABLE TO PROMOTE AND EDUCATE THE PUBLIC ON THE ACCOMPLISHMENTS OF WOMEN ARTISTS AND ALLOW FOR THE GROWTH AND FUTURE OPPORTUNITY FOR ASPIRING WOMEN ARTISTS SO THAT THEY TOO MAY REALIZE THEIR DREAMS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MOON, AND OTHERS INVITE INQUIRY INTO THE TEMPTATION OF RETAIL AND THE

ALLURE OF FINE ART.

JUDY CHICAGO-THE END: A MEDITATION ON DEATH AND EXTINCTION SEPT 19, 2019 - JAN 20, 2020

ORGANIZED BY NMWA

NMWA PRESENTS THE NEWEST BODY OF WORK BY THIS FEMINIST AND POP CULTURE ICON. CHICAGO'S SERIES OF PORCELAIN, GLASS, AND BRONZE SCULPTURES TITLED THE END: A MEDITATION ON DEATH AND EXTINCTION SHARE HER REFLECTION ON HER OWN MORTALITY AS WELL AS HER RESOUNDING CALL FOR COMPASSION AND JUSTICE FOR ALL EARTHLY CREATURES IMPACTED BY HUMAN GREED. THE END IS CONTIGUOUS WITH CHICAGO'S PREVIOUS WORK IN MANY WAYS: ITS USE OF PORCELAIN AND GLASS, EXTENSIVE CURSIVE WRITING, AND

REPRESENTATION OF THE FEMALE BODY AS BOTH POWERFUL AND VULNERABLE-BUT

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

Schedule O (Form 990 or 990-EZ) (2019)

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THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

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THE WORKS' EFFECT IS ENTIRELY NEW.

LIVE DANGEROUSLY

SEPT 19, 2019 - JAN 20, 2020

ORGANIZED BY NMWA

AS A PENDANT TO JUDY CHICAGO'S REFLECTION ON THE TRANSIENCE OF EARTHLY LIFE, THIS EXHIBITION FEATURES FIERCE, DREAMY, AND WITTY IMAGES OF THE FEMALE FIGURE INTEGRATED INTO EARTH'S TERRAIN. DRAWN PRIMARILY FROM NMWA'S COLLECTION OF MODERN AND CONTEMPORARY PHOTOGRAPHY, THE EXHIBITION PRESENTS ARTISTS WHO MAKE THE FEMALE BODY THEIR SCULPTURAL MATERIAL, POSITIONING FIGURES IN NATURAL SURROUNDINGS TO SUGGEST PROVOCATIVE NARRATIVES. FIGURES BALANCE ON BLOCKS OF ICE, STRUGGLE AGAINST THE WIND ON OCEAN SHORES, SCRAMBLE TO THE TOPS OF PRECARIOUSLY TALL TREES, AND GLIDE THROUGH WATER LIKE MERMAIDS. EARTHLY LIFE COMES TO AN END, BUT LIVE DANGEROUSLY ILLUMINATES THE PLANET'S SURFACE AS A STUNNING STAGE FOR HUMAN DRAMA.

WOMEN ARTISTS OF THE DUTCH GOLDEN AGE

FALL 2019

ORGANIZED BY NMWA FOR THE TERESA LOZANO LONG GALLERY

DURING THE SEVENTEENTH AND EIGHTEENTH CENTURIES, WOMEN IN THE NORTHERN EUROPEAN COUNTRY THEN KNOWN AS THE DUTCH REPUBLIC ENJOYED LIVES OF RELATIVE FREEDOM COMPARED TO THEIR COUNTERPARTS IN OTHER PARTS OF THE CONTINENT. THIS FOCUS EXHIBITION DRAWN PRIMARILY FROM NMWA'S COLLECTION SHARES THE WORK OF SEVERAL HIGHLY SUCCESSFUL PAINTERS, INCLUDING CLARA PEETERS, RACHEL RUYSCH, JUDITH LEYSTER, ANNA MARIA VAN SCHURMAN, WHO RENDERED STILL-LIFES, PORTRAITS, AND GENRE SCENES (DEPICTIONS OF

EVERYDAY LIFE) FOR THE REPUBLIC'S RISING MIDDLE CLASS OF WEALTHY

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Schedule O (Form 990 or 990-EZ) (2019)

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MERCHANTS. THE PROJECT PRESENTS THE WORKS IN AN ENGAGING PERIOD-STYLE "CABINET" GALLERY SPACE. THERE HAS NEVER BEEN AN EXHIBITION DEVOTED SOLELY TO THE WOMEN ARTISTS OF THE SO-CALLED DUTCH GOLDEN AGE, A PERIOD ENORMOUSLY POPULAR WITH MODERN AUDIENCES.

GRACIELA ITURBIDE'S MEXICO: SHORT WEB DESCRIPTION

FEBRUARY 28-MAY 25, 2020

NMWA PRESENTS A LANDMARK EXHIBITION OF EVOCATIVE AND GROUNDBREAKING PHOTOGRAPHS BY CELEBRATED ARTIST GRACIELA ITURBIDE (B. 1942, MEXICO CITY) FROM HER PROLIFIC FIVE-DECADE-LONG CAREER. ITURBIDE'S SIGNATURE HIGH-CONTRAST BLACK-AND-WHITE IMAGES TELL A VISUAL STORY OF MEXICO SINCE THE LATE 1960S. MORE PERSONAL EXPLORATION THAN DOCUMENTARY PHOTOGRAPHY, ITURBIDE'S WORK CAPTURES THE RICH TAPESTRY OF CULTURES, DAILY RITUALS, SOCIAL INEQUALITIES, AND COEXISTENCE OF TRADITION AND MODERNITY ACROSS MEXICAN SOCIETY. APPROXIMATELY 140 PHOTOGRAPHS REVEAL THE LIFESTYLE OF THE SERI PEOPLE LIVING IN THE SONORAN DESERT, EXPLOITATION OF WORKERS AMONG THE MIXTEC OF OAXACA, THE VITAL ROLE OF WOMEN IN ZAPOTEC COMMUNITIES, AND THE BELONGINGS OF ICONIC ARTIST FRIDA KAHLO. ITURBIDE'S EMPATHETIC APPROACH TO PHOTOGRAPHY REFLECTS HER DEEP CONNECTION TO HER SUBJECTS AND OFFERS POWERFUL INSIGHT INTO THE BEAUTY AND COMPLEXITIES OF MEXICO'S CULTURAL HERITAGE. GRACIELA ITURBIDE'S MEXICO IS ORGANIZED BY THE MUSEUM OF FINE ARTS, BOSTON.

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

- INSTAGRAM FOLLOWERS
- 103,576 (INCREASE OF 36,363 OR 54.10%)
- YOUTUBE VIEWS

- #MUSEUMSTHANKHEALTHHEROES
- #100LITTLEDEATHS: WE COORDINATED 100 INSTAGRAM USERS THAT WERE LOCAL Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

INDEFINITELY

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

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TO THE DMV (INCLUDING US) TO SHARE ALL OF JANAINA TSCHPE'S "100 LITTLE DEATHS" SIMULTANEOUSLY TO PROMOTE LIVE DANGEROUSLY. OKAY, WE MAY HAVE ENDED UP A FEW SHORT AND WE ALSO LEFT OUT THE ONE THAT HAD HER LYING DOWN NEAR THE WORLD TRADE CENTER PRE-9/11, BUT WE GOT ALMOST ALL OF THEM POSTED.

- #5WOMENARTISTS INSTAGRAM STORY TAKEOVERS: EXTENDED BEYOND MARCH
- LAUNCHED A NEW VIDEO SERIES "STORY TIME WITH WOMEN IN THE ARTS"
- CREATED THE FIRST EVER NMWA COLORING BOOK

U.S. MEMBERS REPRESENT ALL FIFTY STATES. INTERNATIONAL MEMBERS LIVE IN
21 COUNTRIES: AUSTRALIA, AUSTRIA, BELGIUM, CANADA, CHILE, CROATIA,

FRANCE, GERMANY, ISRAEL, ITALY, JAMAICA, MEXICO, NEW ZEALAND, PERU,

PORTUGAL, SPAIN, SWITZERLAND, TURKEY, UAE, UK, VIETNAM, AND MORE!

MEMBERS ENJOYED OVER 15 PROGRAMS THROUGHOUT THE YEAR INCLUDING LOCAL

AND VIRTUAL GALLERY AND ARTIST STUDIO TOURS. "I WANTED YOU TO KNOW I

JUST BECAME A NEW MEMBER AS A THANK YOU FOR THE WONDERFUL ONLINE ART

CHATS AND THE FRIDA KAHLO BIRTHDAY EVENT"

THERE ARE NOW 23 ACTIVE COMMITTEES WITH MORE THAN 3,000 MEMBERS IN NORTH AMERICA, SOUTH AMERICA, AND EUROPE.

THROUGHOUT THE YEAR, 22 NATIONAL AND INTERNATIONAL COMMITTEES PREPARED

FOR PAPER ROUTES, THE SIXTH INSTALLMENT IN THE MUSEUM'S WOMEN TO WATCH

EXHIBITION SERIES AND THE LARGEST TO DATE. PRESENTING THE WORK OF

EMERGING AND UNDERREPRESENTED CONTEMPORARY WOMEN ARTISTS FROM AROUND

THE WORLD, PAPER ROUTES HIGHLIGHTS THE VERSATILITY OF PAPER WELL BEYOND

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Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 ITS TRADITIONAL ROLE AS SUPPORT FOR DRAWINGS, PRINTS AND PHOTOGRAPHS. A CATALOGUE WILL ACCOMPANY PAPER ROUTES WITH STATEMENTS AND WORK FROM EACH OF THE 22 PARTICIPATING ARTISTS. PAPER ROUTES WILL BE ON VIEW AT THE MUSEUM FROM OCTOBER 8, 2020 THROUGH JANUARY 18, 2021. - BEGINNING IN THE SUMMER OF 2020, NMWA CURATORS MODERATED TWENTY FREE VIRTUAL STUDIO TOURS WITH EXHIBITING ARTISTS FROM ALL THIRTEEN U.S. CITIES AND SEVEN COUNTRIES PARTICIPATING IN PAPER ROUTES. THESE TOURS, CREATED A SPACE FOR ARTISTS ALL OVER THE WORLD TO SPEAK ABOUT THEIR WORK IN THE EXHIBITION AT NMWA AND PRESENT ADDITIONAL PROJECTS. NMWA CURATORS OFFERED CRITICAL INSIGHT, FACILITATED CONVERSATION, AND SHARED QUESTIONS FROM VIEWERS. - THE MASSACHUSETTS STATE COMMITTEE OF NAWA CREATED AN EMAIL INITIATIVE FEATURING ONE NEW PAPER ROUTES ARTIST EACH WEEK. THESE FEATURES INCLUDED INFORMATION ABOUT THE ARTISTS' BACKGROUNDS, ARTISTIC PRACTICES, PAST INTERVIEWS, AND IMAGERY AND VIDEOS OF RECENT WORK. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ARTISTS PATRICIA TOBACCO FORRESTER AND MAXINE CABLE. - OUR JUDY CHICAGO VISUAL ARCHIVE CONTINUES TO GROW, WITH HAVE OVER 1,600 SLIDES NEWLY INVENTORIED. - ACQUIRED ARTISTS BOOKS BY SUZANNE COLEY, TIA BLASSINGAME, CHANDLER O'LEARY, JAMILA ZAHRA FELTON, MARIA VERONICA SAN MARTIN, JULIE SHEAH

5307 (FOR JULY THROUGH MARCH 13TH) VISITORS CAME THROUGH THE LIBRARY

- 3810 NEW ASSETS IN BETTY (AND 6691 DOWNLOADS FROM BETTY, PRIMARILY BY

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STAFF, BUT ALSO OUTSIDE CONTRACTORS AND RESEARCHERS. IT IS A WELL-USED

RESOURCE!)

- DC ART BOOK FAIR (STATS, GROWTH, IMPACT, ETC.) (TG, LW)
- GATE COUNT FOR THE FAIR WAS 2067 PEOPLE. APPROXIMATELY 50 TABLES (ARTISTS)

IN OCTOBER, THE LRC JOINED WITH THE LIBRARIES AT PENN STATE UNIVERSITY AND RADCLIFFE INSTITUTE TO LAUNCH THE JUDY CHICAGO RESEARCH PORTAL. THE PORTAL PROVIDES A ONE-STOP SHOP FOR RESEARCHERS SEEKING ACCESS TO IMAGES OF CHICAGO'S WORK, INSTALLATIONS AND WORK PROCESSES, HER LECTURES AND WRITINGS, AND HER CONTRIBUTIONS TO THE FIELD OF ART EDUCATION.

## - GREAT QUOTES:

"I CAN'T EXPRESS TO YOU ENOUGH HOW MUCH WE ENJOYED OUR VISIT WITH YOU AT THE NMWA YESTERDAY! WOW! MY STUDENTS WERE ENRICHED, AND I DARE SAY, TRANSFORMED BY OUR VISIT. BEING ABLE TO SEE THE BOOKS UP CLOSE WAS ALL WE HOPED FOR, BUT TO BE ABLE TO TOUCH AND MANIPULATE AND EXAMINE THEM JUST SURPASSED OUR EXPECTATIONS AND REALLY ENRICHED THE EXPERIENCE SO MUCH. IT WAS INVALUABLE REALLY, ESPECIALLY AT THIS POINT IN THEIR BOOK ARTS JOURNEY. I JUST COULDN'T BE MORE GRATEFUL FOR YOUR GENEROSITY IN HOSTING US. I HAD HOPED TO BRING MY STUDENTS TO THE LIBRARY OF CONGRESS, BUT COULDN'T CONNECT TO MAKE THE APPOINTMENT. I WOULD LOVE TO BRING ALL OF MY FUTURE CLASSES TO THE NMWA, PLUS I STRONGLY BELIEVE IN YOUR MISSION AND EVERYTHING YOUR MUSEUM IS ABOUT. I WILL DEFINITELY BE BACK FOR THE PAPER WORKS EXHIBIT AND BOOK ARTS EXHIBITS IN THE FUTURE."

FY20 ART ACQUISTIONS:

198 TOTAL ART OBJECTS.

Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS Employer identification number 52-1238810

9 DIFFERENT MEDIUMS.

### PUBLICATIONS

NMWA PRODUCES PRINT MATERIALS THAT ILLUMINATE THE WORK AND LIVES OF CONTEMPORARY AND HISTORICAL WOMEN ARTISTS; HIGHLIGHT THE COLLECTION, SPECIAL EXHIBITIONS, AND PROGRAMS; AND CENTER WOMEN IN THE HISTORY OF ART. OUR INSTITUTIONAL MAGAZINE, WOMEN IN THE ARTS, IS PUBLISHED THREE TIMES PER YEAR. OTHER PUBLICATIONS INCLUDE EXHIBITION CATALOGUES AND BROCHURES, BOOKS, ANNUAL REPORTS, AND THE BROAD STROKES BLOG.

#### JUDY CHICAGO: NEW VIEWS

IN SEPTEMBER 2019, NMWA PUBLISHED THE FIRST MAJOR MONOGRAPH ON THE FEMINIST ARTIST JUDY CHICAGO IN NEARLY 20 YEARS. JUDY CHICAGO: NEW VIEWS PROVIDES FRESH PERSPECTIVES BY LEADING SCHOLARS AND CURATORS, INCLUDING SARAH THORNTON, HANS ULRICH OBRIST, CHAD ALLIGOOD, MANUELA AMMER, MASSIMILIANO GIONI, PHILIPP KAISER, JONATHAN D. KATZ, MARTHA C. NUSSBAUM, AND WILLIAM J. SIMMONS.

#### BROAD STROKES BLOG

SINCE 2009, NMWA'S BLOG HAS PUBLISHED ENGAGING PIECES ON SPECIAL EXHIBITIONS, THE COLLECTION, THE LIVES AND WORK OF WOMEN ARTISTS, INTERVIEWS WITH CONTEMPORARY WOMEN MAKERS AND ARTISTS, AND MORE. IN FY2020, 110 POSTS WERE PUBLISHED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION & PUBLIC PROGRAMS:

## EDUCATION:

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 - NEW/NMWA @ HOME WORK/PROJECTS YOU'VE DONE IN FY20 #5WOMENARTISTS SCAVENGER HUNT-REVAMPED FROM AN EARLIER ONSITE VERSION. - MOVED ANNUAL SLOW ART DAY PROGRAM ONLINE, 15 PARTICIPANTS - ART CHAT @ 5 LAUNCHED MAY 1, AND HAVE CONTINUED WEEKLY SINCE THEN. IN FY20, THERE WERE 140 ATTENDEES. SOME RESPONSES: - "I HAVE SO THOROUGHLY ENJOYED THE ART CHATS AT 5. THANK YOU SO MUCH FOR PUTTING THESE TOGETHER. IT IS A TIME WHEN I CAN BECOME TOTALLY ABSORBED IN STIMULATING ART & DISCUSSION, A MUCH NEEDED RESPITE FROM THE STATE OF AFFAIRS. "-ART CHAT PARTICIPANT [& ABC INSTITUTE ALUM] - "THANK YOU SO MUCH. I LOOK FORWARD TO OUR FRIDAY ART CHAT EVERY SINGLE WEEK...IT IS AN ENCOURAGING LIGHT AT THE END OF THIS PANDEMIC TUNNEL. ART TRULY HEALS ON COUNTLESS LEVELS." -ART CHAT PARTICIPANT - "THANKS SO MUCH FOR THESE INFORMATIVE & EXCELLENT PRESENTATIONS. I REALLY REALLY LOVE THE CHATS WHICH ARE QUITE INTIMATE & IN WHICH WE CAN PARTICIPATE. " - ART CHAT PARTICIPANT - VIRTUAL RESOURCES FOR FAMILIES/EDUCATORS: - CREATED THEMATIC SEE FOR YOURSELF PACKETS: D.C. CONNECTIONS, CRITTER CAPERS, FIVE ARTISTS-FIVE CONTINENTS - CONTRIBUTED STORY TIME VIDEOS - BEGAN A SERIES OF ONLINE EXHIBITIONS ABOUT ARTISTS' BOOKS IN THE COLLECTION, FOCUSED ON DIFFERENT FORMATS, AS A RESOURCE SUPPORTING ABC CURRICULUM & TEACHER NEEDS BROADLY. VIRTUAL OUTREACH - TWO WEBINARS FOR 20 STUDENTS IN THE GWU WOMEN ARTISTS IN D.C. COURSE: ONE CENTERED ON THE MUSEUM & WASHINGTON, D.C.-AREA ARTISTS IN THE COLLECTION (DEBORAH, ADDIE, ASHLEY) & ONE CENTERED ON TYPES OF

MUSEUM WRITING (DEBORAH + ELIZABETH LYNCH, ADRIENNE POON, & GINNY

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|---|-------------------------------|
| TREANOR)  | 52-1238810                    |
|   |                               |
| - SEE FOR YOURSELF  |                               |
| - PACKETS DISTRIBUTED (THROUGH 3/13): 8,101                       |                               |
| - TEACHER INSTITUTES: THE TWO INSTITUTES TOGETHER SERVED          | 37 EDUCATORS                  |
| WHO REACH APPROXIMATELY 10,040 STUDENTS EACH YEAR. WE WEL         | COMED TEACHERS                |
| FROM MARYLAND, MINNESOTA, NEVADA, SOUTH CAROLINA, TEXAS,          | VIRGINIA, &                   |
| WASHINGTON, D.C.  |                               |
|   |                               |
| - ABC TEACHER INSTITUTE (JULY 8-12, 2019)-THIS WAS OUR 1          | OTH ANNUAL ABC                |
| INSTITUTE.  |                               |
| - 23 EDUCATORS  |                               |
| - "I ALSO HOPE TO UTILIZE THE MUSEUM THROUGHOUT THE YEAR          | R & TAKE A                    |
| FIELD TRIP SO THAT STUDENTS KNOW ABOUT IT & WILL BE ABLE !        | FO NAME AT                    |
| LEAST FIVE DIFFERENT WOMEN ARTISTS IN THE FUTURE."                |                               |
| - "WE WERE ACTIVE PARTICIPANTS & WERE CONSTANTLY WORKING          | G AND BEING                   |
| CREATIVE; WE WERE NOT JUST LISTENING TO SOMEONE TALK. I WI        | LL DEFINITELY                 |
| KEEP IN MIND THE AMOUNT OF TALKING VERSUS THE AMOUNT OF [T        | IME] STUDENTS                 |
| ACTIVELY PARTICIPATING WITH HANDS-ON ACTIVITIES.                  |                               |
| - "I HAVE LEARNED MANY WAYS TO INTEGRATE ART CONCEPTS WI          | TH LITERACY                   |
| N MY SECOND-GRADE CLASSROOM. I THINK THIS WORK WILL TRANS         |                               |
| EACHING, EMPOWER MY STUDENTS & INFORM MY WORK WITH COLLEA         | GUES."                        |
| - "EVERYTHING, EVERYTHING CONNECTED BEAUTIFULLY. THERE W          | AS NOT ONE                    |
| HING THAT WAS USELESS. AMAZING!"                                  |                               |
| - "I CANNOT BEGIN TO TELL YOU ALL THE APPLICABLE THINGS           |                               |
| HIS HAS BEEN THE BEST MUSEUM TRAINING I HAVE EVER ATTENDE         | D. YOU ALL                    |
| AVE CREATED A SUPERB PROGRAM."                                    | e O (Form 990 or 990-EZ) (201 |

- CHILDREN'S/SCHOOL TOURS
- IN JUNE, WE OFFERED OUR FIRST VIRTUAL FIELD TRIPS AS PART OF KID POWER EXPLORERS SUMMER CAMP. THESE WEEK-LONG CAMP SESSIONS CULMINATED 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

PRESENT AN EVENING OF PROFESSIONAL DEVELOPMENT IN OUR GALLERIES. (20

EDUCATORS ATTENDED)

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WITH FRIDAY FIELD TRIPS, & NMWA WAS THE HOST FOR THE FIRST TWO. WE WORKED WITH THE SAME 7 CAMPERS BOTH WEEKS, INTRODUCED THE MUSEUM, ARTISTS FROM THE COLLECTION, & BOOKMAKING ACTIVITIES.

- 61 GUIDED SCHOOL/YOUTH TOURS SERVING 1,333 CHILDREN
- 13 SELF-GUIDED VISITS SERVING 401 CHILDREN
- GRANT FROM DC COMMISSION ON THE ARTS & HUMANITIES HELPED NMWA SUBSIDIZE BUS TRANSPORTATION FOR DCPS/DCPCS STUDENTS, GRADES 3-5, THROUGH DC COLLABORATIVE'S ARTS & HUMANITIES FOR EVERY STUDENT INITIATIVE
- QUOTES:

"OUR TOUR GUIDE WAS BOTH KNOWLEDGEABLE AND WELCOMING & REALLY ENCOURAGED STUDENTS TO ENGAGE WITH THE WORKS OF ART. OUR STUDENTS HAD REALLY ENGAGED CONVERSATIONS FACILITATED BY THE GUIDE & I REALLY APPRECIATED THAT WE TALKED ABOUT THE DIVERSITY AMONG THE ARTISTS AND THEIR WORK. FEEDBACK FROM ALL THE CHAPERONES WAS EXTREMELY POSITIVE & I WOULD RECOMMEND THIS TOUR TO OTHER SCHOOL/TEACHERS. "-7TH GRADER TEACHER

"SUCH A WONDERFUL TOUR THAT WAS PERFECTLY TAILORED TO OUR 2ND GRADE AUDIENCE. THEY WERE REALLY INTERESTED AND ENGAGED AND YOUR PROGRAM (AND BEAUTIFUL MUSEUM) ENCOURAGED THEM TO THINK. THANK YOU! "-- 2ND GRADE TEACHER

- PARTNERSHIPS AND OUTREACH
- FOURTH ANNUAL PARTNERSHIP WITH BRENT ELEMENTARY SCHOOL (DCPS) INCLUDING A PRE-VISIT, TOUR AT THE MUSEUM, & A 3-DAY IN-CLASS LESSON. WE REACHED ALL 77 SECOND GRADERS IN THE SCHOOL DURING THIS PROGRAM.
- PRE-VISIT & TOUR FOR 32 BRENT ELEMENTARY SCHOOL EARLY CHILDHOOD STUDENTS.

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|---|--|
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| - SCHOOL VISIT WITH 21 SECOND-GRADERS AT CREATIVE MINDS           |  |
| PUBLIC CHARTER SCHOOL, DC   | INIDIAMITONAL                                |
| - INTRODUCED 400 AREA GIRL SCOUTS TO ARTIST ALMA THOMAS           | & HER ART AT                                 |
| GIRL SCOUT; WORLD THINKING DAY                                    |  |
| - PARTICIPATED IN THE BIG DRAW AT NORTH CHEVY CHASE ELEM          | MENTARY                                      |
| SCHOOL, REACHING 96 FIFTH-GRADERS                                 |  |
| - SCHOOL VISIT WITH 21 PRE-K STUDENTS AT MURCH ELEMENTA           | RY SCHOOL                                    |
| (DCPS)  | 300002                                       |
| - 1 DAY BOOKMAKING VISIT WITH 97 UPPER ELEMENTARY STUDEN          | NTS AT THE                                   |
| MONTESSORI PUBLIC SCHOOL OF ARLINGTON.                            |  |
|   |  |
| - SCHOLAR/ARTIST TALKS/TALKS IN GENERAL, TOURS                    |  |
| - ARTIST TALKS  |  |
| - DELITA MARTIN PROVIDED TWO ARTIST TALKS IN HER EXHIBIT          | TION SERVING                                 |
| 82 PEOPLE.  | LON, BENVING                                 |
| - ARTISTS-IN-CONVERSATION FORMAT                                  |  |
| - JANAINA TSCHAPE SPOKE WITH 55 PEOPLE                            |  |
| - WEDNESDAY GALLERY TALKS   | N. T. C. |
| - 35 TALKS SERVING 402 PEOPLE                                     |  |
| - HOW MANY GUIDED TOURS (AND/OR TOUR ATTENDEES)?                  |  |
| - 165 GUIDED TOURS SERVING 1,901 PEOPLE                           |  |
| - 31 SELF-GUIDED VISITS SERVING 710 PEOPLE                        |  |
| - THESE NUMBERS INCLUDE THE SCHOOL TOUR NUMBERS LISTED A          | BOVE.  |
| - DAILY 2 P.M. CONVERSATION PIECES (JULY 2019-MARCH 1, 2          |  |
| - 62 DROP-IN TALKS SERVED 192 VISITORS                            |  |
|   | 10.70  |
| FY20 EDUCATION DEPARTMENT PARTNER ORGANIZATIONS:                  |  |
| - AFOREMENTIONED SCHOOLS  |  |

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| Name of the organization  THE NATIONAL MUSEUM OF WOMEN IN THE ARTS                               | Employer identification number 52-1238810         |
|--|---|
| - DC ARTS AND HUMANITIES EDUCATION COLLABORATIVE   |   |
| - DC-PROJECT ZERO  |   |
| - GEORGETOWN UNIVERSITY  | 110   |
| - THE GEORGE WASHINGTON UNIVERSITY   | Act and the last                                  |
| - GIRL SCOUTS-NATION'S CAPITAL   |   |
| - JUNIOR LEAGUE OF WASHINGTON  |   |
| THE PHILLIPS COLLECTION  |   |
| - SLOW ART DAY   |   |
|  |   |
| PUBLIC PROGRAMS  |   |
| FRESH TALK: NEW VIEWS-JUDY CHICAGO   |   |
| SEPTEMBER 22, 2020   |   |
|  |   |
| PHILOSOPHER, & ERNST FREIND DISTINGUISHED GETTING  |   |
| PHILOSOPHER, & ERNST FREUND DISTINGUISHED SERVICE PROFESSO<br>THICS AT THE UNIVERSITY OF CHICAGO | OR OF LAW AND                                     |
| UDIENCE NUMBERS: 170   |   |
|  |   |
| UOTE: THE BEST PART OF TONIGHT WAS THE CENTERING OF WOMEN  | IN EVERY  |
|  |   |
| AKEHER SUMMIT 2019   |   |
| RESH TALK: ROOMS OF HER OWN-WOMEN, ART, & OWNERSHIP IN TH  | E HOTEL   |
| NDUSTRY  |   |
| CTOBER, 27, 2020   |   |
| PEAKERS: ZITA COBB, FOUNDER & CHIEF OPERATING OFFICER OF   | THE SHOREFAST                                     |
| OUNDATION & FOGO ISLAND INN, MONIQUE GREENWOOD, OWNER & C  |   |
|  |   |
| ED & BREAKFAST INNS, SHELDON SCOTT, ARTIST & DIRECTOR OF (                                       | יווד. יווד איים איים איים איים איים איים איים איי |

08011119 745960 23971 2019.05000 THE NATIONAL MUSEUM OF WOME 23971\_\_1

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

AUDIENCE NUMBERS: 80

QUOTE: THE BEST PART OF TONIGHT WAS THIS EVENT WAS SO TIMELY AND INTENTIONAL. THE COMBINATION OF SPEAKERS MOVED ME TO TEARS. I LOVED THAT "OWNERSHIP" WAS IN THE TITLE AS IT ECHOES WHAT IS NEEDED FOR THE COMMUNITY!"

# MAKEHER WORKSHOPS

OCTOBER 28, 2020

SPEAKERS: SUSAN BORKE, OWNER AND PRINCIPAL OF BORKEWORKS, RACHEL WYNN, FOUNDING PARTNER & CEO, STARLIGHT SOCIAL, DIONNA DORSEY, FOUNDER & CREATIVE DIRECTOR OF DISTRICT OF CLOTHING, RICHE HOLMES GRANT, EXECUTIVE PRODUCER OF THE RICHE LIFE & FOUNDER/DESIGNER OF BAMBINIWARE AUDIENCE NUMBERS: 25

EXPENSES \$ 942,706. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41,214.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FRESH TALK: ART, POWER, AND THE VOTE-100 YEARS AFTER SUFFRAGE NOVEMBER, 17 2020

SPEAKERS: ALEXANDRA BELL, MULTIDISCIPLINARY ARTIST, KIM LOPER, DESIGNER, ARTIST, & EDUCATOR, ADJOA B. ASAMOAH, POLITICAL STRATEGIST AND RACIAL EQUITY ADVOCATE, JACKIE PAYNE, EXECUTIVE DIRECTOR OF GALVANIZE USA, CARA OBER, ARTIST A& FOUNDING EDITOR AND PUBLISHER AT BMOREART

AUDIENCE NUMBERS: 125

QUOTE: I'M INSPIRED TO START GOING DOOR TO DOOR AND LEARNING TO START THE OPEN CONVERSATION.

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

**Employer identification number** 52-1238810

# CONVERSATION:

HTTPS://WWW.YOUTUBE.COM/WATCH?V=GA87MJJSKN0&LIST=PL1BOWZ4URBMQ-NXYK377R

FRESH TALK: JUDY CHICAGO-NEW VIEWS PART 2: CONVERSATION

HTTPS://WWW.YOUTUBE.COM/WATCH?V=VACFGTBBBPW&LIST=PL1BOWZ4URBMQ7Z3U9MZJO

# AUDIENCE NUMBERS:

TOTAL ATTENDEES FOR 2019-2020 SEASON: 3,250 (1,000 OF THIS IS AVA)

TOTAL FRESH TALK ATTENDEES: 380

THIS SEASON, WE ALSO INCREASED TOTAL AUDIENCES REACHED TO OVER 10,000!

FORM 990, PART VI, SECTION A, LINE 2:

WILHELMINA HOLLADAY, WINTON HOLLADAY AND JESSICA STERCHI HAVE FAMILY RELATIONSHIPS.

CAROL LASCARIS AND FRANCES USHER HAVE A FAMILY RELATIONSHIP.

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

THE RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. IT WAS THEN PRESENTED TO THE BOARD BY THE DEPUTY DIRECTOR FOR FINANCE AND OPERATIONS FOR REVIEW, BEFORE IT WAS FILED WITH THE IRS.

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

THE POLICY OF THE MUSEUM IS TO DISCUSS POTENTIAL CONFLICTS OF INTEREST IN THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE WILL ADDRESS ANY CONCERNING RELATIONSHIP BROUGHT TO THEIR ATTENTION, DETERMINE WHAT IS IN THE BEST INTEREST OF THE MUSEUM, AND ACT ACCORDINGLY. THE EXECUTIVE COMMITTEE MEETS MONTHLY AND IS MADE UP OF THE BOARD OFFICERS. Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS (NMWA) IS THE PRINCIPAL REPRESENTATIVE OF NMWA, AND THE PERSON RESPONSIBLE FOR THE EFFICIENT OPERATION OF THE MUSEUM.

THEREFORE, IT IS THE DESIRE OF THE BOARD OF TRUSTEES OF NMWA TO PROVIDE A FAIR YET REASONABLE AND NOT EXCESSIVE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

THE ANNUAL PROCESS FOR REVIEW AND DETERMINING COMPENSATION SHALL BE AS FOLLOWS:

THE COMPENSATION COMMITTEE WILL BE COMPOSED OF THE CURRENT VICE CHAIR, PRESIDENT AND TREASURER, IMMEDIATE PAST PRESIDENT, AS WELL AS TWO (2) AT LARGE MEMBERS APPOINTED BY THE PRESIDENT FROM THE BOARD OF TRUSTEES OF NMWA.

UPON THE CLOSE OF EACH FISCAL YEAR, THE COMPENSATION COMMITTEE WILL MEET TO EVALUATE THE EXECUTIVE DIRECTOR ON HIS/HER PERFORMANCE, AND ASK FOR HIS/HER INPUT ON MATTERS OF PERFORMANCE AND COMPENSATION.

THE COMPENSATION COMMITTEE WILL OBTAIN RESEARCH AND INFORMATION TO MAKE A RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE EXECUTIVE DIRECTOR BASED ON A REVIEW OF COMPARABILITY DATA.

FOR EXAMPLE, THE COMPENSATION COMMITTEE WILL SECURE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

| Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS  | Employer identification number  |
|--|---|
| COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.   | 52-1238810  |
| THIS DATA MAY INCLUDE THE FOLLOWING:   |   |
| 1. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDEN   | T COIDCEG.  |
| 2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZAT   | TONG.   |
| 3. DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT   | BOTH NONDBORTE AND  |
| FOR PROFIT ORGANIZATIONS; AND  | DOIN NONPROFIT AN   |
| 4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF   | SIMILAR   |
| ORGANIZATIONS.   |   |
|  |   |
| CONCURRENT DOCUMENTATION. TO APPROVE THE COMPENSATION FOR DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT   | REACHED ITS   |
| CONCURRENT DOCUMENTATION. TO APPROVE THE COMPENSATION FOR DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUSPECSIONS WHICH THE COMPENSATION WAS APPROVED.   | REACHED ITS   |
| DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUSURING WHICH THE COMPENSATION WAS APPROVED.  DOCUMENTATION WILL INCLUDE:   | REACHED ITS   |
| DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTURE DURING WHICH THE COMPENSATION WAS APPROVED.  DOCUMENTATION WILL INCLUDE:  A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE APPROVED;   | REACHED ITS  JTES OF THE MEETING  DATE IT WAS   |
| DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTED DURING WHICH THE COMPENSATION WAS APPROVED.  DOCUMENTATION WILL INCLUDE:  A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DEPROVED;  B) THE MEMBERS OF THE COMPENSATION AND EXECUTIVE COMMITTER  | REACHED ITS  JTES OF THE MEETING  DATE IT WAS  ES WHO WERE  |
| DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTURE DURING WHICH THE COMPENSATION WAS APPROVED.  DOCUMENTATION WILL INCLUDE:  A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE APPROVED;   | REACHED ITS  JTES OF THE MEETING  DATE IT WAS  ES WHO WERE  |
| DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUS DURING WHICH THE COMPENSATION WAS APPROVED.  DOCUMENTATION WILL INCLUDE:  A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE  APPROVED;  A) THE MEMBERS OF THE COMPENSATION AND EXECUTIVE COMMITTE  RESENT DURING THE DISCUSSION ABOUT COMPENSATION AND BENEFITS  ESULTS OF THE VOTE;  A) DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON AND                               | REACHED ITS  JTES OF THE MEETING  DATE IT WAS  ES WHO WERE  FITS, AND THE   |
| DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTED DURING WHICH THE COMPENSATION WAS APPROVED.  DOCUMENTATION WILL INCLUDE:  A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DEPROVED;  A) THE MEMBERS OF THE COMPENSATION AND EXECUTIVE COMMITTE RESENT DURING THE DISCUSSION ABOUT COMPENSATION AND BENEFITS  ESULTS OF THE VOTE;  A) A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON AND BETAINED; AND               | REACHED ITS  THE MEETING  DATE IT WAS  ES WHO WERE  FITS, AND THE   |
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| Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization  | Page                                      |
|---|---|
| THE NATIONAL MUSEUM OF WOMEN IN THE ARTS  | Employer identification number 52-1238810 |
| CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE  | COMPENSATION                              |
| BENEFITS.   | COMPENDATION AND                          |
| ONCE THE COMPENSATION COMMITTEE HAS REACHED A RECOMMENDATION  |   |
| PROVIDE THEIR RECOMMENDATION IN WRITING, ALONG WITH A COPY  | OF THEY WILL                              |
| FROM THE COMPENSATION COMMITTEE MEETING TO THE EXECUTIVE C  | OF THE MINUTES                            |
| BOARD OF TRUSTEES OF NMWA.  | COMMITTEE OF THE                          |
|   |   |
| OLLOWING DIRECTION OF THE EXECUTIVE COMMITTEE, THE TREASU   | RER OF THE BOARD                          |
| F TRUSTEES WILL INFORM THE CHIEF FINANCIAL OFFICER OF NMW   | A ON ANY CHANGES                          |
| O COMPENSATION OR BENEFITS FOR THE EXECUTIVE DIRECTOR PRI   | OP TO THE                                 |
| AVECTOR PRI   | OR TO THE OCTOBER                         |
| AYROLL.   |   |
| AYROLL.   |   |
|   |   |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.   |   |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.   |   |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.  ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY (   | OF FORM 990:                              |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.   | OF FORM 990:                              |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.  ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF L, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OF A, WV, WI  | OF FORM 990:                              |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.  ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF L,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OFA,WV,WI  ORM 990, PART VI, SECTION C, LINE 19:   | OF FORM 990:                              |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.  ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF L,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OFA,WV,WI  ORM 990, PART VI, SECTION C, LINE 19:  HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF | OF FORM 990: R,PA,RI,SC,TN,UT             |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.  ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF L, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OF A, WV, WI  | OF FORM 990: R,PA,RI,SC,TN,UT             |
| HE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.  ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF L,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OFA,WV,WI  ORM 990, PART VI, SECTION C, LINE 19:  HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF | OF FORM 990: R,PA,RI,SC,TN,UT             |