Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar

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

	1011	the 2020 calendar year, or tax year beginning COD 1, 2020 and	criding C	014 50, 20	, 2 1		
В	Check applic	if C Name of organization		D Employer ide	entificat	ion number	
	cha	tress THE NATIONAL MUSEUM OF WOMEN IN THE A	RTS				
	Nar Cha	nge Doing business as		52-123	8810)	
	Initi		Room/suite	E Telephone nu	mber		
Ē	Fina	1 1250 NEW YORK AVENUE NW		(202)7		000	
	tern	nin-		G Gross receipts \$		33,263,	702
	Ame	ended washington by 20005		H(a) Is this a gro	up retur		
	App	F Name and address of principal officer: SUSAN FISHER STERL	ING	for subordir			X No
	pen	SAME AS C ABOVE		H(b) Are all subordin			No
Ī	Тах-е	exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1		. See instructio	ons
J	Webs	site: WWW.NMWA.ORG		H(c) Group exen	nption n	umber >	
		of organization: X Corporation Trust Association Other	L Year	of formation: 198			icile: DO
P	art I	Summary					
4	1	Briefly describe the organization's mission or most significant activities: SEE I	PART I	II, LINE	1.		
Š							
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its n	et asset	s.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3		38
ڻ «×	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		38
SS C	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5		105
¥.	6	Total number of volunteers (estimate if necessary)			6		105
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	13,	487.
Q.		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	9,!	530.
				Prior Year		Current Yea	
0	8	Contributions and grants (Part VIII, line 1h)		31,152,29		17,150,0	
Revenue	9	Program service revenue (Part VIII, line 2g)		477,28		468,8	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,258,65	7.	4,964,0	068.
Œ	11			278,62		-418,3	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,166,86	1.	22,164,	746.
	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.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	,,	4,523,30		4,446,6	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		607,02	8.	299,1	110.
X	b	Total fundraising expenses (Part IX, column (D), line 25) 745,78	9.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,357,54	3.	4,521,4	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		LO,487,87		9,267,1	
	19	Revenue less expenses. Subtract line 18 from line 12		23,678,98	2.	12,897,5	558.
ets or lances				inning of Current Ye		End of Year	
alar	20	Total assets (Part X, line 16)		03,784,22		28,667,7	
Net Ass Fund Bal	21	Total liabilities (Part X, line 26)		2,774,23			
컐	22	Net assets or fund balances. Subtract line 21 from line 20	10	01,009,98	1. 1	<u> 26,411,9</u>) 29.
	rt II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules			f my kno	wledge and belie	f, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer h	as any knowledge.		<i></i>	
		Signature of officer		Data	121	21	
Sign		/	DED 3 @ 3	Date /			
Here	•	PAMELA J. AYRES, DEPUTY DIR., FIN. & O	PERAT1	ONS			
			Da	10 10 1		PTIN	
Dald		Print/Type preparer's name Preparer's signature		Ollook	-		
Paid		RICHARD J. LOCASTRO, CPA Lichard J. Locas	(Au	1/11/2021 self-en	ployed P	P0028831	
Prep:		Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	> 5∠-	-1392008	
Use (niy	Firm's address 4550 MONTGOMERY AVE SUITE 800N		Die -	201	\ 0E1 00	100
_		BETHESDA, MD 20814-2930		Phone no. (20T) 951-90	$\overline{}$
May	the II	RS discuss this return with the preparer shown above? See instructions				X Yes	_ No

_	990 (2020) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Page 2
	990 (2020) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Page 2 11 Statement of Program Service Accomplishments
r cat	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	THE MISSION OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS IS TO COLLECT,
	CONSERVE AND ELEVATE THE ACHIEVEMENTS OF WOMEN ARTISTS FROM ALL
	NATIONALITIES AND TO EDUCATE THE PUBLIC ON THEIR OUTSTANDING
	ACCOMPLISHMENTS. WE STRIVE TO ACCOMPLISH OUR MISSION BY NATIONAL AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	7 7 7 3
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,771,348 · including grants of \$) (Revenue \$ 154,059 ·)
	EXHIBITIONS:
	OCTOBER 2018 - MAY 2021: BETSABEE ROMERO: SIGNALS OF A LONG ROAD
	TOGETHER
	OCTOBER 8, 2020 - JANUARY 18, 2021: PAPER ROUTES: WOMEN TO WATCH 2020
	MARCH 3, 2021 - JUNE 28, 2021: SONYA CLARK: TATTER, BRISTLE, AND MEND
	MAY 1, 2020 - AUGUST 16, 2020: MARY ELLEN MARK: GIRLHOOD JUNE 8 - JUNE 12, 2021: HER FLAG
	OUNE 6 - OUNE 12, 2021: HER FLAG
	INSTITUTIONAL ATTENDANCE:
	FY21 TOTAL ATTENDANCE: 30,912 (JULY 28, 2020 TO DECEMBER 24, 2020;
	MARCH 3, 2021 TO JULY 31, 2021)
4b	(Code:) (Expenses \$2, 134, 916 • including grants of \$) (Revenue \$210, 079 •)
4b	(Code:) (Expenses \$
4b	OUTREACH:
4b	OUTREACH: - DIGITAL ENGAGEMENT STATS
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Form 990 (2020) THE NATIONAL Part IV Checklist of Required Schedules

			Ye	s No
1	(5)(4)		v	
	If "Yes," complete Schedule A		_	_
2		2	X	+-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4				+==
	during the tax year? If "Yes," complete Schedule C, Part II			x
5				
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	g			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8		8	x	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-	1	1
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9	1	x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1	1	1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	0			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b		14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
000000	10.00.00	_	000 "	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			_~
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		- 22
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ A
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	055		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
	If "Yes," complete Schedule R, Part V, line 2	30	-	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
-00	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 01	\vdash	
38	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1		
	Check if Schedule O contains a response or note to any line in this Part V			
_	0.000.000.000.000.000.000.000.000.000.		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 96	5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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1	art V Statements Regarding Other IRS Filings and Tax Compliance (continued	d)				
			900	9	Yes	N
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		III.			Г
	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 ret			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructio	ns)				
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul			3b	X	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
	b If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		nts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-,	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b	\perp	X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6	5					37
	any contributions that were not tax deductible as charitable contributions?			6a		X
	o If "Yes," did the organization include with every solicitation an express statement that such contribu		U			
-	were not tax deductible?		•••••••	6b		
7	Organizations that may receive deductible contributions under section 170(c).				v	
ć	, , , , , , , , , , , , , , , , , , , ,				X	_
t c				7b	_	_
,	to file Form 8282?					Х
,	I if "Yes," indicate the number of Forms 8282 filed during the year		l	7c		
e	Political and the second of th		H2	7-		х
f				7e 7f		X
g	test to the state of the state			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?		3T / 3	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	G11 2				
а		10a				
b	, , , , , , , , , , , , , , , , , , , ,	10b				
11	Section 501(c)(12) organizations. Enter:	1 1	6			
	Gross income from members or shareholders N/A	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a	_	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		N/A	40.	-	
и	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		1			
_	organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c				
14a	Diddle appropriation was to see the first to be a first to the first t			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				\neg	
	excess parachute payment(s) during the year?			15		X
	If "Yes," 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	t incom	ie?	16		X
	If "Yes," complete Form 4720, Schedule O.					
				Form \$	990 (20	020)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		8	9	12		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		38			
	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	Enter the number of voting members included on line 1a, above, who are independent	1b		38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			[2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		[5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?			I	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:	- [
а	The governing body?			[8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	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 F	Revenu	re Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such of						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the form	1?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	20 C C C C C C C C C C C C C C C C C C C				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?		,,		14	Х	
15	Did the process for determining compensation of the following persons include a review and approx			ĺ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizati	on's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	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,	and 99	90-T (Section 501	(c)(3)	s only	/) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflic	t of interest polic	y, an	d fina	ncial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	and records 🕨 _				
	PAMELA J. AYRES - (202)783-5000						
	1250 NEW YORK AVENUE, NW, WASHINGTON, DC 20005						

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

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

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

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

 See instructions for the order in which to list the persons above.

Check this box if neither the organization r	T	org	aniza			mpe	nsat			(=)
(A)	(B)			Pos	C) :itior	1		(D)	(E)	(F)
Name and title	Average hours per	(de	o not c	heck	more	than	one	Reportable compensation	Reportable	Estimated
	week	off	icer ar	nd a c	lirect	or/trus	stee)	from	compensation from related	amount of other
	(list any	- ig	T					the	organizations	compensation
	hours for	direc				E .		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensati		(W-2/1099-MISC)		organization
	organizations	1 1 1	nal tr		loyee	dwo.				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
14 \ Greek G	line)	를	E E	8	- 2	三	호			
(1) SUSAN FISHER STERLING	40.00	1		٠,,				260 200	0	05 101
EXECUTIVE DIRECTOR (ALICE WEST DIR.)	40.00	-		X				360,389.	0.	25,131.
(2) PAMELA J. AYRES	40.00	-		77				200 606	0.	10 070
DEPUTY DIR., FINANCE & OPERATIONS	40.00	⊢		X		_	\vdash	200,606.	0.	10,278.
(3) KATHRYN WAT	40.00	-		х				100 210	0.	15 567
DEPUTY DIR., ART, PROG. & PUBLIC ENG	40.00	\vdash		Λ	_		\vdash	190,319.	0.	15,567.
(4) ILENE GUTMAN DEPUTY DIR. NAT. & INT'L. OUTREACH	40.00	1		х				164,680.	0.	8,443.
(5) CHRISTINA KNOWLES	40.00	-	Н	Δ	-	-	\dashv	104,000.	0.	0,443.
DIR. OF DEV., ANNUAL GIVING & MEMBER	40.00	1		х				158,681.	0.	8,158.
(6) DOUG BEAVER	40.00	\vdash	Н	-			\dashv	150,001.	- 0.	0,130.
DIRECTOR OF SECURITY	10.00	1				х		135,942.	0.	13,125.
(7) LORI BRUBAKER	40.00	\vdash	Н				\dashv	100,7121		13,123.
DIRECTOR OF SPECIAL EVENTS	10100					x		110,322.	0.	12,628.
(8) DEBORAH GASTON	40.00		\vdash	\exists		_				22,0201
DIRECTOR OF EDUCATION						x		103,413.	0.	11,222.
(9) AMY MANNARINO	40.00		\exists	\neg			\neg			
DIRECTOR OF COMMUNICATIONS						x		107,117.	0.	5,559.
(10) WILHELMINA COLE HOLLADAY	1.00			\neg			\neg			-
CHAIR OF THE BOARD		X		х				0.	0.	0.
(11) WINTON S. HOLLADAY	1.00			\neg	\neg					
VICE CHAIR OF THE BOARD		X		x				0.	0.	0.
(12) MARTHA DIPPELL	1.00				\neg		П			
PRESIDENT		X		X				0.	0.	0.
(13) GINA F. ADAMS	1.00	П	\neg		\neg					
FIRST VICE PRESIDENT		X		X				0.	0.	0.
(14) SUSAN GOLDBERG	1.00									
SECOND VICE PRESIDENT		X		X				0.	0.	0.
(15) SHEILA SHAFFER	1.00		П							
TREASURER & FINANCE CHAIR		X	_	X				0.	0.	0.
(16) ROSE CARTER	1.00									
SECRETARY		Х		x				0.	0.	0.
(17) PAMELA PARIZEK	1.00									
AUDIT CHAIR		X		X				0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl unles	s per	nore son i	than s	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MARCIA MYERS CARLUCCI	1.00									
BUILDING CHAIR		X		X				0.	0.	0.
(19) AMY WEISS COMMUNICATIONS CHAIR	1.00	x		х				0.	0.	0.
(20) ASHLEY DAVIS	1.00									
GOVERNMENT RELATIONS CHAIR		х		X				0.	0.	0.
(21) NANCY DUBER	1.00									
NOMINATIONS CHAIR		X		X				0.	0.	0.
(22) NANCY NELSON STEVENSON	1.00			х				0.	0.	0.
WORKS OF ART CHAIR (23) DIANE CASEY-LANDRY	1.00	X		^		-		0.	0.	0.
INVESTMENT CHAIR	1.00	x		х				0.	0.	0.
(24) JANICE LINDHURST ADAMS	1.00									
MEMBER		X						0.	0.	0.
(25) CHARLOTTE CLAY BUXTON	1.00	x						0.	0.	0.
MEMBER	1.00	Δ	_	-				0.	0.	0.
(26) LIZETTE CORRO MEMBER	1.00	x						0.	0.	0.
		_						1,531,469.	0.	110,111.
1b Subtotal						,		0.	0.	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							•	1,531,469.	0.	110,111.
Total number of individuals (including but r							-			

compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4

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

X

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
SANDRA VICCHIO & ASSOCIATES, LLC	BUILDING	
3820 BLENHEIM RD., PHOENIX, MD 21131	ARCHITECTURAL DESIGN	1,832,673.
COMMUNITY COUNSELLING SERVICES CO LLC	FUNDRAISING,	
PO BOX 824885, PHILADELPHIA, PA 19182	BUILDING CAMPAIGN	280,614.
LUCY BUCHANAN	FUNDRAISING	
7819 MARQUETTE ST, DALLAS, TX 75225	CONSULTANT	168,156.
PHOENIX SERVICES LLC, 105 EXECUTIVE DR.,		
SUITE 220, STERLING, VA 20166	CLEANING SERVICES	102,149.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, 7 (A)	(B)	inpl	oyee	25, 2 (4	ana i C)	nigi	iest	(D)	(E)	(F)
Name and title	Average hours	(0	hecl	Pos	sition		oly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) BETTY BOYD DETTRE	1.00							0	0	0
MEMBER (28) DEBORAH I, DINGELL	1.00	X		_				0.	0.	0
MEMBER	1.00	x						0.	0.	0
(29) SUSAN DUNLEVY	1.00	1	\vdash	-					0.	
MEMBER		x						0.	0.	0
(30) ANJALI GUPTA	1.00	+==	Н							
MEMBER		x		i l				0.	0.	0
(31) PAM GWALTNEY	1.00	1								
MEMBER		Х						0.	0.	0 .
(32) CINDY JONES	1.00									
MEMBER		X						0.	0.	0 .
(33) SALLY L. JONES	1.00									_
MEMBER	1 00	Х		_	_	\perp		0.	0.	0 .
(34) MARLENE MALEK	1.00							0	0	0
MEMBER	1.00	X		\rightarrow	_	-	\dashv	0.	0.	0 .
(35) JACQUELINE BADER MARS MEMBER	1.00	x						0.	0.	0.
(36) JULIANA E. MAY	1.00	Δ	\dashv	\dashv	\dashv	\dashv	\dashv	0.	0.	<u>U</u> .
MEMBER	1.00	x						0.	0.	0.
(37) BONNIE MCELVEEN-HUNTER	1.00	12	\dashv	+	-	-	\dashv			
MEMBER		x						0.	0.	0.
(38) MARY V. MOCHARY	1.00		\neg	\dashv	7	\neg	7			
MEMBER		x						0.	0.	0.
(39) JACKIE QUILLEN	1.00		\exists	\exists	T		7			
MEMBER		X						0.	0.	0.
(40) STEPHANIE SALE	1.00									
MEMBER		Х	_	_	\perp	_		0.	0.	0.
(41) KATHLEEN ELIZABETH SPRINGHORN	1.00									-
MEMBER	1 00	X	4	_	_	-	+	0.	0.	0.
(42) JESSICA H. STERCHI	1.00	~						0	_	^
MEMBER	1 00	Х		+	+	+	+	0.	0.	0.
(43) MAHINDER TAK MEMBER	1.00	x						0.	0.	0.
(44) ANNIE TOTAH	1.00	4	+	+	+	+	+	0.	υ.	0.
MEMBER	1.00	x						0.	0.	0.
(45) RUTHANNA MAXWELL WEBER	1.00	-	-	+	+	+	+			
MEMBER		x						0.	0.	0.
(46) ALICE WEST	1.00	\dashv	1	+		+	+			
MEMBER		x		- 1				0.	0.	0.

								IN THE ART		0010
Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours	(cl		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
47) PATTI WHITE	1.00	x						0.	0.	0
IEMBER		_						0.	0.	0
		F								
			_							
		Г								
		T								
		-								
		-								
otal to Part VII, Section A, line 1c										

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Form 990 (2020) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1,855,506, c Fundraising events 79,100, 10 d Related organizations 1d 2,037,049, e Government grants (contributions) 1e f All other contributions, gifts, grants, and 13,178,401 similar amounts not included above 1,661,630. g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 17,150,056 **Business Code** 2 a ADMISSIONS 900099 246,485 246,485 Program Service Revenue MEMBERSHIP DUES 900099 210,139 210,139. 900099 4,264 4,264. RIGHTS & REPRODUCTIONS 900099 4,100. 4,100. PROGRAM FEES 900099 3,232. 3,232. 541800 600 600 All other program service revenue 468,820 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,795,888 12,887. 1,783,001. Income from investment of tax-exempt bond proceeds 478. Rovalties ... 478. (i) Real (ii) Personal 16,170 6 a Gross rents 6a 241,517. b Less: rental expenses ... 6b -225,347, c Rental income or (loss) d Net rental income or (loss) -225,347. -225,347. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 13,515,666. b Less: cost or other basis and sales expenses Other Revenue 10,347,486 c Gain or (loss) 3,168,180 3,168,180, d Net gain or (loss) 3,168,180. 8 a Gross income from fundraising events (not 79,100. of including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 105,137, -105,137 c Net income or (loss) from fundraising events -105,137. 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 313,829. and allowances b Less: cost of goods sold 404,816. -90,987. -90,987. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS 2,795 900099 2,795. b C d All other revenue

032009 12-23-20

4,623,970. Form 990 (2020)

13,487.

2,795.

22,164,746.

Total. Add lines 11a-11d Total revenue. See instructions

377.233.

Form 990 (2020) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52

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).

Do r	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<u> </u>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		1		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1,159,697.	545,771.	613,926.	
_	trustees, and key employees	1,133,037.	343,771.	013,9200	
6	Compensation not included above to disqualified		-2		
	persons (as defined under section 4958(f)(1)) and		ग		
	persons described in section 4958(c)(3)(B)	2,972,318.	1,968,715.	719,920.	283,683
7	Other salaries and wages	2,312,310.	1,300,713.	113,320.	203,003
8	Pension plan accruals and contributions (include	85,301.	66,933.	4,522.	13,846
	section 401(k) and 403(b) employer contributions)	311,509.	181,357.	110,129.	20,023
9	Other employee benefits	-82,215.	198,535.	-303,491.	22,741
10	Payroll taxes	-62,213.	190,000.	-303,431.	22,741
11	Fees for services (nonemployees):				
а	Management	02 725	234.	39,801.	43,700
b	Legal	83,735.	234.	46,219.	43,700
C	Accounting	46,219.		40,213.	
d	Lobbying	200 110			200 110
е	Professional fundraising services. See Part IV, line 17	299,110.		220 200	299,110
f	Investment management fees	239,289.		239,289.	
g	Other. (If line 11g amount exceeds 10% of line 25,	EDE 00E	425 506	90,201.	98
	column (A) amount, list line 11g expenses on Sch 0.)	525,895.	435,596.	5,125.	2,903
12	Advertising and promotion	365,700.	357,672.		
13	Office expenses	222,116.	129,688.	67,944.	24,484
14	Information technology	98,737.	98,737.		
15	Royalties	460 006	440 433	16 565	3,998
16	Occupancy	469,996.	449,433.	16,565.	726
17	Travel	6,340.	5,382.	232.	120
18	Payments of travel or entertainment expenses	- 1			
	for any federal, state, or local public officials	04 500	70 010	11 226	156
19	Conferences, conventions, and meetings	81,592.	70,210.	11,226.	156
20	Interest	-1,473.		-1,473.	
21	Payments to affiliates	F.CO. 200	E3E 074	10 750	1767
22	Depreciation, depletion, and amortization	560,388.	535,871.	19,750.	4,767
23	Insurance	95,491.	706.	94,785.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT MAIL	515,114.	515,114.		
b	ART TRANS. AND STORAGE	423,106.	422,635.	379.	92
c	SERVICE CONTRACTS	226,324.	162,062.	50,319.	13,943
d	PUBLICATIONS	130,270.	130,270.		
-	All other expenses	432,629.	354,440.	66,670.	11,519
25 25	Total functional expenses. Add lines 1 through 24e	9,267,188.	6,629,361.	1,892,038.	745,789
_	Joint costs. Complete this line only if the organization	-,,	, , , , , , , , , , , , , , , , , , , ,		•
26	with vous. Complete the and only it the organization		I		
26	reported in column (B) joint costs from a combined		I	l l	
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

032010 12-23-20

Form 990 (2020) Part X Balance Sheet

	art /	balance Sneet					
		Check if Schedule O contains a response or no	te to a	ny line in this Part X			
				W.	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			745,039	. 1	357,482.
	2				19,334,089	. 2	
	3				14,514,900	• 3	44 404 04 -
	4					4	
	5						
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the				5	
	6	and other reconstruction of the dioqual					
		under section 4958(f)(1)), and persons describe				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			177,067		106,304.
⋖	9	Prepaid expenses and deferred charges			35,867	9	40,575.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,016,687.			
	l t	Less: accumulated depreciation	10b	17,947,655.			
	11	Investments - publicly traded securities			59,944,441.	11	69,626,124.
	12	Investments - other securities. See Part IV, line 1	1		107,100.	12	2,207,100.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			103,784,222.	-	128,667,783.
	17	Accounts payable and accrued expenses		1,376,653.	17	1,661,299.	
	18	Grants payable		18			
	19	Deferred revenue			198,835.	19	358,272.
	20					20	
	21	Escrow or custodial account liability. Complete P		***************************************		21	
8	22	Loans and other payables to any current or forme					
		trustee, key employee, creator or founder, substa					
9		controlled entity or family member of any of these				22	
- 1	23	Secured mortgages and notes payable to unrelat			770 000	23	
	24	Unsecured notes and loans payable to unrelated			779,000.	24	
- 1	25	Other liabilities (including federal income tax, paya					
- 1		parties, and other liabilities not included on lines	17-24).	Complete Part X	410 750		025 000
- 1	06	of Schedule D			419,750.		236,283.
\dashv	26	Total liabilities. Add lines 17 through 25			2,774,238.	26	2,255,854.
1		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	k nere				
	27	Maria I Milata Alla			14,333,048.		14 002 656
	28				86,676,936.	27	14,903,656. 111,508,273.
	20	Organizations that do not follow FASB ASC 958		ate have	00,070,330.	28	111,500,273.
		and complete lines 29 through 33.	s, cnec	ck nere			
	29	Capital stock or trust principal, or current funds				00	
	30	Paid-in or capital surplus, or land, building, or equi	nmort	fund		29	
		Retained earnings, endowment, accumulated inco				30	
100	32	Total net assets or fund balances	ane, o	other fullus	101,009,984.	31	126,411,929.
	33	Total liabilities and net assets/fund balances			400 504 000		
		Total liabilities and her assets/fullid palarices			103,104,444.	33	128,667,783.

Form **990** (2020)

orm	990 (2020) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS	52-	1238	810	Pag	_{le} 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
				1.0		4.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	- 10	,26	<u>/ , ⊥</u>	88.
3	Revenue less expenses. Subtract line 2 from line 1	3		,89		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,00		
5	Net unrealized gains (losses) on investments	5	12	,50	1,3	87.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	126	,41	1,9	<u> 29.</u>
Pai	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					يلا
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	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	d on a				
	separate basis, consolidated basis, or both:					× 11
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Na	me of	the organization							Employe	er identification number
		THE	NATIONAL 1	MUSEUM (OF WO	MEN I	N THE	ARTS		52-1238810
P	art l	Reason for Public	Charity Status	(All organizat	ions must	complete	this part.)	See instruction	ns.	
The	organ	ization is not a private four	ndation because it is:	(For lines 1 th	rough 12,	check on	ly one box	:.)		
1		A church, convention of c		. *	_		-			
2		A school described in sec	·							
3		A hospital or a cooperative		•				(iii).		
4	$\overline{\Box}$	A medical research organi		-					Miii). Ente	er the hospital's name.
•	_	city, and state:	manori oporatoa iri o	,					,,,	
5		An organization operated	for the benefit of a c	ollege or unive	ersity owne	ed or oper	ated by a	governmentalı	ınit descr	ihed in
		section 170(b)(1)(A)(iv). (ollogo or arrive	ionly own	ou o. opo.	a.oa 2, a.,	901011110111111		
_		A federal, state, or local go		montal unit de	secribod in	coction :	ころいし いくりい	1700		
7	X	An organization that norm	*						ho gonor	al public described in
′	41	-		aritiai part oi ii	.s support	nom a go	venincin	ar drint Or morn t	ne genera	a public described in
		section 170(b)(1)(A)(vi). ((V4VAV (C-	malete De					
8	\vdash	A community trust describ			-		tadia aasi		land awan	t college
9		An agricultural research or	_							
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
40		university:			6.11					and any an area late for an
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from								
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.								
				e (less section	511 tax) t	rom busin	esses acq	uired by the or	ganization	aπer June 30, 1975.
		See section 509(a)(2). (Co	'					2001-144		
11	=	An organization organized	-	-		_				
12	ш	An organization organized	•	•		-			-	• •
		more publicly supported o								Check the box in
		lines 12a through 12d that			_		-		_	
а		Type I. A supporting org								
		the supported organizati				a majority	of the dire	ectors or truste	es of the	supporting
		organization. You must	complete Part IV, Se	ections A and	B.					
b		Type II. A supporting org	•					-		•
		control or management of				same pers	ons that c	ontrol or mana	ge the su	pported
		organization(s). You mus	-							
C		Type III functionally inte	•		•				y integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must o	omplete	Part IV, S	ections A,	D, and E.		
d	L	Type III non-functionally	y integrated. A supp	orting organiz	ation oper	rated in co	nnection	with its suppor	ted organ	ization(s)
		that is not functionally in	tegrated. The organiz	zation general	y must sa	tisfy a dist	tribution re	equirement and	an attent	tiveness
		requirement (see instruct	tions). You must con	nplete Part IV	, Section:	s A and D	, and Part	V.		
е		Check this box if the orga						a Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrate	d support	ing organi	zation.			
f		the number of supported of	•							
g		de the following information				T (w) le llie ores	nization listed			
	(1)	Name of supported organization	(ii) EIN	(iii) Type of org		in your govern	ing document?	(v) Amount of r support (see ins	•	(vi) Amount of other support (see instructions)
		organization		above (see inst	tructions))	Yes	No	auppoir (aee ins		support (see instructions)
		ıl							d	
'otal										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Page 2

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

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

Sec	tion A. Public Support						
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 20 10	(2) 20 11	3,7,2	(-)	(5)	(7.11
•	membership fees received. (Do not						
	include any "unusual grants.")	13,765,715.	9,525,289.	8,803,278.	31,152,297.	17,150,056.	80,396,635.
2	Tax revenues levied for the organ-		, , ,	· · ·			
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13,765,715.	9,525,289.	8,803,278.	31,152,297.	17,150,056.	80,396,635.
5	The portion of total contributions						, ,
9	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,	-					
	(A						18,649,433.
6	Public support. Subtract line 5 from line 4.						61,747,202.
	ction B. Total Support	L					02,727,2024
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	13,765,715.	9,525,289.	8,803,278.	31,152,297.	17,150,056.	80,396,635.
	Gross income from interest,			- ' - '		, ,	
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties,	2,403,097.	2,190,395.	2,817,594.	2,450,854.	1,799,649.	11,661,589.
•	and income from similar sources	2,403,037.	2,130,333,	2,017,331.	2,100,0011	2,733,013.	11,001,003.
9	Net income from unrelated business						
	activities, whether or not the	2,191.	12,540.	22,676.	14,380.	9,530.	61,317.
40	business is regularly carried on	2,151	12,510	22,0701	11,3000	3,3301	01/01/1
10	Other income. Do not include gain			a .			
	or loss from the sale of capital	16 011	958,276.	1,984.	185.	2 795	980,151.
	assets (Explain in Part VI.)	10,911.	930,210.	1,701.	105.	2,155.	93,099,692.
	Total support. Add lines 7 through 10					12 4	,738,960.
	Gross receipts from related activities,			f			, , , , , , , , , , , , , , , , , , , ,
13	First 5 years. If the Form 990 is for th		rst, secona, tnira,	tourth, or fifth tax y	year as a section :	5U I (C)(3)	
800	organization, check this box and storetion C. Computation of Publ		rcontage				
				I (f)		14	66.32 %
	Public support percentage for 2020 (45	59.70 %
	Public support percentage from 2019					13	
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
E.	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	~					
k	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						2
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Page 3 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

Se	ction A. Public Support	below, please con	ipiete Part II.)				
_	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(u) Es is	(5)2517	(0) 20 10	(=)2010	(0) 2020	(i) rota.
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	li J					
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract fine 7c from line 6.)						
	tion B. Total Support	,			94		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses				ľ		
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's fir	ret eacond third t	ourth or fifth tax i	ear as a section f	(0)(3) organizatio	
		•	st, second, tima, i	, ,			,
	tion C. Computation of Publi						
	Public support percentage for 2020 (lin			column (fl)		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						,,
	investment income percentage for 202			e 13. column (f))		17	%
	nvestment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the o						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2019. If the o						d
	ine 18 is not more than 33 1/3%, chec	_					1800
							(E -
	Private foundation. If the organization	ulu not check a b	JOX OIT IFFIE 14, 19a	OF TAD CHECK IN			
32023	01-25-21			1.0	ocne	dule A (Form 990 d	or 55U-EA) 2U2U

Schedule A (Form 990 or 990-EZ) 2020 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS52-1238810 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
0		
2		
За		
3b		
3c		
4a		
4b		
7.0		
4c		
5a		
et.		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		

	nedule A (Form 990 or 990-EZ) 2020 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1 art IV Supporting Organizations (continued)	23881	LO P	age
	Continued		Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?		100	H
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b	+	\vdash
	c A 35% controlled entity of a person described in line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide	110		
	detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations	110		
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Se	ction C. Type II Supporting Organizations			
			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			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yeafsee instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	el.	
2	Activities Test. Answer lines 2a and 2b below.		$\overline{}$	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the diganization was responsive: In Fest, then in Part Vildentity 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.	0-		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	•			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	0:		
0	these activities but for the organization's involvement.	2b		_
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Support			197
Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		1
7 Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	ganization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS52-1238810 Page 7

P	art V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (contin	nued)	, a
èec	etion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
ec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			2	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
3	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
,	Excess distributions carryover to 2021. Add lines 3j				
_	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
_	Excess from 2017			-	
	Excess from 2018				
	Excess from 2019				
<u>e</u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-E	Z) 2020 THE	NATIONAL	MUSEUM (OF WOMEN	IN THE	ARTS52-123881	0 Page 8
Part VI	Supplemental Part IV, Section A, line 1: Part IV, Sec	Information lines 1, 2, 3b, 3 tion D. lines 2 a	1. Provide the exp 3c, 4b, 4c, 5a, 6, 9 and 3: Part IV, Sec	planations require la, 9b, 9c, 11a, 11 tion F, lines 1c, 2	ed by Part II, line 1b, and 11c; Pare 2b, 3a, and 3	e 10; Part II, line rt IV, Section B, b: Part V, line 1	17a or 17b; Part III, line 12 lines 1 and 2; Part IV, Sec : Part V. Section B. line 1e	2; tion C.
	Section D, lines 5, (See instructions.)	6, and 8; and F	Part V, Section E, I	ines 2, 5, and 6. /	Also complete ti	nis part for any	additional information.	
-								
-								
-								
-								
·								
-								
-								

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANN M. FARLEY TRUST	2,056,241.	194,247
DENISE L. SOBEL	2,340,350.	478,356
GLORIA & DAN LOGAN	6,000,000.	4,138,006
MADELEINE RAST CHARITABLE REMAINDER TRUST	9,234,462.	7,372,468
SUSAN WISHERD	1,999,850.	137,856.
VILHELMINA C. HOLLADAY	8,190,494.	6,328,500.
Il Excess Contributions to Schedule A, Part II, Line 5		18,649,433.

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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

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

	Total number at end of year					
	Total number at end of year	(a) Donor advised funds		(b) Fund	ds and other acc	ounts
1						
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	r advised fu	nds		
	are the organization's property, subject to the organization's e				Yes	L N∙
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	irpose confe	rring		
					Yes	No
Pa	rt II Conservation Easements. Complete if the orga		990, Part i\	, line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation	on or education) Preserva	tion of a hist	orically i	mportant land ar	rea
	Protection of natural habitat	L Preserva	tion of a cert	ified hist	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	onservat	tion easement or	the last
	day of the tax year.				Held at the End of	the Tax Yea
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
C	Number of conservation easements on a certified historic structure	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic	structure			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated	by the organ	nization o	during the tax	
	year >					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handli	ng of			
	violations, and enforcement of the conservation easements it h	nolds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha					e year
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing cor	servation ea	sements	s during the year	r
	▶\$					
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(E	3)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial s	tatements th	at descr	ibes the	
	organization's accounting for conservation easements.					
	t III Organizations Maintaining Collections of A	Art, Historical Treasures,	or Other S	Similar	Assets.	
Par	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.				
Par	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue stater	nent and bal	ance she	eet works	
	of art, historical treasures, or other similar assets held for public	exhibition, education, or researc	h in furtherar	nce of pu	ublic	
1a	service, provide in Part XIII the text of the footnote to its financi	to report in its revenue statement	: and balance	e sheet v	works of	
1a	service, provide in Part XIII the text of the footnote to its financi If the organization elected, as permitted under FASB ASC 958,	•				
1a	service, provide in Part XIII the text of the footnote to its financi If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public ex	•				
1a	service, provide in Part XIII the text of the footnote to its financi If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public ex provide the following amounts relating to these items:	xhibition, education, or research in	furtherance			
1a	service, provide in Part XIII the text of the footnote to its financi If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	xhibition, education, or research in	n furtherance	of publ	ic service,	
1a b	service, provide in Part XIII the text of the footnote to its financi If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	xhibition, education, or research in	furtherance	of publ		
1a b	service, provide in Part XIII the text of the footnote to its financi If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasu	xhibition, education, or research in the control of	furtherance	of publ	ic service,	
1a b	service, provide in Part XIII the text of the footnote to its financi If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasuthe following amounts required to be reported under FASB ASC	whibition, education, or research in the control of	n furtherance	s of publications of the state	ic service,	
1a b	service, provide in Part XIII the text of the footnote to its financi If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasu	whibition, education, or research in the control of	n furtherance	s of public s s s s s s s s s s s s s s s s s s s	ic service,	

		IONAL MUSEU							ige 2
Par	t III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	t make s	ignificant use o	f its		
	collection items (check all that apply):	_	.						
а	X Public exhibition	d	X Loan or excl	hange progra	im Tarmi	ON C OII	DDTGIII	**	
b	Scholarly research	е	X Other YO	OTH ED	JCAT1	LON & CO	RRICUL	U	
C	X Preservation for future generations								
4	Provide a description of the organization's co	lections and explain	how they further tl	he organizati	on's exer	mpt purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma						Yes	X	No
Par	t IV Escrow and Custodial Arran						t IV. line 9. o		
	reported an amount on Form 990, Par	-	3				,		
10	Is the organization an agent, trustee, custodi		iany for contribution	s or other as	sets not	included			
10							Yes		No
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						163		140
D	it "Yes," explain the arrangement in Part XIII	and complete the loi	lowing table.				Δ		
							Amoun	I	
C	Beginning balance								
d	Additions during the year								
е	Distributions during the year		***************************************			1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial acco	unt liabili	ity?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XIII	4,]
Pai	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	orm 990, Part	IV, line 1	10.			
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	65,689,610.	66,106,482.	64,80	0,102.	59,745,0		,986,	
b	Contributions	406,999.	2,028,565.		3,948.	2,964,8	_	,857,	490.
	Net investment earnings, gains, and losses	17,093,101.	669,033.		1,597.	4,470,2		,231,	
С.		17,020,2020	******		,	, , ,		, ,	
d	Grants or scholarships				-		_		
е	Other expenditures for facilities	7 545 300	2 114 490	2 62	165	2 200 0	24	221	116
	and programs	7,646,308.	3,114,470.	2,02	9,165.	2,380,0	24. 2	,331,	110.
f	Administrative expenses						22 52	- 1 F	225
g	End of year balance	75,543,402.	65,689,610.		6,482.	64,800,1	.02. 59	,745,	026.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	5.8400	_%						
b	Permanent endowment > 57.0700	%							
С	Term endowment > 37.0900	%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse		ation that are held a	ınd administe	red for tl	he organization	1 .		
	by:	ū				_		Yes	No
	(i) Unrelated organizations						3a(i)		X
							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organizations	stiona listad as requir							
				••••		,			
Day	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funus.						
CH	Complete if the organization answere		Doubly line 11e G	Soo Form 000) Dort V	line 10			
							(d) Dec	بيامير با	
	Description of property	(a) Cost or of	1 ' '	or other		ccumulated	(d) Boo	k valu	е
		basis (investn		(other)	aer	oreciation	1 40	Λ Λ	0.0
1a	Land			0,000.	15 4	.00 170	1,40		
b	•		25,11	1,364.	15,6	502,179.	9,50	<u>۶,⊥</u>	00.
С	Leasehold improvements					200 700		0 0	0.5
d	Equipment			6,034.		306,738.		9,2	
е	Other		56	9,289.		538,738.		0,5	
Tota	Add lines to through to (Column (d) must e	qual Form 990 Part	X column (R) line 1	100)		D	11.06	9,0	32.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE NATIONAL MUSEUM OF WO			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12		16tuii	1.
Total revenue, gains, and other support per audited financial statements		1	35,181,31
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a 12,504,387.		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d 751,470	-	42 255 25
e Add lines 2a through 2d		2e	13,255,85
3 Subtract line 2e from line 1		3	21,925,45
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1 220 200		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)		٠. ا	220 20
c Add lines 4a and 4b		4c	239,28
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	monto With Expanses no	5 Pote	22,164,74
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 19		neu	arri.
1 Total expenses and losses per audited financial statements		1 1	9,779,36
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			, ,
a Donated services and use of facilities	2a		
		1	
b Prior year adjustments c Other losses			
d Other (Describe in Part XIII.)	751 470		
e Add lines 2a through 2d		2e	751,47
3 Subtract line 2e from line 1		3	9,027,89
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 239,289		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	239,28
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			9,267,18
Part XIII Supplemental Information.			
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	idutional information.		
PART III, LINE 1A:			
T JUNE 30, 2021, THE MUSEUM'S HOLDINGS AGO	REGATED 5,990 WO	RKS	BY OVER
,245 WOMEN ARTISTS FROM THE SIXTEENTH CENT	URY TO THE PRESE	NT.	THESE WORK
CONSIST PRINCIPALLY OF PAINTINGS, DRAWINGS,	SCULPTURES, PRI	NTS	AND BOOKS
OURING THE YEAR ENDING JUNE 30, 2021, THE M	MUSEUM ADDED 79 W	ORKS	WITH AN
APPRAISED VALUE OF APPROXIMATELY \$1,684,038	TO ITS HOLDINGS	AND	NO WORKS
ERE DE-ACCESSED. NO MATERIAL AMOUNT OF THE	COLLECTION ITEM	S WE	RE DAMAGE
DESTROYED, OR LOST DURING THE YEAR.			
PART III, LINE 4:			
THE NATIONAL MUSEUM OF WOMEN IN THE ARTS HA	AS AN EXTENSIVE CO		
32054 12-01-20 32		Sche	dule D (Form 990)
71111 745960 23971 2020.05000 THE	NATONAL MITCUIM C	TE 1574	OME 23071
/IIII /40900 409/I	MAITONAD MODEOM C	E M	717 C 7 7 T

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, 2021, 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 105,137.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON

FORM 990, PART VIII, LINE 8B.

COST OF GOODS SOLD REPORTED AS EXPENSE ON THE 404,816.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON

FORM 990, PART VIII, LINE 10B.

FACILITY RENTAL EXPENSE REPORTED AS EXPENSE ON THE 241,517.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON

FORM 990, PART VIII, LINE 6B.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 751,470.

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)	Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE 105,	137.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VIII, LINE 8B.	
COST OF GOODS SOLD REPORTED AS EXPENSE ON THE 404,	816.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VIII, LINE 10B.	
FACILITY RENTAL EXPENSE REPORTED AS EXPENSE ON THE 241,	517.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VIII, LINE 6B.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D 751,	470.

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for ins				ation.	Open to Public Inspection
Name of the organization					Employer	identification numb
	TIONAL MUSEUM OF W				52-12	
Fundraising Activities required to complete this p	PS. Complete if the organization answart.	vered "	Yes" (on Form 990, Part IV	, line 17. Form 990)-EZ filers are not
1 Indicate whether the organization r	aised funds through any of the follow	ing act	tivities	. Check all that appl	y.	
a X Mail solicitations		ation o	f non-	government grants		
b X Internet and email solicitation			-	rnment grants		
c X Phone solicitations	g L Specia	al fundr	aising	events		
d X In-person solicitations						
2 a Did the organization have a writter						. 🖂
	Part VII) or entity in connection with					
b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the		suant to	agre	ements under wnich	the fundraiser is t	o be
	ie organization.	-				
(i) Name and address of individual	-	(iii)	Did raiser	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	l have o	custody	1 1	to (or retained by fundraiser	y to (or retained by
		contrib	ntrol of outions?	, , , , , , , , , , , , , , , , , , , ,	listed in col. (i)	organization
DANILLER + COMPANY - 3724		Yes	No			
JEFFERSON ST., SUITE 302,	MEMBERSHIP ADVISOR		X	0.	569,51	5569,515
KENNETH DUTTER - 11150 BIG	EL LINER GENERAL GOVERNMENT					
CANOE, BIG CANOE, GA 30143 LUCY BUCHANAN - 7819	PLANNED GIVING CONSULTANT		Х	0.	85,00	085,000
MARQUETTE ST, DALLAS, TX	DEVELOPMENT CONSULTANT				400.00	
MANQUETTE DI, DADUND, IX	DEVELOPMENT CONSULTANT	-	X	0.	180,06	-180,064
		1	-			
						1
						1
Total			▶		834,579	
3 List all states in which the organization	on is registered or licensed to solicit o	ontribu	utions	or has been notified	it is exempt from	registration
or licensing.	DT CA IIT TT DC DX	T 3 3	(D) 1	(3 1/T 10T 1//	Y	
AL, AR, AK, AZ, CA, CT, CO, NC, OK, OR, PA, RI, SC, TN,	FL,GA,HI,IL,KS,KY,	LA,	תו, עו	AA,MI,MN,MS	ME, ND, NI	I,NJ,NM,NY
de, on, on, in, ni, be, in,	OI, 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) 2020

032081 11-25-20

Pa		le G (Form 990 or 990-EZ) 2020 THE NAT Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000
		-	(a) Event #1 SPRING GALA (CANCELLED)	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	79,100.			79,100.
	2	Less: Contributions	79,100.			79,100.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,749.			6,749.
rect Ex	7	Food and beverages				
Ճ	٥	Entertainment				
	8	Other direct expenses	00 200			98,388.
		Direct expense summary. Add lines 4 through				105,137.
		Net income summary. Subtract line 10 from	line 3, column (d)		> _	-105,137.
Pa	rt	Gaming. Complete if the organization	answered "Yes" on Form	1 990, Part IV, line 19, or	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
<u>~</u>	1	Gross revenue				
Se	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6		Yes % No	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
	ls	nter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	activities in each of these	states?		Yes No
		3				

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS	52-123881	.0 Page 3
11 Does the organization conduct gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:	104 410	
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	3 :	
Name >		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives garning revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name >		
Gaming manager compensation > \$		
Description of services provided		
Description of services provided		
Director/officer Employee Independent contractor		
4 . M		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
retain the state gaming license?		□ NO
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	ie	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III lines 9	9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a , a.e,	, 02, 102,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SERS:	
(I) NAME OF FUNDRAISER: DANILLER + COMPANY		
(I) ADDRESS OF FUNDRAISER: 3724 JEFFERSON ST., SUITE 302, AUST	IN, TX	78731
/ T \ NAME OF FINIDDATCED. IIICY DICHANAN		
(I) NAME OF FUNDRAISER: LUCY BUCHANAN		
(I) ADDRESS OF FUNDRAISER: 7819 MARQUETTE ST, DALLAS, TX 7522	5	
, , , , , , , , , , , , , , , , , , , ,		

Schedule G	(Form 990 or 990-EZ) Supplemental Info	THE	NATIONAL	MUSEUM	OF	WOMEN	IN	THE	ARTS52-	1238810	Page 4
Part IV	Supplemental Info	rmation	(continued)								
											-
-											
-											

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

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,		
	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	l use		
	Travel for companions Payments for business use of personal resid	lence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		. 1	
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation com	mittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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
	Any related organization?			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
	Any related organization?			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			
	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)?	9		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990) 2	2020

032111 12-07-20

Schedule J (Form 990) 2020 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810

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 VIII.

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUSAN FISHER STERLING (I)	360,389.	0	0	18,019.	7,112.	385,520.	0
EXECUTIVE DIRECTOR (ALICE WEST DIR.) (II)		0	0		0 •		
(2) PAMELA J. AYRES (i)	200,60	0	0	10,030.	248.	210,884.	
& OPERATIONS			0	0	.0		
WAT	190,31		0	9,516.	6,051.	205,886.	.0
DEPUTY DIR., ART, PROG. & PUBLIC ENG (ii)		0	0		• 0		
UTMAN	164,68	0	0	8,234.	209.	173,12	
DEPUTY DIR., NAT. & INT'L. OUTREACH (ii)	.0	0	0	0	0		
NA KNOWLES	158,68	0	0	7,934.	224.	166,839.	
. OF DEV., ANNUAL GIVING & MEMBER	0	0	0	0	• 0	0	.0
	(0)						
(ii)							
0	(0)						
9	(0)						
	(0)						
10	(E)						
1)	0						
	(ii)						
	(1)						
(i)	(ii)						
	(i)						
(i)	(ii)						
3	(i)						
j)	(ii)						
	(i)						
(i)	(ii)						
	(1)						
(j	(ii)						
	(1)						
i)	(ii)						
			:			Sched	Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS	52-1238810 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	ete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

Pai	rt I Types of Property							
		(a)	(b)	(c)	1	d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of noncash contri		•	
		applicable		Form 990, Part VIII, line 1g	Honcash contri	Dution am	ounts	š
1	Art - Works of art	X	79	0.	SEE BELOW			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	35	1,661,630.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							_
27	Other ()	_						
28	Other ()		<u> </u>	L				_
29	Number of Forms 8283 received by the organi.						1	
	for which the organization completed Form 82	83, Part V, I	Jonee Acknowledg	gement29		1.	Yes	Na
00-	During the year, did the organization receive b	والمراضع والمراضع والمراضع		norted in Dort Llings 1 thro	igh 00 that it		res	NO
30a	must hold for at least three years from the date	-						
	exempt purposes for the entire holding period					30a		X
h		f				502		
31								
	Does the organization hire or use third parties					31	Х	
UZE	contributions?		-			32a		X
Ь	If "Yes," describe in Part II.	•••••		************		-		
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	v for which column (a) is cho	ecked.			
-	describe in Part II.		, po or proport	, (a) 10 or				
-							$\overline{}$	

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

Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE 0 (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 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:						
VIRTUAL PROGRAM ATTENDANCE: 12,748 (NOT FACTORED INTO THE ABOVE TOTAL)						
ADDED TOGETHER + A TINY RENTAL NUMBER = 43,676						
FY20 TOTAL ATTENDANCE: 95,487 (JULY 1, 2019 TO MARCH 13, 2020)						
AVERAGE DAILY VISITOR ATTENDANCE: 114*						
FY20: 299*						
*ADJUSTED FOR THE ACTUAL NUMBER OF DAYS MUSEUM WAS OPEN						
EXHIBITION ATTENDANCE						
EXHIBITION DATES TOTAL ATTENDANCE AVERAGE DAILY VISITORS						
GRACIELA ITURBIDE'S MEXICO* 2/28/2020-3/12/2020; 8/1/2020-8/23/2020						
8,202,200						
PAPER ROUTESWOMEN TO WATCH 2020 10/8/20-12/23/20 4,375 58						
SONYA CLARK: TATTER, BRISTLE, AND MEND 3/3/21-6/27/21 21,791,186						

MARY ELLEN MARK: GIRLHOOD** 3/3/21-8/9/21 22,401,186 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

*EXHIBITION SPANS ACROSS FISCAL YEARS; STATS ARE FOR THE ENTIRE RUN OF

THE SHOW

**EXHIBITION SPANS ACROSS FISCAL YEARS; STATS ARE FOR FY21 ONLY

MARY ELLEN MARK: GIRLHOOD

MEDIA QUOTES

- "BUT THE NATIONAL MUSEUM OF WOMEN IN THE ARTS MAY BE THE ONLY ART
INSTITUTION IN WASHINGTON TO GRANT PHOTOGRAPHY NEAR-EQUALITY WITH
PAINTING AND SCULPTURE. IN THE GALLERIES ON THE UPPER FLOORS, YOU CAN
FIND RUTH ORKIN IN A ROOM WITH HELEN FRANKENTHALER. MARY ELLEN MARK
LOOKS RIGHT AT HOME." - WALL STREET JOURNAL

- "WHAT MARK'S WORK GETS AT IS NOT SIMPLY THE WAY THE ADULT IS LATENT

IN THE CHILD BUT HOW THE BEGINNINGS OF WOMANHOOD SURFACE - SOMETIMES

BUBBLING UP WITH THAT UBIQUITOUS, INEXPLICABLE WISH THAT CHILDREN HAVE

TO BE SEEN AS GROWN UP; AT OTHER TIMES, YANKED INTO THE LIGHT BY

CIRCUMSTANCES." - WASHINGTON POST

- "A CELEBRATED AMERICAN PHOTOGRAPHER BEST KNOWN FOR HER IN-DEPTH

DOCUMENTARY WORK, MARY ELLEN MARK PRODUCED SOME OF THE MOST DELICATELY

SHADED STUDIES OF VULNERABILITY EVER SET ON FILM. FOR OVER FOUR

DECADES, SHE TRAVELED EXTENSIVELY TO MAKE COMPELLING PHOTOGRAPHS THAT

REFLECT A HIGH DEGREE OF HUMANISM." - WIDEWALLS

- "MARK'S CLOSE RELATIONSHIP WITH TINY IS EMBLEMATIC OF HER APPROACH TO

CAPTURING THE JOYS AND STRUGGLES OF HER SUBJECTS. THE INTIMATE ACCESS

SHE GAINED TO THEIR LIVES WAS PREMISED ON TRUST AND LONGEVITY. IN AN

INTERVIEW WITH AMERICAN PHOTO IN 1998, SHE EXPLAINED, "YOUR SUBJECTS

WILL TRUST YOU ONLY IF YOU'RE CONFIDENT ABOUT WHAT YOU'RE DOING. THEY

CAN SENSE THAT IMMEDIATELY." - 1854/BRITISH JOURNAL OF PHOTOGRAPHY

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^{- &}quot;THESE ARE IMAGES OF HARDSHIP AND DESPAIR, BUT ALSO LEVITY." -

 $\begin{array}{c} \textbf{Employer identification number} \\ 52 - 1238810 \end{array}$

AESTHETICA

VISITOR COMMENTS

- I WAS A FEMINIST ARTIST IN THE 70S WHERE SUCH A GALLERY COULD NOT BE

IMAGINED. THRILLED TO BE HERE. WORK IS EXCEPTIONAL. RECENT PHOTO

EXHIBIT MARY MARK BLEW ME AWAY. WISH GIFT SHOP WAS OPEN. WILL GO

ONLINE. DOCENT AT INFO WAS PASSIONATE TOO. THANK YOU!

SONYA CLARK: TATTER, BRISTLE, AND MEND

MEDIA QUOTES

- "SONYA CLARK CONTINUALLY CHALLENGES US, ENSCONCED AS WE MIGHT BE IN

 OUR SMUG NICHES OF "ART" AND "CRAFT." THE ACROBATICS AND VIRTUOSITY SHE

 DISPLAYS WITH MUNDANE MATERIALS HAIR, HAIR COMBS, BEADS, UTILITARIAN

 CLOTH, AND THE OCCASIONAL DIGITAL VENTURE BELIE OUR USUAL

 EXPECTATIONS OF THEIR POSSIBILITIES AND GNAW AT THE EDGES OF

 CONCEPTUALISM, SCULPTURE, AND PERFORMANCE." HYPERALLERGIC

 "RENOWNED FOR HER EXPLORATIONS OF THE CULTURAL AND POLITICAL ASPECTS

 OF HAIR SPECIFICALLY BLACK HAIR CLARK DOES NOT DISAPPOINT IN THIS

 DIZZYING SURVEY OF 100 WORKS EXECUTED OVER THE LAST 25 YEARS."
 HYPERALLERGIC
- "THE NATIONAL MUSEUM OF WOMEN IN THE ARTS IS BRINGING HER NECESSARY
 WORK TO A WIDER AUDIENCE." WASHINGTONIAN MAGAZINE
- "CLARK'S ABILITY TO TRANSFORM SUCH EVERYDAY THINGS INTO PUNGENT

 CRITIQUES IS CENTRAL TO THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

 EXHIBITION "TATTER, BRISTLE AND MEND," THE ARTIST'S FIRST MAJOR CAREER

 SURVEY." WASHINGTON POST
- "EVEN WHEN PONDERING THE THINGS CLOSEST TO HER OWN LIFE, CLARK IS

 ALWAYS EXQUISITELY ATTUNED TO THE WAYS THEY CAN BE USED AS METAPHORS

 FOR THE LARGER BLACK EXPERIENCE." WASHINGTON POST

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"CLARK'S WORK ENFORCES THE CONNECTIONS BETWEEN AFRICAN DIASPORIC PEOPLE THROUGH THEIR HAIR AND SHARED CIRCUMSTANCE, HAIR, AS A SYMBOL OF BLACKNESS IN THESE ARTWORKS, BONDS THE PEOPLE TO HER WORK AND SPEAKS OF THEIR POTENCY AND PERMANENCE. SHE MANIPULATES FIBERS TO CONTEXTUALIZE THE HEINOUS EXPERIENCES OF BLACK PEOPLE BASED ON SOMETHING AS NATURAL BUT DISQUIETING AS HAIR. TATTER, BRISTLE, AND MEND REESTABLISHES BLACK HAIR AS BEAUTIFUL AFTER CENTURIES OF BLACK PEOPLE BEING TOLD THEIR NATURAL HAIR IS INAPPROPRIATE." - WASHINGTON CITY PAPER "HER PIECES POSITION AND CONTRAST ARTIFACTS AND SYMBOLS OF THE BLACK EXPERIENCE IN AMERICA THROUGH HER CHOSEN MATERIALS OF HUMAN HAIR. GLASS BEADS, COMBS, COTTON, SUGAR, CURRENCY, CLOTH, AND THREAD, AMONG OTHERS. TO CHANNEL HER IDEAS ABOUT UNRECOGNIZED BLACK MAKERS THROUGHOUT HISTORY WHO UTILIZED THE SAME SORTS OF CRAFT PRACTICES THAT SHE HERSELF EMPLOYS." - BMOREART - "OFTEN READ THROUGH A POLITICAL LENS, THE WORK IS TIMELY, IMPORTANT, AND AS CLARK HERSELF SUMMED UP FOR ME, "ALSO AUTHENTIC, ALSO FORMAL, ALSO HISTORICAL, ALSO CULTURAL, ALSO BEAUTIFUL, ALSO UGLY." - BMOREART - "TAKING OVER AN ENTIRE FLOOR OF THE MUSEUM, THE SHOW IS A MASSIVE UNDERTAKING THAT SHOWCASES 100 WORKS IN A SURVEY SPANNING CLARK'S CAREER, DIVIDED INTO ROOMS ROUGHLY BY DIFFERENT BODIES OF WORK. THE EXHIBITION MAKES THE VIEWER FEEL AS IF THEY ARE IN CONVERSATION WITH CLARK" - BMOREART

- "TATTER, BRISTLE, AND MEND IS A BEAUTIFULLY DESIGNED AND
 THOUGHT-PROVOKING SHOW...AS I MOVED THROUGH THE SHOW, WHAT SURPRISED ME
 WAS THE LESSENING OF MY ANXIETY AND A GROWING FEELING OF COMFORT AND
 NOSTALGIA FOR HOME." AMERICAN CRAFT COUNCIL
- "DURING MY VISITS TO THE MUSEUM, I MET VARIOUS GENERATIONS OF BLACK
 WOMEN FOR WHOM THE SHOW RESONATED DEEPLY. MANY WERE FROM THE DC AREA

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AND CAME SPECIFICALLY AND PROUDLY TO CELEBRATE THEIR LOCAL

SISTER-ARTIST." - AMERICAN CRAFT COUNCIL

VISITOR COMMENTS

OUR NET PROMOTER SCORE SURVEYS. THIS IS THE HIGHEST SCORE WE'VE EVER

HAD SINCE STARTING WITH THE NPS SURVEY.

- THE ENTIRE EXPERIENCE WAS EXCELLENT, BUT THE SONYA CLARK EXHIBIT WAS POWERFUL AND PHENOMENAL!
- AMAZING SONYA CLARK EXHIBITION. AN INCREDIBLE TALENT AND FORCE I JUST REALIZED THANKS TO THE MUSEUM.
- CLARK'S EXHIBIT WAS SPECTACULARLY INFLUENTIAL AND CONVEYED STRONG,
 IMPACTFUL MESSAGES FOR YOUTH AND ASPIRING ARTISTS.
- THE SONYA CLARK EXHIBIT WAS AMAZING. IT WAS VERY RELEVANT AND VULNERABLE. BEAUTIFUL AND SOCIALLY AWARE ART.
- SONYA CLARK'S WORK IS SO INCREDIBLY MOVING. WOMEN'S VOICES ARE LOUD
 AND STRONG.
- THE SONYA CLARK EXHIBIT WAS BEAUTIFUL. OPENED MY MIND & EYES TO BLACK HISTORY IN A DIFFERENT WAY.
- CLARK'S INSTALLATION MOVED ME TO TEARS
- THE SONYA CLARK EXHIBIT IS THE SINGLE BEST GALLERY EXHIBIT I HAVE

SEEN IN RECENT MEMORY

- THE SONYA CLARK SHOW WAS THE BEST EXHIBIT I'VE SEEN IN YEARS, AND WE

 DO ART ALL THE TIME. LOVE THE CURATORIAL CHOICES IN THE MAIN

 COLLECTION. LOVE THIS MUSEUM.
- SONYA CLARK'S DESCRIPTIONS OF HER ART WAS AMAZING AND SHOULD BE REQUIRED STUDY IN SCHOOLS
- CURATION OF SONYA CLARK EXHIBIT IS OUTSTANDING. THE ART UNRAVELED

DEEP THREADS OF MY OWN. BEAUTIFUL AND TRANSFORMATIONAL

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization **Employer identification number** THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 - SONYA CLARK'S SHOW WAS THE HIGHLIGHT OF MY VISIT, YET NOTHING IN HERE LEFT ME DISAPPOINTED. PAPER ROUTES-WOMEN TO WATCH 2020 MEDIA QUOTES - "WHILE LITTLE ABOUT PAPER ITSELF, FIBROUS AND MALLEABLE, HAS CHANGED OVER TIME, ITS FORM HAS NEVER CEASED TO INSPIRE NEW PROCESSES AND EXPERIMENTATION. ON VIEW AT THE NATIONAL MUSEUM OF WOMEN IN THE ARTS (NMWA) IN WASHINGTON, D.C., THROUGH JANUARY 18, 2021, PAPER ROUTES-WOMEN TO WATCH 2020 EXAMINES ARTISTS' CURRENT FASCINATIONS WITH PAPER, HIGHLIGHTING WORKS BORN OF RADICAL AND OFTEN UNPREDICTABLE METAMORPHOSIS. THE RESULTS HAVE BEEN CUT, SCULPTED, PAINTED, SEWN, AND EVEN SINGED; THEY CHALLENGE EXPECTATIONS AND DEFINITIONS OF MEDIUMS." -FINE BOOKS MAGAZINE VISITOR COMMENTS - "LOVED THE PAPER EXHIBITION AND MIX OF ART OVER TIME NEXT TO EACH OTHER." - "THE PAPER ROUTE FLOOR WAS REALLY GREAT. ALSO I AM A FEMALE ART STUDENT AND THIS PLACE IS VERY INSPIRING." "PAPER ROUTES AND JULIE CHEN EXHIBIT WERE FABULOUS AND DEMONSTRATE THE CRUCIAL ROLE OF NAWA IN SHOWING WOMEN'S ARTISTIC WORKS." FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: GRACIELA ITURBIDE'S MEXICO

MEDIA QUOTES

- "ITURBIDE'S PHOTOGRAPHS EXIST BOTH IN AN INSTANT AND IN ETERNITY."
- "GRACIELA ITURBIDE'S DOCUMENTARY PHOTOGRAPHY CAPTURES MEXICO'S

CULTURE THROUGH HAUNTING PORTRAITS OF MARGINALIZED COMMUNITIES,

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Page 2 Schedule O (Form 990 or 990-EZ) 2020 **Employer identification number** Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 PORTRAYED WITH COMPLEXITY AND COMPASSION." "PHOTO-TAKING BECOMES A LANGUAGE OF WONDERMENT AND ALLOWS ITURBIDE THE FREEST FORM OF ARTISTIC EXPRESSION, THE OPPORTUNITY TO USE HER COMPLETE IMAGINATION TO CAPTURE SCENES AND PERSONAS." - "VISUAL MEDIA CAN DIRECTLY CAPTURE REAL MOMENTS, BUT "GRACIELA ITURBIDE'S MEXICO" REVEALS MUCH MORE IN LAYERS OF THE MYSTERY BENEATH IN HER POETICAL, PERSONAL PHOTOGRAPHS." RECLAMATION MEDIA QUOTES - WHAT WE COOK-AND HOW WE COOK IT-SPEAKS VOLUMES ABOUT WHO WE ARE. CODED IN EVERY ELABORATE DINNER PARTY SPREAD AND HUMBLE MONDAY NIGHT MEAL FOR ONE IS A PICTURE OF WHERE WE'RE BORN, WHERE OUR ANCESTORS COME FROM, AND HOW WE LIVE NOW. WHAT DOES YOUR FAVORITE MEAL SAY ABOUT YOU? FOR "RECLAMATION: RECIPES, REMEDIES, AND RITUALS," AN UPCOMING VIRTUAL EXHIBITION AT THE NATIONAL MUSEUM OF WOMEN IN THE ARTS (NMWA) IN WASHINGTON, DC, CURATOR MELANI N. DOUGLASS WANTS TO KNOW." - ARTNET "THE IDEA IS TO BRIDGE BOTH INGREDIENTS AND CULTURAL EXPERIENCES: SEARCH FOR A STRANGER'S RECIPE TO USE THAT ZUCCHINI IN YOUR FRIDGE AND YOU MAY JUST COME AWAY WITH A WE'RE-NOT-SO-DIFFERENT-YOU-AND-I EPIPHANY, TOO." - ARTNET GENERAL MUSEUM MEDIA QUOTES - AESTHETICA MAGAZINE NAMED OUR ART CHATS ONE OF THE TOP "TEN TO SEE" IN MARCH - AESTHETICA

ONLY IN MUSEUMS AND OTHER INSTITUTIONS, BUT IN THE HISTORY OF ART

ITSELF TO REDRESSING THE HISTORIC UNDERREPRESENTATION OF WOMEN, NOT

- "SINCE 1981, THE NATIONAL MUSEUM OF WOMEN IN THE ARTS HAS DEDICATED

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OVERALL" - ANTIQUES AND THE ARTS

- "WE EXPLORE THE INNOVATIVE COLLECTING PRACTICES OF THE NATIONAL

MUSEUM OF WOMEN IN THE ARTS, AN INSTITUTION THAT HAS COLLECTED WORKS BY

WOMEN EXCLUSIVELY FOR OVER 40 YEARS, BUILDING CAREERS AND A NEW CANNON

THROUGH COLLABORATIVE AND VISIONARY METHODS OF ACQUISITION." - BMOREART

- 8/4/21: THIS IS ONE OF THE QUIETER BUT MOST BEAUTIFUL GEMS OF DC'S

MUSEUMS WITH A SMALL BUT MIGHTY COLLECTION OF IMPRESSIVE WOMEN ARTISTS.

BEST TO YOU ALL DURING THE RENOVATION AND LOOKING FORWARD TO SEEING YOU

AGAIN

- 8/8/21: I HAVE TRIED SEVERAL TIMES BEFORE TO COME TO THIS MUSEUM, AND
HAPPILY TODAY I MADE IT. I AM VISITING FROM THE UNIVERSITY OF PUERTO
RICO, AND I TEACH ART AND GENDER, ALSO INCLUDING THE LEGACY OF THESE
COLLECTORS AND THE IMPORTANCE OF THE MUSEUM. ADMIRABLE WORK OF
CURATION, ROOMS DESIGN, INFORMATION AND STAFF. UNFORGETTABLE EXPERIENCE
WITH MY DAUGHTERS. THANK YOU.

NAVINA KHANNA, SAMARIA KING, AND TSEDAYE MAKONNEN

OVERVIEW

ON SUNDAY, JUNE 6, THE NATIONAL MUSEUM OF WOMEN IN THE ARTS VIRTUALLY
WELCOMED GUESTS FOR THE FINAL FRESH TALK OF THE 2020-2021 SEASON
FEATURING NAVINA KHANNA, SAMARIA KING, AND TSEDAYE MAKONNEN. EACH
SPEAKER ADDRESSED THEIR UNIQUE CONNECTION BETWEEN FOOD AND HEALING.

FRESH TALK

BEFORE THE PROGRAM BEGAN, THE PUBLIC PROGRAMS DIRECTOR MELANI DOUGLASS

INTRODUCED THE GUEST SPEAKERS. THE PROGRAM INCLUDED PRESENTATIONS BY

EACH OF THE THREE SPEAKERS THAT CULMINATED IN A CONVERSATION MODERATED

BY MELANI DOUGLASS.

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NAVINA KHANNA

EXECUTIVE DIRECTOR OF HEAL FOOD ALLIANCE, NAVINA KHANNA BEGAN HER

PRESENTATION BY ADDRESSING THAT FOOD IS THE MOST INTIMATE CONNECTION TO

OUR COMMUNITY, OUR HEALTH, AND OUR LAND, SO ACKNOWLEDGED THE LOSS OF

THIS CONNECTION FOR MANY PEOPLE OF COLOR. SHE SHARED A PRETTY DOOMING

PICTURE THAT CLIMATE CHANGE IS ACCELERATING AT AN ALARMING PACE,

LEAVING US WITH NINE YEARS TO RADICALLY SHIFT OUR ECONOMY TO MAKE THE

WORLD LIVABLE FOR FUTURE GENERATIONS.

NAVINA SHARED HOW OUR FOOD SYSTEM WAS RADICALLY SHIFTED AND SHAPED BY

THE MASS GENOCIDE AND FORCED DISPLACEMENT AND KIDNAPPING OF INDIGENOUS

AMERICANS AND AFRICANS HAS BEEN THE MOLD FOR THE FOOD INDUSTRY. THAT

THE SYSTEM IS DESIGNED TO BENEFIT THE FEW BY TAKING ADVANTAGE OF THE

MANY. CURRENTLY, THE CORPORATE FOOD SYSTEM IS CONTROLLED BY VERY FEW

COMPANIES, BE IT FOR BEEF, SUPERMARKETS, OR EVEN THE SEED INDUSTRY.

NAVINA HAS HOPE THOUGH THAT IF WE, THE MASSES, BIND TOGETHER TO DO WHAT

IS BEST FOR US AND OUR COMMUNITIES, WE CAN TAKE THE POWER BACK AND

SHARE IT AMONGST OURSELVES TO TAKE CONTROL OF OUR OWN LIVES AND HEALTH.

HEAL FOOD ALLIANCE WAS CREATED BY FOUR ORGANIZATIONS, THE NATIONAL

BLACK FOOD AND JUSTICE ALLIANCE, FOOD CHAIN WORKERS ALLIANCE, REAL FOOD

GENERATION, AND THE UNION OF CONCERNED SCIENTISTS TO BUILD A STRATEGIC

THEORY OF CHANGE. BECAUSE OUR FOOD ISSUES AND THE HEALTH OF OUR PLANET

ARE SO ENTRENCHED IN THE SYSTEM, IT WILL TAKE HUGE SHIFTS IN OUR ENTIRE

SOCIETY TO MAKE REAL CHANGE.

TSEDAYE MAKONNEN

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TSEDAYE MAKONNEN, AN INTERDISCIPLINARY ARTIST INTRODUCES HER ARTISTIC

PROCESS AND WAYS IN WHICH SHE USES HER CULTURE, FOOD, AND ART IN HER

HEALING PRACTICE. SHE DESCRIBED HOW SHE UTILIZES UNIQUE ETHIOPIAN

PATTERNS THAT HAVE EXISTED SINCE BEFORE CHRISTIANITY IN HER WORK. THEY

STEM FROM HER CULTURE AND THROUGH HER RESEARCH, SHE LEARNED THAT THEY

ARE FEMININE PATTERNS THAT ARE WORN AND USED FOR HEALING AND

PROTECTION. TSEDAYE SHOWCASED THESE PATTERNS IN HER WORK, CREATING

LIGHTBOXES THAT CAST THE PATTERNS ONTO THE VIEWER, GIVING THEM HEALING

AND PROTECTION.

TSEDAYE USED THE LASER-CUTS FROM THE ABOVE WORK IN HER ASTRAL SEA

SERIES, WHERE SHE SEWS THEM INTO TEXTILES. THE PATTERNS SHE CREATES ARE

ABSTRACT REFERENCES TO CODES FROM VARIOUS BLACK COMMUNITIES AROUND THE

WORLD. SHE EMBODIES THE BLACK WOMEN SHE IS HONORING IN HER WORK BY

WEARING THESE TEXTILES IN FRONT OF PLACES OF POWER FOR WHITE SUPREMACY,

SUCH AS BUCKINGHAM PALACE, THE WHITE HOUSE, AND THE WASHINGTON

MONUMENT. SHE THEN HITS THE GROUND WITH THE FABRIC, WASHING THE GROUND

WITH IT. AS SHE DOES SO, THE MIRROR PIECES BREAK OFF.

SAMARIA KING

SAMARIA KING, CO-FOUNDER OF MUTUAL AID APOTHECARY, HERBALIST, AND

FARMER. SHE CO-FOUNDED MUTUAL AID APOTHECARY AS A RESPONSE TO COVID-19,

MAKING HERBAL MEDICINE AVAILABLE FOR PEOPLE IN SOUTHEAST DC WHO DO NOT

ALWAYS HAVE ACCESS TO MEDICAL CARE. THE PROGRAM STARTED OUT OF THE FARM

AT KELLY MILLER AND STARTED WITH VOLUNTEERS. NOW, IT IS OPEN TO

HERBALISTS THROUGHOUT DC AND THEY NOW PROVIDE MORE TARGETED PRODUCTS

AND RESOURCES FOR THEIR COMMUNITY.

THEY HAVE FRIDAY PROGRAMS FROM 3-6 P.M. ON THE FIRST FRIDAY, THEY
PROVIDE TIPS ON GROWING YOUR OWN PLANTS FOR HERBAL NEEDS. THEY PROVIDE

CLASSES FOR PEOPLE TO LEARN HOW TO BECOME HERBALISTS ON THE SECOND

FRIDAY OF THE MONTH. ON THE THIRD FRIDAY, AUDIENCES CAN COME TO LEARN

HOW TO MAKE HERBAL MEDICINES SO THEY CAN MAKE THE PRODUCTS THEMSELVES

IF THEY WOULD LIKE. COMMUNITY DAYS ROUND OUT THE MONTH, WHERE COMMUNITY

MEMBERS CAN GET FREE MEDICINES, FRESH AND DRIED HERBS, AND OTHER

RESOURCES FOR FOLKS TO TAKE HOME.

SAMARIA TALKED A LOT ABOUT THE COMMUNITY THEY HAVE BUILT TO DO THIS

WORK, AS WELL AS THE COMMUNITY THEY SERVE. THEY HAVE CONNECTED FARMERS

WITH HERBALISTS SO EVERYONE CAN GET THE RESOURCES THEY NEED. CLINICAL

HERBALISTS HAVE ALSO BECOME PART OF THE COMMUNITY, SO THEY CAN BETTER

ADDRESS THE HEALTH NEEDS OF THE COMMUNITY MUTUAL AID APOTHECARY SERVES.

AS PART OF THEIR WORK, SAMARIA'S ORGANIZATION PROVIDES THEIR HERBAL

MEDICINES FREE OF CHARGE AS THE COMMUNITY THEY SERVE HAS HEALTH

DISPARITIES.

ANCESTRAL HERITAGE IS ALSO PART OF THE WORK SAMARIA IS DOING. SHE VIEWS
THIS WORK AS A CONTINUING LEGACY OF THE BLACK COMMUNITY AS HERBAL
MEDICINE HAS BEEN A TRADITION FOR A LONG TIME.

CONVERSATION

THE CONVERSATION BETWEEN THE FOUR WOMEN STARTED WITH A QUESTION FROM

MELANI ABOUT WHAT ARE SOME OF THE BIG QUESTIONS THEIR WORK REQUIRES AND

WHAT SOME ANSWERS THEY HAVE FOUND. SAMARIA TALKED ABOUT FOR HER AND HER

ORGANIZATION, SHE'S BEEN EXPLORING WHAT HEALING IS AND HOW THAT CAN BE

APPLIED TO HER LARGER COMMUNITY. BY ASKING THAT QUESTION, SHE FOUND A

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UNIQUE GROUP OF PEOPLE ALSO INTERESTED IN HERBAL HEALING. TSEDAYE

TALKED ABOUT THAT SHE HAS ALSO EXPLORED HEALING AND COMMUNITY, AND THAT

THROUGH HER OWN JOURNEY SHE BECAME AN EXAMPLE FOR OTHER PEOPLE TO FEEL

CONFIDENT AND HEAL THEMSELVES. HER HEALING JOURNEY HELPED VALIDATE AND

ELEVATE OTHER BLACK WOMEN, ESPECIALLY OTHER ARTISTS BUT ALSO HER

AUDIENCE AT LARGE. NAVINA BROUGHT UP A QUESTION THAT IS CLOSE TO HER

HEART, WHICH IS HOW DO WE BECOME MORE LAND-BASED GIVEN THE SYSTEMS THAT

WE HAVE INHERITED AND REINFORCED. SO FOR HER, SHE WONDERS WHERE IT

WOULD BE SAFE FOR PEOPLE OF COLOR TO GAIN LAND TO DO THE DEEP HEALING

WORK THAT HAS TO HAPPEN.

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

MELANI THEN ASKED EVERYONE TO ELABORATE ON HOW EACH OF THEIR INNER

HEALING BENEFITED THEIR COMMUNITY AT LARGE. TSEDAYE SHARED THAT FOR

HER, HER INNER WORK LED TO A LARGE AMOUNT OF SELF-CONFIDENCE AND

BOLDNESS. THAT BY TAKING UP SPACE, SHOWING UP AS HER TRUE AUTHENTIC

SELF, SHE IS NOW BOLD ENOUGH TO DO WHATEVER SHE FEELS HER ARTWORK

NEEDS. WHICH IN TURN, SERVES AS AN EXAMPLE FOR HER AUDIENCE TO ALSO

FEEL CONFIDENT TAKING UP SPACE, BEING THEIR TRUE AUTHENTIC SELVES AS

WELL. SAMARIA BROUGHT UP THAT FOR HER, PRIORITIZING HER OWN SELF-CARE

IS ESSENTIAL TO HER WORK. SHE CAN ONLY MAINTAIN HER LEVEL OF PASSION

AND PROVIDING CARE FOR OTHERS BY MAKING SURE SHE CARES FOR HERSELF.

NAVINA EXPANDED ON THIS THAT BY PERFORMING SELF-CARE, WE ARE

DECOLONIZING OURSELVES AGAINST CAPITALISM. SHE ALSO HAS TO WORK ON

THIS, AS SHE FEELS SHE MUST POOR MORE IN WORK, BUT THAT BY SLOWING DOWN

AND CARING FOR OURSELVES, WE ARE BEGINNING THE WORK AGAINST THE SYSTEM.

AS THE TOPIC OF SELF-CARE CAME UP, MELANI ASKED HOW INDIVIDUALLY THEY

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FACEBOOK TOTAL VIDEO PERFORMANCE, AUDIENCE AND ENGAGEMENT:

- "TOTAL POST" NUMBERS REFER TO THE LIFETIME ENGAGEMENTS ON THE POST

THAT IS AUTO-GENERATED WHEN WE GO LIVE; THESE INCLUDE ENGAGEMENT DURING

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- FACEBOOK: WILHELMINA COLE HOLLADAY NYT OBITUARY
- DIGITAL EXHIBITIONS: THIS YEAR, WE LAUNCHED A NEW CUSTOM COMPONENT

 FOR ONLINE EXHIBITIONS WITH PLANS TO EXPAND IT FURTHER IN FY22 TO

 INCLUDE MORE LAYOUT OPTIONS AND NON-LINEAR NAVIGATION. WE DEBUTED

 THIS NEW FEATURE WITH THE PAPER ROUTES-WOMEN TO WATCH 2020 EXHIBITION,

 FOLLOWED BY SONYA CLARK: TATTER, BRISTLE, AND MEND, MARY ELLEN MARK:

 GIRLHOOD, AND COMMEMORATING NMWA FOUNDER WILHELMINA COLE HOLLADAY. WE

 ALSO ADAPTED DMV COLOR TO THIS NEW FEATURE.
- WE ALSO PUBLISHED ONLINE EXHIBITIONS ON GOOGLE ARTS & CULTURE

 (EMBEDDED ON OUR WEBSITE), INCLUDING SEVEN ONLINE EXHIBITIONS IN A

 SERIES TITLED THE BOOK AS ART AND AMBREEN BUTT-MARK MY WORDS.
- IN TOTAL, WE PUBLISHED 12 NEW ONLINE EXHIBITIONS THIS YEAR, EXCLUDING DMV COLOR.
- TOTAL VIEWS FOR ALL EXHIBITIONS: 9,067
- MOST POPULAR EXHIBITION: PAPER ROUTES-WOMEN TO WATCH 2020 (4,190 VIEWS)
- #5WOMENARTISTS

NMWA EXPANDED TO A YEARLONG CAMPAIGN IN JANUARY OF 2021. THIS EXPANSION

INCLUDED CONTINUING THE POPULAR MUSEUM TAKEOVER INSTAGRAM STORIES

FEATURING NMWA'S STAFF IN #5WOMENARTISTS INSTAGRAM POSTS, HOSTING A

FULL-DAY FREE VIRTUAL INTERNATIONAL WOMEN'S DAY EVENT, ADDING A

#5WOMENARTISTS FEATURE TO THE POPULAR VIRTUAL HAPPY HOUR EVENTS, AND

RELEASING A SET OF BRAND NEW #5WOMENARTISTS SHAREABLE GRAPHICS (AND

SOME REFRESHED ONES).

- WEBSITE AND ACCESSIBILITY HIGHLIGHTS
- -POST-WEBSITE LAUNCH: AFTER LAUNCHING THE NEW NMWA.ORG AT THE END OF

FY20, WE FOCUSED FY21 ON IMPROVING USER EXPERIENCE, PERFORMING QUALITY

Employer identification number Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 ASSURANCE, AND ADDING EXCITING NEW CONTENT. - CONTINUED FOCUS ON DIGITAL ACCESSIBILITY THAT ALLOWS VISITORS, REGARDLESS OF ABILITY OR ASSISTIVE TECHNOLOGY, TO ACCESS AND ENJOY THE MUSEUM'S RESOURCES. LAUNCHED A NEW CUSTOM COMPONENT FOR ONLINE EXHIBITIONS WITH PLANS TO EXPAND IT FURTHER IN FY22 TO INCLUDE MORE LAYOUT OPTIONS AND NON-LINEAR NAVIGATION. ADDED A NEW SECTION TO THE ARTWORK PAGES IN OUR ONLINE COLLECTION TO EXPLORE RELATED ARTWORKS. THIS PROVIDES OUR ONLINE VISITORS THE OPPORTUNITY TO DISCOVER NEW WORKS OF ART AND ALLOW FOR ADDITIONAL MOMENTS OF DISCOVERY AND LEARNING. DEBUTED THE NMWA CAMPAIGN SECTION IN MAY, WHICH INCLUDES DETAILS OF THE BUILDING RENOVATION PROJECT AND A BRAND NEW TIMELINE FEATURE. - MISCELLANEOUS SOCIAL MEDIA - WE'VE BEGUN REGULARLY HIGHLIGHTING SHOP PRODUCTS ON INSTAGRAM (WEEKLY, UP UNTIL THE RECENT SHOP CLOSURE, AND STARTING UP AGAIN ON OCTOBER 1, 2021) THROUGH POSTS AND STORIES. - CONTINUED DOING A SERIES OF ARTIST HIGHLIGHTS DURING HERITAGE MONTHS FEATURING WORKS IN AND ARTISTS REPRESENTED IN OUR COLLECTION. WE DO THIS EVERY YEAR, TYPICALLY FOR BLACK HISTORY MONTH, ASIAN PACIFIC AMERICAN HERITAGE MONTH, (LGBTQ) PRIDE MONTH, HISPANIC HERITAGE MONTH, AND NATIVE AMERICAN HERITAGE MONTH. THAT SAID, WE MAKE SURE TO HIGHLIGHT DIVERSE WOMEN ARTISTS ALL YEAR ROUND! OTHER CAMPAIGNS WE PARTICIPATED IN: #MUSEUMLOVELETTER ARCHIVES HASHTAG PARTY, AND #MUSEUMTRICKORTREAT.

032212 11-20-20

AMERICA.

NMWA HAS 27 ACTIVE COMMITTEES WITH MORE THAN 3,000 MEMBERS AND PROGRAM

SUPPORTERS IN ASIA, EUROPE, NORTH AMERICA, THE MIDDLE EAST, AND SOUTH

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

IN 2021 ALONE, NMWA FORMED FIVE NEW COMMITTEES. WE EXTEND A WARM

WELCOME TO NEW MEMBERS IN COLORADO, INDIA, ISRAEL, JAPAN, AND WYOMING!

COMMITTEES FROM 22 REGIONS PARTICIPATED IN PAPER ROUTES -MAKING IT THE

MOST EXPANSIVE WOMEN TO WATCH TO DATE. THAT SAID, NMWA IS PROUDLY ON

TRACK TO INCLUDE AN EVEN GREATER GEOGRAPHIC SPAN IN THE NEXT ITERATION

OF WOMEN TO WATCH!

PAPER ROUTES - WOMEN TO WATCH 2020:

- OVER 16,300 PEOPLE LEARNED ABOUT PAPER ROUTES BY VISITING DIGITAL RESOURCES AND THE ONLINE EXHIBITION.
- OVER 4,400 VISITORS SAW PAPER ROUTES IN PERSON AT THE MUSEUM:

 INCLUDING OVER 450 VISITORS WHO VISITED NAWA DURING "FREE COMMUNITY

 DAYS."
- ABOUT 1,400 PEOPLE ATTENDED TWO VIRTUAL PARTNER PROGRAMS WITH THE BALTIMORE MUSEUM OF ART INVOLVING PAPER ROUTES ARTISTS.
- OVER 1,300 PEOPLE ATTENDED 18 VIRTUAL STUDIO TOURS WITH PAPER ROUTES

 ARTISTS, AND ANOTHER 2,800 WATCHED THE STUDIO TOURS AFTERWARDS ON

 NMWA'S YOUTUBE.
- OVER 910 PEOPLE FROM 36 U.S. STATES (AND DC AND MEXICO) CALLED INTO

 21 "GUIDE BY CELL" RECORDINGS TO HEAR PAPER ROUTES ARTISTS DISCUSS

 THEIR WORK. ABOUT 450 OTHERS LISTENED TO AUDIO RESOURCES FOR THE

 EXHIBITION ONLINE.
- -OVER 400 COPIES OF THE PAPER ROUTES CATALOGUE WERE SOLD IN-PERSON AND ONLINE.
- ABOUT 250 PEOPLE ATTENDED A VIRTUAL EVENT, ORGANIZED BY THE EMBASSIES

 OF ARGENTINA, CHILE, AND PERU, INVOLVING THREE PAPER ROUTES ARTISTS

 FROM LATIN AMERICA.

Page 2 Schedule O (Form 990 or 990-EZ) 2020 Employer identification number Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 - ABOUT 200 PEOPLE ATTENDED AN EXCLUSIVE PREVIEW FOR THE FILMED TOUR OF PAPER ROUTES. OVER 1,000 OTHERS VIEWED THE FILM AFTERWARDS, ONLINE. SELECT COMMITTEE ACTIVITIES: - EL CAPTULO CHILENO DEL NMWA, IN PARTNERSHIP WITH CV GALERA, ORGANIZED AN EXTENSIVE VIRTUAL AND IN-PERSON EXHIBITION OF OVER FORTY WOMEN PHOTOGRAPHERS BASED IN CHILE, TITLED HISTORIAS DE UN ENCIERRO ("STORIES IN CONFINEMENT"). EL CAPTULO, IN ALLIANCE WITH SEVERAL AGENCIES, ALSO ORGANIZED A SCULPTURE CONTEST FOR A TRIBUTE TO CHILEAN WOMEN, TO BE INSTALLED IN SANTIAGO IN 2022. - LES AMIS DU NMWA CREATED A MENTORSHIP PROGRAM AMONG ART PROFESSIONALS AND EMERGING WOMEN ARTISTS, AND PARTNERED WITH THE CURATORIAL PLATFORM SOME OF US TO PUBLISH A BOOK ABOUT CONTEMPORARY WOMEN ARTISTS IN FRANCE. ^ MEMBERS OF EL CAPTULO CHILENO DEL NMWA TOUR HISTORIAS DE UN ENCIERRO WITH EXHIBITING ARTISTS MARA LPEZ AND MARIL ORTIZ DE ROZAS AND PATRONS. PHOTO CREDIT: VERNICA CCERES. - SANTA FE ART COLLECTORS RODDIE AND STEVE HARRIS GAVE A VIRTUAL TOUR OF THEIR COLLECTION TO MEMBERS OF THE NEW MEXICO COMMITTEE. THE COMMITTEE ALSO ORGANIZED A GROUP VISIT TO SITE SANTA FE AND COLLABORATED WITH THE NEW MEXICO ARTS IMAGINATIVE COLLECTIVE TO PRODUCE A VIRTUAL ART SHOWCASE. THE ARKANSAS COMMITTEE ORGANIZED A TRAVELING EXHIBITION AND ACCOMPANYING FILM FEATURING THE STATE'S NOMINATED PAPER ROUTES ARTISTS,

WHICH CONTINUES ITS TOUR OF SIX VENUES ACROSS THE STATE THROUGH FEBRUARY 2022. A GROUP OF ARKANSAS COMMITTEE MEMBERS ALSO TRAVELED TO D.C. TO SEE HER FLAG INSTALLED ON THE NMWA EXTERIOR.

- THE MISSISSIPPI COMMITTEE OPENED A MEMBERS' SHOWCASE, FEATHER AND

Name of the organization **Employer identification number** THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 FORTRESS II, AT THE MARY C. O'KEEFE CULTURAL CENTER AND FILMED A VIRTUAL WALKTHROUGH. - THROUGHOUT THE PANDEMIC, THE UK FRIENDS OF NMWA HAVE HELD FREE, PUBLIC VIRTUAL CONVERSATIONS WITH WOMEN ARTISTS, CURATORS, AND OTHER UK-BASED ARTS PROFESSIONALS. - THE SAN FRANCISCO ADVOCACY ORGANIZED VIRTUAL TOURS WITH THE FIVE NORTHERN CALIFORNIAN ARTISTS WHO WERE NOMINATED FOR PAPER ROUTES. COMMITTEE BOARD SECRETARY AND NAB MEMBER ROBIN LAUB ALSO PUBLISHED BLOG INTERVIEWS WITH EACH NOMINATED ARTIST. - THE MASSACHUSETTS COMMITTEE HELD A VIRTUAL VISIT TO ART IN BLOOM AT THE MUSEUM OF FINE ARTS, BOSTON, WHICH SHOWCASES FLORAL ARRANGEMENTS ALONGSIDE COLLECTION WORKS. COMMITTEE TRUSTEE SUSAN COHEN ALSO CREATED A SERIES OF EMAIL NEWSLETTERS SPOTLIGHTING EACH PAPER ROUTES ARTIST, WHICH WERE PUBLISHED THROUGHOUT 2020.

- THE GEORGIA COMMITTEE HELD A VIRTUAL FRESH TALK WITH ATLANTA-BASED

 ARTIST AND ACTIVIST YEHIMI CAMBRN, IN DIALOGUE WITH MIGRATION AND

 IMMIGRATION SPECIALISTS. THE COMMITTEE ALSO LED ART WALKS TO ATLANTA

 STUDIOS AND WOMEN-OWNED GALLERIES.
- EL CAPTULO PERUANO DEL NMWA VISITED WORK BY WOMEN AT THE MUSEO DE

 ARTE CONTEMPORNEO DE LIMA, MIRAFLORES CULTURAL CENTER, AND OTHER LOCAL

 INSTITUTIONS.
- THE TEXAS STATE COMMITTEE TRAVELED TO D.C. TO VISIT SONYA CLARK:

 TATTER, BRISTLE, AND MEND, THE NMWA COLLECTION, AND OUR HISTORIC

 BUILDING BEFORE RENOVATIONS BEGAN.

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

- THE OHIO ADVISORY GROUP, IN COLLABORATION WITH THE OHIO ARTS COUNCIL,

OPENED PAPER ROUTES: WOMEN TO WATCH 2020 - OHIO AT THE RIFFE GALLERY

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Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS	Employer identification number 52-1238810
AND ORGANIZED A VIRTUAL WALKTHROUGH WITH EXHIBITION CURAT	CORS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	ENTS:
- 361 BOOKS	
- 1,993 ARTIST FILES	
- 3 ARCHIVAL COLLECTIONS ACCESSIONED:	
- GALLERY 10	
- MAXINE CABLE	
- ADJOA BURROWES	
- 6 ARTISTS' BOOKS ACQUIRED:	
- TIA BLASSINGAME, I AM	
- JULIE CHEN, WAYFINDING	
- JULIE CHEN, PANORAMA	
- SANAZ HAGHANI, THE RED MOON	
- CLARISSA SLIGH, TRANSFORMING HATE: AN ARTIST'S BO	ООК
- CLARISSA SLIGH, MY MOTHER, WALT WHITMAN AND ME: A	A RECOLLECTION
- 453 REFERENCE AND RESEARCH INQUIRIES ANSWERED	
- DAMS USE/GROWTH	
- 1,294 NEW UPLOADS	
- 7,020 TOTAL DOWNLOADS	
- 2,637 DIFFERENT ASSETS DOWNLOADED	
- MOST DOWNLOADED ASSET WAS ALMA THOMAS' IRIS, TULI	IPS, JONQUILS,
AND CROCUSES	
- NOTABLE PROGRAMS	
- TWO (2) VIRTUAL WIKIPEDIA EDIT-A-THONS	

Scriedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS	Employer identification number 52-1238810
- MARCH 2021	
- LAUNCH OF INAUGURAL LRC E-NEWSLETTER	
- NMWA BOOK CLUB	
- OLD IN ART SCHOOL BY NELL PAINTER	
- THE BLAZING WORLD BY SIRI HUSTVEDT	
- VIRTUAL BIRTHDAY HAPPY HOURS	
- FRIDA KAHLO	
- ROSA BONHEUR	
- ALMA THOMAS	
- FIVE (5) VIRTUAL STORY TIMES	
- OTHER EVENTS	
- IWD VIRTUAL PRESENTATION ON THE INTERNATIONAL FESTIVE	ALS OF WOMEN
ARTISTS ARCHIVAL COLLECTION	
- QUOTES/POSITIVE FEEDBACK/TESTIMONIALS FROM VISITORS AND	VOLUNTEERS
- I JUST WANTED TO EXPRESS MY PROFOUND GRATITUDE FOR MA	KING THE
PERTINENT ARRANGEMENTS FOR ME TO SPEND SEVERAL DAYS AT THE	LRC AT THE
NATIONAL MUSEUM OF WOMEN IN THE ARTS CONSULTING THREE ENTI	RE BOXES OF
FRIDA KAHLO'S CORRESPONDENCE AMID ALL THE ARRANGEMENTS FOR	THE
TEMPORARY CLOSURE OF THE MUSEUM. I CANNOT THANK YOU ENOUGH	FOR THIS
UNIQUE OPPORTUNITY TO REFRAME MY APPROACH TO KAHLO AS I TE	ACH THE
SENIOR SEMINAR FOR HISPANIC STUDIES STUDENTS AT DAVIDSON T	HIS NEXT
FALL.	
SINCERELY APPRECIATE YOUR UNIQUE SUPPORT, AND THE GREAT A	ASSISTANCE AT
THE LRC.	
HOPE YOU ALL HAVE A SMOOTH TRANSITION AND CONTINUE TO DO	SUCH
MPORTANT AND EXCEPTIONAL WORK AT THE LRC AND AT THE NATION	NAL MUSEUM OF
32212 11-20-20 Schedu	le O (Form 990 or 990-EZ) 2020

- 77 ACQUISITIONS RECIEVED DURING THE YEAR

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

EDUCATION & PUBLIC PROGRAMS:

- "THESE SESSIONS HAVE BEEN A JOY. THEY'RE FUN, INTERESTING,
RICH. ABOVE ALL THAT, HOWEVER, THESE SESSIONS HAVE BEEN AN OPPORTUNITY
FOR HEALING AND HUMAN CONNECTION. THANK YOU FOR OFFERING THEM AND FOR
CONTINUING TO DO SO."

TOGETHER TO APPRECIATE THIS UNIQUE MUSEUM OF WOMEN IN THE ARTS. THANK

TO ME. I FEEL AS IF I AM NOW A MEMBER OF A COMMUNITY THAT COMES

- "I WANT TO EXPRESS MY DEEP APPRECIATION TO THE NATIONAL MUSEUM
 OF WOMEN IN THE ARTS FOR ITS CONSISTENTLY HIGH-QUALITY PRESENTATIONS
 EACH FRIDAY AFTERNOON, ART CHAT."
- "THESE SESSIONS ARE THE PERFECT BLEND OF WELCOMING 'GET

 TOGETHERS' AND INTELLECTUAL DISCUSSION. I APPRECIATE THAT MANY VOICES

 SPEAK AND ARE LISTENED TO. I FEEL LIKE I'VE VISITING WITH FRIENDS.
- "I SO APPRECIATE THE OPPORTUNITY TO EXPERIENCE ART REMOTELY

 DURING THESE DIFFICULT TIMES. THANK YOU SO MUCH!"

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YOU.

Schedule 0 (Form 990 or 990-EZ) 2020	Page
Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS	Employer identification numbe 52-1238810
MICA	
- UNC PEMBROKE	
- GEORGETOWN UNIVERSITY	
- GEORGE WASHINGTON UNIVERSITY	
- 47 VIRTUAL FIELD TRIPS (916 STUDENTS, 89 CHAPERON	ES)
- 23 AS PART OF THE DC ARTS AND HUMANITIES EDUCA	TION
COLLABORATIVE'S ART AND HUMANITIES FOR EVERY STUDENT PROG	RAM (473
STUDENTS, 47 CHAPERONES)	
- ADDITIONAL ADULT / MULTIGENERATIONAL LEARNING	
- MORGAN STANLEY PRESENTATION (30 PEOPLE)	
- FREER-SACKLER DOCENT TRAINING (60 PEOPLE)	
- SECOND ANNUAL VIRTUAL SLOW ART DAY (18 ATTENDEES)	
- 30 COLLECTION HIGHLIGHTS TALKS (527 PEOPLE)	
- 13 DROP-IN, ONE SPECIAL FOR INTERNATIONAL WOMEN'S	DAY, SERVING
130 PEOPLE	
- A FEW PARTICIPANT QUOTES:	
- "IT'S BEEN A LONG TIME SINCE I'VE BEEN ABLE TO	VISIT. I
ENJOYED SEEING SUCH A VARIETY OF WORKS AND ARTISTS THAT I	DO NOT KNOW."
- "GREAT CHOICES OF ART, I'VE VISITED MANY TIMES	AND IT'S
WONDERFUL TO SEE ITEMS HIGHLIGHTED THAT I DIDN'T KNOW MUCH	H ABOUT. AND
THE DIVERSITY OF THE PICKS WAS PERFECT. LOVED OUR TOUR GUI	IDE, SHE MADE
IT ENJOYABLE AND FUN."	
- "I PARTICULARLY APPRECIATED THE TIME THE DOCENT	GAVE US TO
ENGAGE WITH THE WORK AND HOW SHE WAS ABLE TO TAKE ADVANTAGE	E OF
PRESENTING VIRTUALLY BY USING IMAGES IN ADDITION TO THE WO	ORKS DISCUSSED
TO SUPPLEMENT THE DISCUSSION."	
- VIRTUAL WORKSHOP: CREATE A PERSONAL FLAG (20 PEOPLE,	AGES 9+)
032212 11-20-20 Sched	lule O (Form 990 or 990-EZ) 2020

69

SOME IDEAS THAT I CAN USE THEM FOR THIS COMING SCHOOL YEAR!"

10. BARBARA KRUGER
032212 11-20-20

8. YOKO ONO

Schedule O (Form 990 or 990-EZ) 2020

7. DELITA MARTIN

9. CLEMENTINE HUNTER

- CREATED NINE RESOURCE PACKETS TIED DIRECTLY TO DCPS CURRICULUM
 (COLLECTION AND SONYA CLARK FOCUSED).
- WORKED WITH DC COLLABORATIVE TO POST NEW AND EXISTING NMWA TEACHER
 AND STUDENTS RESOURCES ON ITS PANDEMIC-INSPIRED "DISTANCE LEARNING
 RESOURCE DATABASE" WEBSITE TO SURFACE OUR RESOURCES AND MAKE THEM
 AVAILABLE TO A WIDER AUDIENCE.

PROGRAM PARTNERS

- ART EDUCATORS OF NEW JERSEY
- BALTIMORE MUSEUM OF ART

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Employer identification number

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

52-1238810

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.

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.

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

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

COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.

THIS DATA MAY INCLUDE THE FOLLOWING:

- 1. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES;
- 2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS;
- 3. DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT BOTH NONPROFIT AND FOR PROFIT ORGANIZATIONS; AND
- 4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS.

CONCURRENT DOCUMENTATION. TO APPROVE THE COMPENSATION FOR THE EXECUTIVE

DIRECTOR THE COMPENSATION COMMITTEE MUST DOCUMENT HOW IT REACHED ITS

DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING

DURING WHICH THE COMPENSATION WAS APPROVED.

DOCUMENTATION WILL INCLUDE:

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

- A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DATE IT WAS APPROVED:
- B) THE MEMBERS OF THE COMPENSATION AND EXECUTIVE COMMITTEES WHO WERE

 PRESENT DURING THE DISCUSSION ABOUT COMPENSATION AND BENEFITS, AND THE

 RESULTS OF THE VOTE;
- C) A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON AND HOW THE DATA WAS OBTAINED; AND
- D) ANY ACTIONS TAKEN (SUCH AS ABSTAINING FROM DISCUSSION AND VOTE) WITH

 RESPECT TO CONSIDERATION OF THE COMPENSATION BY ANYONE WHO IS OTHERWISE A

 MEMBER OF THE COMPENSATION AND/OR EXECUTIVE COMMITTEES, BUT WHO HAD A

 CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE COMPENSATION AND

 BENEFITS.

ONCE THE COMPENSATION COMMITTEE HAS REACHED A RECOMMENDATION THEY WILL

PROVIDE THEIR RECOMMENDATION IN WRITING, ALONG WITH A COPY OF THE MINUTES

FROM THE COMPENSATION COMMITTEE MEETING TO THE EXECUTIVE COMMITTEE OF THE

BOARD OF TRUSTEES OF NMWA.

OF TRUSTEES WILL INFORM THE CHIEF FINANCIAL OFFICER OF NMWA ON ANY CHANGES

TO COMPENSATION OR BENEFITS FOR THE EXECUTIVE DIRECTOR PRIOR TO THE OCTOBER

PAYROLL.

THE LAST COMPENSATION REVIEW TOOK PLACE IN SEPTEMBER 2020.

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedul	e O (Form	990 or 9	190-EZ) 2	2020													Page
Name of	f the organ	ization	THE	NATI	ONAL	MUS	EUM (OF W	OMEN	IN	THE	ART	S	Empl 5	oyer ide 52-12	ntificat 3881	ion numbe . 0
VA,W	v,wi																
FORM	990,	PAR'	r VI	, SEC	TION	С,	LINE	19:									
THE	ORGAN	IZAT	ION :	MAKES	ITS	GOV	ERNII	NG D	OCUM	ENTS	, C	ONFL	ICT	OF I	NTER	EST	POLIC
AND	FINAN	CIAL	STA	TEMEN	TS A	VAIL	ABLE	то	THE	PUBL	iC	UPON	REQ	UESI	1.		
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THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

52-1238810

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations (and on Investment Income for Private Foundations) FORM 990-T

▶ Go to www.irs.gov/Form990W for instructions and the latest information. Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

1	Unrelated business taxable income expected in the tax		1				
2	Tax on the amount on line 1. See instructions for tax		2				
3			3				
4						4	
5			5				
6	Subtract line 5 from line 4		6				
7			7				
8	Total. Add lines 6 and 7		8				
9	Credit for federal tax paid on fuels. See instructions		9				
b	Subtract line 9 from line 8. Note: If less than \$500, the estimated tax payments. Private foundations, see instruction that the tax shown on the 2020 return. See instruction zero or the tax year was for less than 12 months, skip that and enter the amount from line 10a on line 10c	100	2,400.				
_	from line 10a on line 10c		(a)	(b)	(c)	10c	(d)
11	Installment due dates. See instructions	11	10/15/21	12/15/21	03/15/2	2	06/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	600.	600.	6	00.	600.
3	2020 Overpayment. See instructions	13					-
	Payment due (Subtract line 13 from line 12)	14					F. 000 W/6551
HA	For Paperwork Reduction Act Notice, see instruction	S.					Form 990-W (2021)

ESTIMATED TAX OVERPAYMENT APPLIED

AMOUNT DUE

2,400.

5,189.

0.

023801 02-02-21

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2021

Prepared for	THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 1250 NEW YORK AVENUE, NW WASHINGTON, DC 20005
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	OVERPAYMENT OF \$5,189. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

For	™ 990-T	OMB No. 1545-0047						
		For ca	(and proxy tax under section 6033(e)) lendar year 2020 or other tax year beginning JUL 1, 2020 and ending JUN 30, 20	21	2020			
	partment of the Treasury rnal Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)	(3).	Open to Public Inspection for 501(c)(3) Organizations Only			
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEm	ployer identification number			
В	Exempt under section	Print	THE NATIONAL MUSEUM OF WOMEN IN THE ARTS	52-1238810				
<u> </u>	501(c)(3) 408(e) 220(e)	EGroup exemption number (see instructions)						
	408A 530(a) 529(a) 529S	F	Check box if					
		C Bo	ok value of all assets at end of year		an amended return.			
G	Check organization			Applica	able reinsurance entity			
H	Check if filing only to	>	Claim credit from Form 8941 Claim a refund shown on Form 2439					
	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>			
J			ed Schedules A (Form 990-T)		1			
	·		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
			didentifying number of the parent corporation.					
			PAMELA J. AYRES Telephone number	(202	2)783-5000			
Pa			d Business Taxable Income					
1			s taxable income computed from all unrelated trades or businesses (see		40.700			
					10,530.			
2	Reserved				40 500			
3	Add lines 1 and 2			3	10,530.			
4			see instructions for limitation rules)		10.520			
5			axable income before net operating losses. Subtract line 4 from line 3		10,530.			
6			g loss. See instructions	6				
7			s taxable income before specific deduction and section 199A deduction.		10 520			
_	Subtract line 6 from		UI #4.000 L		10,530.			
8			ally \$1,000, but see instructions for exceptions)		1,000.			
9			uction. See instructions		1 000			
10	Total deductions.		es 8 and 9	10	1,000.			
11	enter zero	s taxai	one income. Subtract line 10 from line 7. If line 10 is greater than line 7,		9,530.			
Pa	rt II Tax Comp	utatio	on	11	3,330.			
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,001.			
2			tes. See instructions for tax computation. Income tax on the amount on	+	2,0011			
_	Part I, line 11 from:		Tax rate schedule or Schedule D (Form 1041)	2				
3	Proxy tax. See inst			3				
4	Other tax amounts.			4				
5	Alternative minimun			5				
6	Tax on noncomplia	6						
_7	_		lity income. See instructions 6 to line 1 or 2, whichever applies	7	2,001.			
LHA			n Act Notice, see instructions.		Form 990-T (2020)			

	90-T (20					Page 2
Part	III T	ax and Payments	,		, ,	
1a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other	credits (see instructions)	1b			
С		al business credit. Attach Form 3800 (see instructions)			1 1	
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)	1d			
е		credits. Add lines 1a through 1d			1e	
2		oct line 1e from Part II, line 7			2	2,001.
3	Other	taxes. Check if from: Form 4255 Form 8611 Form 86	697	Form 8866		
		Other (attach statement)			3	
4	Total t	tax. Add lines 2 and 3 (see instructions).	ously de	eferred under		
	section	n 1294. Enter tax amount here	▶		4	2,001.
5	2020 r	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line	4	p	5	0.
6a	Payme	ents: A 2019 overpayment credited to 2020	6a	7,190.		
b	2020 €	estimated tax payments. Check if section 643(g) election applies 🕨 📖	6b			
С		eposited with Form 8868	6c		11	
d	Foreig	n organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backu	p withholding (see instructions)	6e			
f	Credit	for small employer health insurance premiums (attach Form 8941)	6f			
g		credits, adjustments, and payments: Form 2439				
		Form 4136 Other Total 🕨	6g			- 400
7		payments. Add lines 6a through 6g			7	7,190.
8	Estima	ated tax penalty (see instructions). Check if Form 2220 is attached		▶ ∟	8	
9		ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	- 100
10		ayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa			10	5,189.
11	Enter	the amount of line 10 you want: Credited to 2021 estimated tax		89 Refunded	11	0.
Part		Statements Regarding Certain Activities and Other Informati				
1	At any	time during the 2020 calendar year, did the organization have an interest in or a	a signa	ture or other authority	/	Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the country.	organiz	ation may have to file		
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name	of the foreign country		
	here					X
2	During	the tax year, did the organization receive a distribution from, or was it the grant	tor of, o	or transferor to, a		
		n trust?				X
	If "Yes	s," see instructions for other forms the organization may have to file.				
3	Enter	the amount of tax-exempt interest received or accrued during the tax year		> \$		
4a		e organization change its method of accounting? (see instructions)				Х Х
b	If 4a is	s "Yes," has the organization described the change on Form 990, 990-EZ, 990-P	F, or F	orm 1128? If "No,"		
		n in Part V				
		Supplemental Information				
Provid	e the ex	planation required by Part IV, line 4b. Also, provide any other additional informa	ation. S	ee instructions.		
						and the street factor among
O:	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer DEPUTY	statemer arer has a	nts, and to the best of my known in the knowledge.	owiedge ar	io beller, it is true,
Sign				. "		3 discuss this return with
Here		Signature of officer Oale Oale OPERATI	LONS			r shown below (see
		Signature of Control			structions	
		Time type proparet a name	ate		if PTI	4
Paid		RICHARD J. LOCASTRO,	41440	self- employed		0000014
Prep	arer	Contract 1. To Carlo	1/11/2		-	00288314
LISO ONLY Firm's name ► GELMAN, ROSENBERG & FREEDMAN Firm'S EIN ►						2-1392008
_	•	4550 MONTGOMERY AVE SUITE 8001	N	P.	/ 2 0 1	\ 0E1 0000
		Firm's address BETHESDA, MD 20814-2930		Phone no.	(3UI) 951-9090
						Form 990-T (2020)

OMB No. 1545-0047

1

OMB No. 1545-0047

2020

Open to Public Inspection for 501(c)(3) Organizations Only

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization
THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

B Employer identification number 52-1238810

C Unrelated business activity code (see instructions) > 541800

D Sequence: 1 of 1

E Describe the unrelated trade or business PARTNERSHIP PASS-THROUGH UBIT Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 10 2 Cost of goods sold (Part III, line 8) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 12,887 12,887. 5 Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 600. 528. 72. Advertising income (Part IX) 11 Other income (see instructions; attach statement) 12 13,487. 528. Total. Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement) (see instructions)	5		
6	Taxes and licenses		6	857.
7	Depreciation (attach Form 4562) (see instructions)			
8	Less depreciation claimed in Part III and elsewhere on return 8a		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	72.
14	Other deductions (attach statement) SEE STATEMENT	2	14	1,500.
15	Total deductions. Add lines 1 through 14		15	2,429.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,			
	column (C)		16	10,530.
17	Deduction for net operating loss (see instructions)		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	10,530.
LHA	For Denominal Deduction Ast Alatina, and instructions	-		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

-	lle A (Form 990-T) 2020				Page 2			
Part I		od of inventory valuati		141				
	Inventory at beginning of year							
2	Purchases							
	Cost of labor							
		Additional section 263A costs (attach statement)						
5	Other costs (attach statement)							
	Total. Add lines 1 through 5							
7	Inventory at end of year							
	Cost of goods sold. Subtract line 7 from line 6. Enter h				Yes No			
	Do the rules of section 263A (with respect to property	produced or acquired t	or resale) apply to the	organization?	res140			
Part I								
1	Description of property (property street address, city, s	itate, ZIP code). Check	it a qual-use (see instr	uctions)				
	A							
	В 🔛							
	c 🗀 "							
	D							
		Α	В	С	D			
2	Rent received or accrued							
а	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)							
þ	From real and personal property (if the							
	percentage of rent for personal property exceeds							
	50% or if the rent is based on profit or income)							
С	Total rents received or accrued by property.							
	Add lines 2a and 2b, columns A through D							
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er		line 6, column (B)		0.			
Part 1								
1	Description of debt-financed property (street address,	city, state, ZIP code). (Check if a dual-use (see	instructions)				
	A							
	В							
	c <u></u>							
	D 📖							
		Α	В	С	D			
2	Gross income from or allocable to debt-financed							
	property							
3	Deductions directly connected with or allocable							
	to debt-financed property							
а	Straight line depreciation (attach statement)							
b	Other deductions (attach statement)							
C	Total deductions (add lines 3a and 3b,							
	columns A through D)							
4	Amount of average acquisition debt on or allocable							
	to debt-financed property (attach statement)							
5	Average adjusted basis of or allocable to debt-							
	financed property (attach statement)							
6	Divide line 4 by line 5	%	%	%	9/			
7	Gross income reportable. Multiply line 2 by line 6				^			
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	P	0.			
9	Allocable deductions. Multiply line 3c by line 6				0.			
10	Total allocable deductions. Add line 9, columns A thi	ough D. Enter here and	on Part I, line 7, colur	nn (B)	υ.			

Sche	dule A (Form 990-T) 202 t VI Interest, Ann	0 Liitios B	Povoltion and E	onto fr	om Contro	llod (Organizatio	70 (41 \		Page 3
rai	t VI miterest, Ami	uities, n	Toyanies, and F	Tents if	om Contro							
			Exempt Controlled (
	Name of controlled organization		2. Employer		t unrelated		tal of specified		art of col		l.	ctions directly
					income (loss)		payments made		that is included in the controlling organiza		connected with	
			number	(see in	ee instructions)				tion's gross inc			
(1)												
(2)												
(3)												
(4)												
,			No	nexempt	Controlled Or	rganizat	tions					
	7. Taxable Income	1.8	Net unrelated	T	otal of specif		10. Part o	of colu	ımn 9	11.	Deduction	ons directly
		1	come (loss)	1	payments made		that is incl		luded in the		connected with	
		(see		1 .			controlling organization's			income in o		
(1)							gross	MICON	ie	+		
(2)												
(3)							<u> </u>					
(4)							<u> </u>					
(4)							A dal a alivora			0.1		0 144
							Add colum Enter here a					s 6 and 11. nd on Part I.
							line 8, c				ine 8, col	
T-4-1-									0.			
Totals Part			of a Cookies EO	4/-1/71	(0) (47)	0						0.
rait			of a Section 50	1(0)(7),				\neg			E = .	
	i. Desc	ription of i	ricome		2. Amour incom		3. Deduction directly conne		4. Set	-asides		al deductions set-asides
					I IIICOIII	C	(attach staten		(allacii s	tatemer		cols 3 and 4)
(4)					-		<u>`</u>					
(1)					-						_	
(2)					-							
(3)												
(4)					Add assault	ala la					A 3 3	
					Add amour						100000000000000000000000000000000000000	amounts in mn 5. Enter
					here and on							and on Part I.
					line 9, colur	nn (A)						, column (B)
Totals	.,,,,,					0.						0.
Part	VIII Exploited Ex	cempt A	ctivity Income,	Other	Than Adve	ertisin	g Income (s	ee ins	tructions)			
1	Description of exploited	d activity:										
2	Gross unrelated busine	ess income	from trade or busin	ess. Ente	er here and or	Part I,	line 10, column	(A)		2		
3	Expenses directly conn											
	line 10, column (B)									3		
4	line 10, column (B) Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete											
	lines 5 through 7									4		
5	Gross income from acti	vity that is	not unrelated busin	ness inco	me					5		
	Expenses attributable t									6		
	Excess exempt expens											
	4. Enter here and on Pa		•							7		

<u> </u>				
FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1			
DESCRIPTION	NET INCOME OR (LOSS)			
SEAMAN AUDUBON ASSOCIATES LLC - OTHER NET RENTAL INCOME (LOSS) SEAMAN AUDUBON ASSOCIATES LLC - INTEREST INCOME	12,774. 113.			
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	12,887.			
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 2			
DESCRIPTION	AMOUNT			
TAX PREPARATION FEES	1,500.			
TOTAL TO SCHEDULE A, PART II, LINE 14	1,500.			