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

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

	u			<u> </u>
		2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
B c	heck if pplicable	C Name of organization	D Employer identif	ication number
X	Addres	THE NATIONAL MUSEUM OF WOMEN IN THE ARTS		
	Name change		52-12388	310
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	· ·	
	Final return/ termin	1250 NEW YORK AVENUE, NW	(202)783	
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ H(a) Is this a group I	33,599,687.
	_return Application	·	for subordinate	
	pendin	SAME AS C ABOVE	H(b) Are all subordinates	—
ΙŢ	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach	a list. See instructions
	Vebsit		H(c) Group exempti	
			ear of formation: 1981	M State of legal domicile: DC
Ра	rt I	Summary		
çe	1	Briefly describe the organization's mission or most significant activities: SEE PART	III, LINE 1.	
Governance	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets
ver		Number of voting members of the governing body (Part VI, line 1a)	1 _	1 22
		Number of independent voting members of the governing body (Part VI, line 1b)		
s &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	
Activities		Total number of volunteers (estimate if necessary)		
Acti		Total unrelated business revenue from Part VIII, column (C), line 12		-
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		<u> </u>
			Prior Year	Current Year
Р		Contributions and grants (Part VIII, line 1h)	25,310,299.	
Revenue		Program service revenue (Part VIII, line 2g)	292,426.	
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,042,598.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	$\frac{-814,031}{28,831,292}$	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	4,251,674.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	256,246.	
pen		Total fundraising expenses (Part IX, column (D), line 25) 1,040,413.		
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,259,328.	5,976,015.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,767,248.	
		Revenue less expenses. Subtract line 18 from line 12	20,064,044.	13,670,519.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	143,899,060.	
t As	21	Total liabilities (Part X, line 26)	7,230,305.	•
	22	Net assets or fund balances. Subtract line 21 from line 20	136,668,755.	154,264,308.
	rt II	Signature Block		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
Sigr	,	Signature of officer	I Date	
Her		PAMELA J. AYRES, DEPUTY DIR., FIN. & OPERATIO	NS	
	_	Type or print name and title		
		Print/Type preparer's name Preparer's signature /	Date Check	PTIN
Paid		RICHARD J. LOCASTRO, CPA Culoud J. Locast	12/14/2023 self-emplo	
Prep	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		
		BETHESDA, MD 20814-2930	Phone no. 3 0	01-951-9090
May	the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	OUTREACH:
	ONLINE AND ORE CIME ENGACEMENT
	ONLINE AND OFF-SITE ENGAGEMENT
	THROUGHOUT THE YEAR, MUSEUM SUPPORTERS CONNECTED WITH NMWA'S INNOVATIVE PROGRAMS AND EVENTS BOTH VIRTUALLY AND IN PERSON.
	- ART CHAT @ 5 REACHED NEARLY 1,100 PARTICIPANTS OVER 38 EVENTS.
	ATTENDEES HAILED FROM 33 U.S. STATES, WASHINGTON, D.C., PUERTO RICO,
	CANADA, BERMUDA, BRAZIL, GERMANY, MEXIO, AND ENGLAND.
	- NMWA XCHANGE REACHED 300 VIEWERS ACROSS EIGHT EPISODES FEATURING
	ARTISTS AND CURATORS AS WELL AS WOMEN FROM NMWA'S RENOVATION TEAM.
	- BOOK CLUB BROUGHT 25 READERS TOGETHER TO DISCUSS NATASHA
	GORDON-CHIPEMBERE'S FINDING LA NEGRITA (2022), AND 30 FOR ADDIE TSAI'S
4b	(Code:) (Expenses \$1, 814, 963. including grants of \$) (Revenue \$3, 003.
	CURATORIAL LIBRARY AND PUBLICATIONS:
	DURING THE RECENT YEAR, THE MUSEUM FOCUSED ON COMPLETING OUR
	TOP-TO-BOTTOM RENOVATION AND PREPARING TO REOPEN - ALL WHILE CONTINUING
	OUR WORK TO CHAMPION WOMEN ARTISTS. STAFF OFFERED POPULAR VIRTUAL AND
	IN-PERSON PROGRAMS DURING THE BUILDING CLOSURE. ONE HIGHLIGHT OF OUR
	ART OFFERINGS, AN INSTALLATION ON THE MUSEUM'S FAADE BY KATHARINA
	CIBULKA, PROMPTED PASSERSBY TO THINK DEEPLY ABOUT GENDER EQUITY. AFTER
	WE ANNOUNCED A REOPENING DATE, PLANS FOR THIS LONG-AWAITED OCCASION
	KICKED INTO HIGH GEAR.
	YEAR AT A GLANCE:
4c	(Code:) (Expenses \$1,664,108. including grants of \$) (Revenue \$) (Revenue \$)
	EVUIPILIONS:
	DURING THE RECENT YEAR, THE MUSEUM FOCUSED ON COMPLETING OUR
	TOP-TO-BOTTOM RENOVATION AND PREPARING TO REOPEN - ALL WHILE CONTINUING
	OUR WORK TO CHAMPION WOMEN ARTISTS. STAFF OFFERED POPULAR VIRTUAL AND
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	WE ANNOUNCED A REOPENING DATE, PLANS FOR THIS LONG-AWAITED OCCASION
	KICKED INTO HIGH GEAR.
	YEAR AT A GLANCE:
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 949,117. including grants of \$) (Revenue \$ 2,210.)
4e	Total program service expenses 7,423,565.
	Form 990 (2022

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			-23
6	· · · · · · · · · · · · · · · · · · ·			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	37	
	Schedule D, Part III	8	_X_	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	-izu		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
	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,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	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,"			
	complete Schedule G, Part III	19		X
20 a	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		X

Form 990 (2022) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Page 4 Part IV Checklist of Required Schedules (continued)

	Continued)		V	
00	Did the assessing time was at several than \$5,000 of assessing as at least the section of assessing in dividuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Х	
04 -	Schedule J	23		
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		Х	
	Schedule K. If "No," go to line 25a	24a	Λ	x
	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	040		х
ام	any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		
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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
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
20		21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29		29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	Х	
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	21	х
32	Did the organization required to the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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
35a	Did by a service that have a section that earth within the service of section 540/b/40/0	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 100			_
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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(1022) THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Page 5

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D	were not tax deductible?	6b		
7		OD		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	, ,,		
٠	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	12-		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

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Form **990** (2022)

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 39 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 39 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PAMELA J. AYRES - (202)783-5000

Form **990** (2022)

1250 NEW YORK AVENUE, NW, WASHINGTON,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne		orga I	niza			npen	sate			
(A)	(B)			(C Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation	amount of
	week (list any	.o.						from the	from related organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC/	from the
	related	ee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	/idual	Institutional t	Je.	Key employee	est co	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) SUSAN FISHER STERLING	40.00									
EXECUTIVE DIRECTOR (ALICE WEST DIR.)				Х				424,301.	0.	26,913.
(2) PAMELA J. AYRES	40.00									
DEPUTY DIR., FINANCE & OPERATIONS				Х				220,808.	0.	11,655.
(3) KATHRYN WAT	40.00									
DEPUTY DIR., ART, PROG. & PUBLIC ENG				Х				200,110.	0.	16,489.
(4) ILENE GUTMAN	40.00									
DEPUTY DIR., NAT. & INT'L. OUTREACH						X		176,958.	0.	9,055.
(5) CHRISTINA KNOWLES	40.00									
DIR. OF DEV., ANNUAL GIVING & MEMBER				Х				169,056.	0.	8,677.
(6) DOUG BEAVER	40.00									
DIRECTOR OF SECURITY						X		142,283.	0.	13,469.
(7) LORI BRUBAKER	40.00									
DIRECTOR OF SPECIAL EVENTS						X		118,329.	0.	13,438.
(8) DEBORAH GASTON	40.00								_	
DIRECTOR OF EDUCATION						X		109,384.	0.	11,952.
(9) AMY MANNARINO	40.00									
DIRECTOR OF COMMUNICATIONS						X		113,223.	0.	5,864.
(10) WINTON S. HOLLADAY	1.00									
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(11) SUSAN GOLDBERG	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(12) SHEILA SHAFFER	1.00									
TREASURER & FINANCE CHAIR		Х		Х				0.	0.	0.
(13) CHARLOTTE CLAY BUXTON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(14) PAMELA PARIZEK	1.00									
AUDIT CHAIR		Х		Х				0.	0.	0.
(15) MARCIA MYERS CARLUCCI	1.00									
BUILDING CHAIR		Х		Х				0.	0.	0.
(16) AMY WEISS	1.00									
COMMUNICATIONS CHAIR		Х		Х				0.	0.	0.
(17) ASHLEY DAVIS	1.00									
GOVERNMENT RELATIONS CHAIR		Х		Х				0.	0.	0.
232007 12-13-22				_	_		_			Form 990 (2022

232007 12-13-22

Form **990** (2022)

	TIONAL MOS) Li (11.1	OF	V	I O IM	1111	IN THE AKIS	5 32-1230	OIU Page U
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) NANCY DUBER	1.00									
NOMINATIONS CHAIR		Х		Х				0.	0.	0.
(19) NANCY NELSON STEVENSON WORKS OF ART CHAIR	1.00	Х		Х				0.	0.	0.
(20) DIANE CASEY-LANDRY	1.00								•	•
INVESTMENT CHAIR		Х		х				0.	0.	0.
(21) GINA F. ADAMS	1.00									
MEMBER		Х						0.	0.	0.
(22) JANICE LINDHURST ADAMS MEMBER	1.00	х						0.	0.	0.
(23) LIZETTE CORRO MEMBER	1.00	х						0.	0.	0.
(24) BETTY BOYD DETTRE MEMBER	1.00	х						0.	0.	0.
(25) DEBORAH I. DINGELL MEMBER	1.00	х						0.	0.	0.
(26) SUSAN DUNLEAVY	1.00									
MEMBER		Х						0.	0.	0.
1b Subtotal								1,674,452.	0.	117,512.
c Total from continuation sheets to Pa								0.	0.	0.
d Total (add lines 1b and 1c)								1,674,452.	0.	117,512.
2 Total number of individuals (including t	out not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100.	000 of reportable	

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

Yes No

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
	<u>'</u>	Compensation
SANDRA VICCHIO & ASSOCIATES	ARCHITECTURAL	
3820 BLENHEIM RD, PHOENIX, MD 21131	SERVICES	937,671.
DANILLER + COMPANY, 3724 JEFFERSON STREET,		
SUITE 302, AUSTIN, TX 78731	MEMBERSHIP ADVISOR	807,093.
LUCY BUCHANON		
7819 MARQUETTE STREET, DALLAS, TX 75225	FUNDRAISING ADVISOR	170,836.
PURPLE ROCK SCISSORS LLC	WEBSITE DESIGN &	
816 W CHURCH STREET, ORLANDO, FL 32805	DEVELOPMENT SERVICES	135,877.
FIVE SEED	AUDIENCE DEV. &	
724 KIRKWOOD DRIVE, DALLAS, TX 75218	MEMBERSHIP CONSULTAN	104,725.
2 Total number of independent contractors (including but not limited to those lists	ed above) who received more than	
\$100,000 of compensation from the organization 5		
~	~	222

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

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D - 1 \/II								IN THE ARTS		8810
Part VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					9		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed em		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	related	stee o	rustee			oen sa t				and related
	organizations	al tru	onal t		ployee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANJALI GUPTA	1.00	드	드	0	ž	포	<u>я</u>			
MEMBER	1.00	х						0.	0.	0.
(28) PAM GWALTNEY	1.00	Λ						0.	0.	٠.
MEMBER	1.00	Х						0.	0.	0.
(29) CINDY JONES	1.00	^						0.	0.	0.
MEMBER	1.00	Х						0.	0.	0.
(30) SALLY L. JONES	1.00								U •_	·
MEMBER	1.00	Х						0.	0.	0.
(31) MARLENE MALEK	1.00	-25						•	•	•
MEMBER	1100	х						0.	0.	0.
(32) ANN WALKER MARCHANT	1.00							•	•	
MEMBER		х						0.	0.	0.
(33) JACQUELINE BADER MARS	1.00									
MEMBER		Х						0.	0.	0.
(34) JULIANA E. MAY	1.00									
MEMBER		Х						0.	0.	0.
(35) BONNIE MCELVEEN-HUNTER	1.00									
MEMBER		Х						0.	0.	0.
(36) LUCRETIA ADYMY RISOLEO	1.00									
MEMBER		Х						0.	0.	0.
(37) STEPHANIE SALES	1.00									
MEMBER		Х						0.	0.	0.
(38) JULIE SAPONE	1.00									
MEMBER		Х						0.	0.	0.
(39) KATHLEEN ELIZABETH SPRINGHORN	1.00	1								_
MEMBER		Х						0.	0.	0.
(40) JESSICA H. STERCHI	1.00	ļ							•	
MEMBER	1 00	Х						0.	0.	0.
(41) MAHINDER TAK	1.00	٠,,						0	0	
MEMBER	1 00	Х						0.	0.	0.
(42) ANNIE TOTAH	1.00	.						_	0	
MEMBER (43) SARAH TRECO	1.00	Х						0.	0.	0.
MEMBER	1.00	Х						0.	0.	0.
(44) PATTI WHITE	1.00	Δ						U •	U •	"
MEMBER	1.00	Х						0.	0.	0.
(45) MARTHA DIPPELL	1.00	22						•	· ·	<u> </u>
MEMBER	1.00	Х						0.	0.	0.
(46) KAREN SONNEBORN	1.00							•	U •_	
MEMBER		Х						0.	0.	0.

Name and this have a series of the companies of the compa	Form 990 THE NATIO	ONAL MUS	EU	M	OF	' W	OM	ΕN	IN THE ARTS	52-123	8810
Name and title Average Position Check all that apply) Pour for related organizations below lines Pour for related organizations below lines Pour for related organizations Pour for form related organizations Pour for form related organizations Pour form related org	Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
Dours Check all that apply) Compensation Compensation Check all that apply) Compensation Compensa	(A)	(B)			(0	C)			(D)	(E)	(F)
Per week (list any hours for related organizations below line) 1.00 MEMBER 1.00 X (43) JERNIFER STERCHI 1.00 X (48) ALICE WEST 1.00 ALICE WEST ALICE WEST	Name and title										
Week (list arry hours for related organizations) below line) X		1	(cl	neck	all t	that	app	ly)			
(ist any bounds for related organizations bounds for related organizations bounds for related companizations comp							a a				
(47) JENNIFER STERCHI (48) ALICE WEST 1.00 X 0.0.0.0. 0.488			tor				ploye		1		
(47) JENNIFER STERCHI (48) ALICE WEST 1.00 X 0.0.0.0. 0.488			direc.				e em			(** 27 1000 111100)	
(47) JENNIFER STERCHI (48) ALICE WEST 1.00 X 0.0.0.0. 0.488		1	tee or	ustee			ensate				
(47) JENNIFER STERCHI (48) ALICE WEST 1.00 X 0.0.0.0. 0.488			altrus	ınal tr		loyee	dwos				organizations
(47) JENNIFER STERCHI (48) ALICE WEST 1.00 X 0.0.0.0. 0.488		1	lividu	titutic	icer	y emp	hest	mer			
MEMBER X 0. 0. 0. (49) ALICE WEST 1.00 X 0. 0. 0. 0. 0. 0. 0.		<u> </u>	pu	Su.	#0	ağ.	ij	For			
(48) ALICE WEST MEMBER 1.00 X 0. 0. 0. 0.		1.00	l								•
MEMBER X O. O. O. O. O. O. O. O. O.		1 00	X						0.	0.	0.
		1.00	٠,								0
Total to Part VII, Section A, line 1c	MEMBER		X						0.	0.	0.
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c				\vdash		_		-			
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	Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

			Check if Schedule O contains	ins a response (or note to any lin	e in this Part VIII			
			Check ii Concade C conta	no a response t	or riote to driy iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
40.10	_	_	Federated connections	4-					300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns	41	1,629,155.				
Sign			Membership dues		<u> </u>				
ts, An			Fundraising events	1	1,175,725.				
igi ilar			Related organizations		1 004 110				
ns, Sim			Government grants (contributio		1,824,112.				
er		f	All other contributions, gifts, grants		10 005 550				
έŧ			similar amounts not included above		18,235,772.				
d di		g	Noncash contributions included in lines 1a	-1f 1g \$	1,260,370.				
<u>ğ</u> <u>ğ</u>		h	Total. Add lines 1a-1f			22,864,764.			
					Business Code				
e	2	-	MEMBERSHIP DUES		900099	225,487.	225,487.		
e Ķ		~	PROGRAM FEES		900099	1,735.	1,735.		
S			RIGHTS & PERMISSIONS		900099	1,725.	1,725.		
ar		d	MAGAZINE ADVERTISING		541800	600.		600.	
Program Service Revenue		е	TOURS		900099	475.	475.		
Ā		f	All other program service reven	ue					
		g	Total. Add lines 2a-2f			230,022.			
	3		Investment income (including d	ividends, intere	st, and				
			other similar amounts)			1,915,895.		14,235.	1901660.
	4		Income from investment of tax-						
	5		Royalties			553.			553.
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	5,000.					
		b	Less: rental expenses 6b	161,807.					
			Rental income or (loss) 6c	-156,807.					
		d	Net rental income or (loss)			-156,807.			-156,807.
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a	8,465,562.					
		b	Less: cost or other basis						
ē			and sales expenses 7b	8,040,746.					
her Revenue		С	Gain or (loss) 7c	424,816.					
3eV			Net gain or (loss)			424,816.			424,816.
erF			Gross income from fundraising eve			,			,
Ð.		_	including \$ 1,175,						
			contributions reported on line 1						
			Part IV, line 18	·	77,500.				
		h	Less: direct expenses		450,387.				
			Net income or (loss) from fundra		,	-372,887.			-372,887.
			Gross income from gaming acti			,			,
	_	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gamir						
			Gross sales of inventory, less re	_					
	10	а	and allowances		40,729.				
		h	Less: cost of goods sold						
			Net income or (loss) from sales		111,007.	-103,328.	-103,328.		
_		C	Net income or (loss) from sales	or inventory	Business Code	103,320.	103,320.		
Sn		_	MISCELLANEOUS		900099	-338.			-338.
Miscellaneous Revenue	"				300033	330.			330.
llar		b							
sce Be		C	All other revenue						
Ž			All other revenue			-338.			
		e	Total Add lines 11a-11d			24,802,690.	126,094.	14,835.	1796997.
	12		Total revenue. See instructions .			4=,002,030.	120,034.	1 14,000.	1130331.

Form **990** (2022)

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 i	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 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				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 060 140	211 516	652 511	02 001
_	trustees, and key employees	1,060,148.	314,546.	653,511.	92,091
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 155 501	1 001 000	001 020	071 042
7	Other salaries and wages	3,155,581.	1,891,808.	991,830.	271,943
8	Pension plan accruals and contributions (include	116 010	75 560	22 060	10 204
	section 401(k) and 403(b) employer contributions)	116,910.	75,568.	23,968.	17,374 31,280 28,435
9	Other employee benefits	229,235.	146,779.	51,176.	31,280
0	Payroll taxes	303,689.	170,103.	105,151.	28,435
1	Fees for services (nonemployees):				
а	Management	24 225	00.440	4 0.70	40.000
b	Legal	34,326.	22,410.	1,078.	10,838
С	Accounting	44,047.		44,047.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	290,593.			290,593
f	Investment management fees	218,751.		218,751.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,719,026.	1,487,656.	231,370.	
12	Advertising and promotion	558,137.	550,199.	5,535.	2,403 109,304
13	Office expenses	355,675.	197,366.	49,005.	109,304
14	Information technology	127,899.	127,899.		
15	Royalties				
16	Occupancy	356,309.	340,720.	12,558.	3,031
17	Travel	184,484.	131,093.	27,895.	25,496
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	200,220.	150,668.	37,798.	11,754
20	Interest	147,770.	141,305.	5,208.	1,257
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	511,870.	489,475.	18,040.	4,355
23	Insurance	122,789.		122,789.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DIRECT MAIL	380,248.	293,138.		87,110
b	ART TRANS. AND STORAGE	321,503.	315,373.	4,938.	1,192
c	SERVICE CONTRACTS	132,702.	89,794.	15,950.	26,958
d	EXHIBITION CONSTRUCTION	128,828.	114,041.	237.	14,550
	All other expenses	431,431.	373,624.	47,358.	10,449
5	Total functional expenses. Add lines 1 through 24e	11,132,171.	7,423,565.	2,668,193.	1,040,413
<u>.5</u> 26	Joint costs. Complete this line only if the organization	,,	, ==,,,,,,,	, ,	, , = = , = = 0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oussanonai oumpaign and runaiaising sonoitation.				

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

	ILX	Check if Schedule O contains a response or note to any line in this Part X			
		2 22add a contained a coported of floto to dry into in the fact A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	320,011.	1	2,509,337.
	2	Savings and temporary cash investments	46,789,115.	2	15,976,607.
	3	Pledges and grants receivable, net	8,726,352.	3	5,948,774.
	4	Accounts receivable, net		4	4,251.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	117,442.	8	121,281.
As	9	Prepaid expenses and deferred charges	151,879.	9	127,360.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 71,930,233.			
	b	Less: accumulated depreciation 10b 14,544,128.	24,938,923.	10c	57,386,105.
	11	Investments - publicly traded securities	59,955,713.	11	87,409,171.
	12	Investments - other securities. See Part IV, line 11	2,878,375.	12	2,561,437.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21,250.	15	21,250.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	143,899,060.	16	172,065,573.
	17	Accounts payable and accrued expenses	4,129,688.	17	6,202,702.
	18	Grants payable		18	
	19	Deferred revenue	304,362.	19	142,528.
	20	Tax-exempt bond liabilities	2,680,690.	20	11,108,591.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	115 565		245 444
		of Schedule D	115,565.		347,444.
	26	Total liabilities. Add lines 17 through 25	7,230,305.	26	17,801,265.
S		Organizations that follow FASB ASC 958, check here			
၁င		and complete lines 27, 28, 32, and 33.	14 062 524		15 // 727
alar	27	Net assets without donor restrictions	14,863,524.	27	15,433,737.
Ä	28	Net assets with donor restrictions	121,805,231.	28	138,830,571.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	000	and complete lines 29 through 33.		00	
ts (29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
λĀ	31	Retained earnings, endowment, accumulated income, or other funds	136 660 755	31	15/ 26/ 200
ž	32	Total net assets or fund balances	136,668,755. 143,899,060.	32	154,264,308. 172,065,573.
	33	Total liabilities and net assets/fund balances	143,033,000.	33	Form 990 (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,80</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,13		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,67</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,66		
5	Net unrealized gains (losses) on investments	5	3	,92	5,0	34.
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	154	,26	4,3	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	_				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
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	Х	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Publ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	see instructions.	
The	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in sect					-76-76-7	
3	H	A hospital or a cooperative		•		γ Ь\/1\/Δ\/ii	ii\	
4	H	A medical research organiz					•	the hospital's name
7		city, and state:	acion operated in con	njanotion with a noopital	GCCCTIDCG	000110	71 17 0(D)(1)(A)(III). Emoi	the respitate riams,
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describ	ad in
3		section 170(b)(1)(A)(iv). (C		inege of university owner	or operat	ca by a gc	Verrimental and accomb	SG III
6				anntal wait described in		70/6\/4\/A\	()	
6	T	A federal, state, or local gov	_					
7	X	An organization that norma	•	ntial part of its support if	om a gove	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		//// 1) /O				
8	Н	A community trust describe						
9		An agricultural research org	-			-		-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:						
10	Ш	An organization that norma						
		activities related to its exen	· ·	•				•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	aπer June 30, 1975.
		See section 509(a)(2). (Con	•			=	201 1141	
11		An organization organized a	•	•	•			
12	Ш	An organization organized a	· ·	· · ·	-		•	
		more publicly supported or	-					Sheck the box on
_		lines 12a through 12d that	• •			-	· · · · · ·	air in a
ē	l [· · · · · · · · · · · · · · · · · · ·		•	_		
		the supported organization			majority c	or the direc	tors or trustees of the st	apporting
L		organization. You must o	-		ion with its		ad arganization(a) by bay	ina
t	, r		•					-
		control or management o			ame perso	ris triat co	ntroi or manage the supp	Jortea
,		organization(s). You mus Type III functionally inte			in connoct	tion with	and functionally intograte	od with
C	, L	its supported organization					• •	with,
		Type III non-functionally		·				zation(s)
٠		that is not functionally int					• • • •	
		requirement (see instructi	-		•		•	Veness
6		Check this box if the orga	•	•	•			
	· L	functionally integrated, or					Type i, Type ii, Type iii	
1	Ente	er the number of supported of		nany integrated supporting	ig organiz	ation.		
		vide the following information		ed organization(s)				L
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
	al							
							i	i .

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8803278.	31152297.	17150056.	25310299.	22864764.	105280694
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8803278.	31152297.	17150056.	25310299.	22864764.	105280694
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						33984371.
6	Public support. Subtract line 5 from line 4.						71296323.
	etion B. Total Support						712303231
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		31152297.	17150056	25310299.	22864764	105280694
	Gross income from interest.	00002700	0110117,				
O	dividends, payments received on						
	securities loans, rents, royalties,	2817594.	2450854.	1799649	1524268.	1907213	10/99578
_	and income from similar sources	2017374.	2430034.	1700040.	1324200.	1707213.	104773700
9	Net income from unrelated business						
	activities, whether or not the	22,676.	14,380.	9,530.	8,576.	10,767.	65,929.
	business is regularly carried on	22,070.	14,300.	9,550.	0,370.	10,707.	03,929.
10	Other income. Do not include gain						
	or loss from the sale of capital	1 004	185.	2 705	F 100	-338.	E72
	assets (Explain in Part VI.)	1,984.	103.	2,795.	-5,199.		-573. 115845628
	Total support. Add lines 7 through 10	. ,	<u> </u>				
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,516,183.
13	First 5 years. If the Form 990 is for th	-					
804	organization, check this box and stor						·····
	ction C. Computation of Publi			1 (6)			61.54 %
	Public support percentage for 2022 (I					14	60 50
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c	-					77
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	•	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	rganization		Ш
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

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

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

Section	A. Public Support	slow, please comp	nete Part II.)				
	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
•	grants, contributions, and	(4) 2313	(2) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
-	pership fees received. (Do not						
	de any "unusual grants.")						
	receipts from admissions,						
	nandise sold or services per-						
	d, or facilities furnished in						
,	ctivity that is related to the ization's tax-exempt purpose						
-	receipts from activities that						
	ot an unrelated trade or bus-						
	under section 513						
	evenues levied for the organ-						
	n's benefit and either paid to						
-	pended on its behalf					+	
	alue of services or facilities						
	hed by a governmental unit to						
	rganization without charge						
	Add lines 1 through 5						
	ints included on lines 1, 2, and						
	eived from disqualified persons				1		
	ts included on lines 2 and 3 received ther than disqualified persons that						
exceed	the greater of \$5,000 or 1% of the						
	on line 13 for the year						
	nes 7a and 7b						
8 Publi	c support. (Subtract line 7c from line 6.)						
Section	B. Total Support		1	<u> </u>	_		1
Calendar ye	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ınts from line 6						
	s income from interest,						
	ends, payments received on ities loans, rents, royalties,						
	ncome from similar sources						
b Unrela	ted business taxable income						
(less s	ection 511 taxes) from businesses						
acquir	ed after June 30, 1975						
c Add li	ines 10a and 10b						
	come from unrelated business						
	ties not included on line 10b,						
	ner or not the business is arly carried on						
_	income. Do not include gain						
	s from the sale of capital						
	s (Explain in Part VI.)						
	5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section	501(c)(3) organizatio	
	this box and stop here	J			•	() ()	· —
	C. Computation of Publi						
	support percentage for 2022 (li			column (f))		15	%
	support percentage from 2021					16	%
	D. Computation of Inves					1 10 1	
	tment income percentage for 20			ine 13 column (f)		17	%
	tment income percentage from 2					18	%
	3% support tests - 2022. If the						
							, 13 HUL
	than 33 1/3%, check this box an	=	-				L
	3% support tests - 2021. If the						
	8 is not more than 33 1/3%, che						
∠u Priva	te foundation. If the organizatio	n did not check a	DOX OR LINE 14, 19	a. or 190. check th	iis dox and see in:	SITUCTIONS	1 1

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	. 54		
	10b		
ule	A (Forn	n 990)	2022

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
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		
Sect	tion 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		
Sect	tion 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 year (see 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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
_	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see		
	instructions)	, ,	,. II 5-19-	`		

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions		•		Current Year	
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	4 Amounts paid to acquire exempt-use assets					
_5	Qualified set-aside amounts (prior IRS approval required - pri	ovide 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 the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9				9		
10	10 Line 8 amount divided by line 9 amount					
		(1)	(**)		(;;;)	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

52-1238810

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

52-1238810

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 9,141,542.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,015,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 957,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$867,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

52-1238810

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

52-1238810

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SEE STATEMENT 1	_	
5			
		\$\$ <u>517,277.</u>	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	392 SHARES OF ALPHABET INC CL C	_	
7			06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
223/53 11-15		Ψ	Schedule B (Form 990) (2022)

Name of organization Employer identification number

HE N	ATIONAL MUSEUM OF WOMEN			52-1238810
Part III				(10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	haritable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter thi	is info. once.) \$
	Use duplicate copies of Part III if additional s	pace is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	Description of how gift is held
		_		
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No. from	(h) Dumana at aift	(a) Han of sift	1.41	Description of hour sift is held
Part I	(b) Purpose of gift	(c) Use of gift	(a)	Description of how gift is held
ŀ		(e) Transfer of gi	ft	
		(,		
	Transferee's name, address, ar	nd ZIP + 4	Relationship	of transferor to transferee
	-			
(a) No. from	(h) Duringes of sift	(a) Had of with	(41)	Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(a ₁	Description of how gift is held
		-		
		(e) Transfer of gi	ft	
		()		
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
	-			_
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
}		(e) Transfer of gi	 ft	
		(e) Transier of gr		
	Transferee's name, address, ar	nd ZIP + 4	Relationship	of transferor to transferee

SCH B PG 3 STATEMENT 1

113 SHARES OF ALPHABET, 16 SHARES OF ALCON, 3 SHARES OF GALLAGHER, 1 SHARE OF ORACLE, 704 SHARES OF COPART INC., 2,194 SHARES OF INTERACTIVE BROKERS GROUP CL, 111 SHARES OF LINDE PLC, 100 SHARES OF A O SMITH

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number 52-1238810

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised failus	(b) i dilas ana otner accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

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

Schedule D (Form 990) 2022

Scl	hedule D (Form 990) 2022	THE NAT	IONAL	MUSEUM	OF	WOMEN	IN	THE	ARTS	52-1238810	Page
P	art VII Investments - O	ther Securit	ies.								
	Complete if the organ	nization answere	ed "Yes" on	n Form 990, Pa	art IV, I	ine 11b. See	Form	990, Pa	art X, line 12		
(a	a) Description of security or catego	TY (including name of	security)	(b) Book v	alue	(c)	Metho	d of val	uation: Cost	or end-of-year market	value
(1)	Financial derivatives										
(2)	Closely held equity interests										
(3)	Other										
	(A)										
	(B)										
	(C)										
	(D)										
	(E)										
	(F)										

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

(G) (H)

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

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

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY PAYABLE	100,725.
(3) DEFERRED COMPENSATION	72,243.
(4) DEPOSITS HELD	82,000.
(5) REFUNDABLE ADVANCES	92,476.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	347,444.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 THE NATIONAL MUSEUM OF WOME	N IN	THE ARTS	52-	1238810	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	29,265	224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	3,925,034.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	756,251.			
е	Add lines 2a through 2d			2e	4,681,	
3	Subtract line 2e from line 1			3	24,583,	,939.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	218,751.			
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		<u>,751.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	24,802,	,690.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	11,669,	671.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	756,251.			
е	Add lines 2a through 2d			2e	756	,251.
3	Subtract line 2e from line 1			3	10,913,	420.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	218,751.			
	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c	218,	751.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	11,132	, <u>171.</u>
Pai	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1	b and 2b; Part V, line 4	; Part	X, line 2; Part X	 I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal info	rmation.			
PAF	RT III, LINE 1A:					
ΑT	JUNE 30, 2023, THE MUSEUM'S HOLDINGS AGGREG	SATEI	6,216 WORK	SB	Y OVER	
1,3	310 WOMEN ARTISTS FROM THE SIXTEENTH CENTURY	TO T	THE PRESENT	· T	HESE WOF	RKS
COL	ISIST PRINCIPALLY OF PAINTINGS, DRAWINGS, SO	ULPI	URES, PRINT	SA	ND BOOKS	5.
DUF	RING THE YEAR ENDING JUNE 30, 2023, THE MUSE	EUM A	ADDED 110 WO	RKS	WITH AN	1
API	PRAISED VALUE OF APPROXIMATELY \$547,700 TO 1	TS F	HOLDINGS AND	NO	WORKS	
	·					
WEF	RE DE-ACCESSED. NO MATERIAL AMOUNT OF THE CO	LLEC	TION ITEMS	WER	E DAMAGE	ED,
DES	TROYED, OR LOST DURING THE YEAR.					
_						
PAF	RT III, LINE 4:					
THE	NATIONAL MUSEUM OF WOMEN IN THE ARTS HAS A	AN EX	TENSIVE COL	LEC	TION OF	
	99-01-22				dule D (Form 9	90) 2022

Part XIII | Supplemental Information (continued)

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

PART V, LINE 4:

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

PART X, LINE 2:

FOR THE YEAR ENDED JUNE 30, 2023, 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 450,387. FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B. COST OF GOODS SOLD REPORTED AS EXPENSE ON THE 144,057. FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10B. FACILITY RENTAL EXPENSE REPORTED AS EXPENSE ON THE 161,807. FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 6B. TOTAL TO SCHEDULE D, PART XI, LINE 2D 756,251.

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go t	to www.irs	.gov/Form990) for instruc	tions	and t	he latest	tinformatio	n.		ln	spection
Name of the organization												ification number
	THE NAT									52-123		
Part I Fundrais	ing Activities.	Complete	if the organiza	ation answe	red "Y	es" or	n Form 9	90, Part IV, I	line 17	7. Form 990	-EZ fil	lers are not
	complete this par						<u> </u>					
1 Indicate whether the		sed funds th		_								
a X Mail solicitat b X Internet and	ions email solicitations		e _	_				ent grants				
T		5	1 <u>.</u>			-	nment g	rants				
d X In-person so			g∟	Special	lunura	using	events					
2 a Did the organization		or oral agree	ement with an	v individual	(includ	lina of	fficers di	iractors trus	toos	or		
key employees list										ο, Χ γ	⁄es	No
b If "Yes," list the 10		-	-					~				
compensated at le				,		g						
		<u> </u>							()	^ : :		
(i) Name and addres or entity (fund			(ii) Activity		(iii) fundr have con	ustody itrol of	1	ess receipts activity	tò (o	Amount paid r retained b fundraiser	y) t	(vi) Amount paid to (or retained by) organization
					contribu				list	ed in col. (i)	<u>'</u>	
DANILLER + COMPANY		WENDED ON	TD ADVITAGE		Yes	No	-	0		750 10		750 100
JEFFERSON ST., SUIT		MEMBERSH	IP ADVISOR			Х		0.		750,12		-750,122.
CANOE, BIG CANOE, C		DI.ANNED	GIVING CONS	ייווי. ייע מיי. דווי		х		0.		100,63	.1	-100,631.
LUCY BUCHANAN - 781		FIRMNED	JIVING CONE	ODIANI		Α		٠.		100,03		100,031.
MARQUETTE ST, DALLA		DEVELOPM	ENT CONSULT	TANT		x		0.		200,42	0.	-200,420.
	,										+	
											\neg	
											\perp	
											\dashv	
											\perp	
											+	
										1 051 17	, ,	1 051 172
							L		<u></u>	1,051,17		-1,051,173.
3 List all states in whi or licensing.	ch the organization	n is registe	red or license	d to solicit c	ontribi	utions	or has t	een notified	l it is e	exempt from	regis	stration
AL, AR, AK, AZ,	<u>са ст со </u>	ET. CA	עד דד. ע	C KV T	.7\ 1\	ID 1	ra mτ	MNT MC	ME	אוא כוא י	J NI	T NM NV
NC, OK, OR, PA, I					יי אנ	יו, עו	1A, 111	, FIIN , FIG	, MI	, IND , INI	1,111	O,MM,MI
NC,OR,OR,IA,I	AT , DC , IN ,	OI, VA,	WV,WI,D	/C								

232081 10-27-22

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA (event type)	(event type)	(total number)	col. (c))
nue			(event type)	(overne type)	(total Hamber)	
Revenue	1	Gross receipts	1,253,225.			1,253,225.
	2	Less: Contributions	1,175,725.			1,175,725.
	3	Gross income (line 1 minus line 2)	77,500.			77,500.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	31,076.			31,076.
Direct Expenses	7	Food and beverages	110,849.			110,849.
	8	Entertainment				
	9	Other direct expenses				308,462.
	10	,				450,387.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-372,887.
Pa	IT L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$13,000 011 F01111 990-E2, liftle 0a.		(b) Pull tabs/instant		(d) Total gaming (add
e e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						.,,
æ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_			Yes No
		the organization licensed to conduct gaming a No," explain:		states?		Yes No
10a	We	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tax v	ear?	Yes No
		Yes," explain:			·	
	_					

Sche	edule G (Form 990) 2022	THE NATIONAL	MUSEUM	OF WOMEN	IN THE AR	TS 52-12	3881	D Page 3
11	Does the organization conduct g	aming activities with nonme	embers?				Yes	No
12	Is the organization a grantor, ber	eficiary or trustee of a trust	t, or a member	of a partnership of	or other entity forme	d		
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gamin	g activity conducted in:						
а	The organization's facility						13a	<u>%</u>
	An outside facility						13b	%
14	Enter the name and address of the	ne person who prepares the	e organization's	s gaming/special e	events books and re	ecords:		
	Name							
	Address							
15a	Does the organization have a cor	ntract with a third party fror	m whom the or	ganization receive	s gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gan	ning revenue received by th	ne organization	\$	and the	e amount		
	of gaming revenue retained by the							
С	If "Yes," enter name and address							
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$	_					
	Description of services provided							
	Director/officer	Employee	Indepe	endent contractor				
17	Mandatory distributions:							
а	Is the organization required under							
	retain the state gaming license?						Yes	∟ No
b	Enter the amount of distributions	required under state law to	o be distributed	to other exempt	organizations or sp	ent in the		
D .	organization's own exempt activi		\$					
Pa		rmation. Provide the exp				d (v); and Part	III, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provide a	any additional i	nformation. See in	structions.			
SC	<u>HEDULE G, PART I,</u>	LINE 2B, LIST	r of ten	HIGHEST	PAID FUND	RAISERS:		
	_							
<u>(I</u>	<u>) NAME OF FUNDRAI</u>	SER: DANILLER	+ COMPA	NY				
<u>(I</u>) ADDRESS OF FUND	RAISER: 3724	JEFFERSC	N ST., SU	JITE 302, 2	AUSTIN,	TX 7	78731
			<u> </u>					
<u>(I</u>) NAME OF FUNDRAI	SER: LUCY BUCH	HANAN					
<u>(I</u>) ADDRESS OF FUND	RAISER: 7819 1	MARQUETT	E ST, DAI	LAS, TX	75225		

Schedule G	(Form 990) Supplemental	THE	NATIONAL	MUSEUM	OF	WOMEN	IN	THE	ARTS	52-1238810	Page 4
Part IV	Supplemental	Information	(continued)								
			(
-											
					_						
_											
				<u> </u>							

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

52-1238810

Employer identification number

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
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 Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			l
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
				l
	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:			37
	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			l
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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	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		v	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	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		i

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(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)	374,301.	50,000.	0.	19,403.	7,510.	451,214.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAMELA J. AYRES	(i)	210,808.	10,000.	0.	11,040.	615.	232,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHRYN WAT	(i)	200,110.	0.	0.	10,006.	6,483.	216,599.	0.
DEPUTY DIR., ART, PROG. & PUBLIC ENG	ii)	0.	0.	0.	0.	0.	0.	0.
(4) ILENE GUTMAN	(i)	171,808.	5,150.	0.	8,848.	207.	186,013.	0.
DEPUTY DIR., NAT. & INT'L. OUTREACH	ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTINA KNOWLES	(i)	169,056.	0.	0.	8,453.	224.	177,733.	0.
DIR. OF DEV., ANNUAL GIVING & MEMBER	ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOUG BEAVER	(i)	138,130.	4,153.	0.	6,998.	6,471.	155,752.	0.
DIRECTOR OF SECURITY	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
(ii)							
	(i)							
(ii)							
	(i)							
(ii)							
	(i)							
((ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE MUSEUM HAS A 457(F) DEFERRED COMPENSATION PLAN WHICH BECAME EFFECTIVE

JULY 1, 2021. SUSAN FISHER STERLING PARTICIPATES IN THE PLAN. \$35,000 OF

CONTRIBUTIONS TO THE PLAN ARE INCLUDED IN PART II, COLUMN (C).

PART I, LINE 7:

THE FOLLOWING EMPLOYEES RECEIVED BONUS PAYMENTS DURING THE YEAR:

- SUSAN FISHER STERLING	\$50,000
- PAMELA J. AYRES	\$10,000
- ILENE GUTMAN	\$5,150
- DOUG BEAVER	\$4,153

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

SEE DART VI FOR COLUMN (F) CONTINUATIONS

Employer identification number 52-1238810

IIIL NATIONA									<u> </u>	450	0 T 0		
Part I Bond Issues SE	E PART VI	FOR COLUM	(F) CON	TINUAT:	ONS								
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Descript	on of purpose	(g) De	feased		behalf	(i) Po	ole
										of is	suer	finan	cino
								Yes	No	Yes	No	Yes	No
						FINANCE							
A THE DISTRICT OF COLUMBIA	53-6001131	NONE	08/26/21	3500	0000.	THE RENO	VATION OF		X		Х		X
В													
С													
D													
Part II Proceeds					ı		T						
			A			В	С	D			D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
<u> </u>				2,804.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds			11,50	2,804.									
11 Other spent proceeds													
				000									
13 Year of substantial completion				023									
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding is	-	•											
if issued prior to 2018, a current refunding issu				X							_		
15 Were the bonds issued as part of a refunding is		•		77									
issued prior to 2018, an advance refunding issued				X							+		
16 Has the final allocation of proceeds been made				X							_		
17 Does the organization maintain adequate book	s and records to sup	port the		77									
final allocation of proceeds?	e Instructions for F			X									

Par	t III Private Business Use								
			4	ı	В		Ç	[)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
_6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X							
Par	t IV Arbitrage								
			4	I	В	(Ç)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
_2	If "No" to line 1, did the following apply?						_		_
<u>a</u>	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed				_				
_3	Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)								
	A		E	3		Ç)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action	•	•		•		•		
	A B			С	D			
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.			•		
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: THE DISTRICT OF COLUMBIA								
(F) DESCRIPTION OF PURPOSE:								
FINANCE IN PART THE RENOVATION OF THE MUSEUM'S BU	JILDING	•						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection
Employer identification number

	THE NATIONAL	MUSEUI	M OF WOMEN	IN THE	ARTS		52-	1238	810	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cor amounts rep Form 990, Part	orted on	no	Method of ncash contri		_	s
1	Art - Works of art	X	116		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	X	21	1,26	0,370.	FMV				
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz								_	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	. 29				2	
									Yes	No
30a	During the year, did the organization receive by				-		nat it			
	must hold for at least 3 years from the date of t									
	exempt purposes for the entire holding period?	·······						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	•	•	-		ions?		. 31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or s	ell noncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which colun	nn (a) is ched	ked,				
	describe in Part II.									

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

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

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:
UNWIELDY CREATURES (2022).
EDUCATORS REACHED AUDIENCES VIRTUALLY THROUGH COLLECTION HIGHLIGHTS
TALKS, SLOW ART DAY, AND A MONTH-LONG RESIDENCY WITH VISUAL THINKING
STRATEGIES' LOOK CLUB, IN WHICH THEY ENGAGED 186 ATTENDEES. NMWA ALSO

AT THE THIRD VIRTUAL EDUCATOR SUMMER CAMP, EDUCATORS GATHERED FOR PROFESSIONAL DEVELOPMENT AND FUN:

MUSEUM OF ART; GADSDEN ARTS CENTER & MUSEUM,

MORE THAN 300 EDUCATORS ATTENDED FROM 26 STATES, WASHINGTON, D.C. AND FIVE OTHER COUNTRIES: CANADA, BERMUDA, IRAN, ITALY, AND ENGLAND.

HELD PROGRAMS IN PARTNERSHIP WITH THE ART GALLERY OF ONTARIO; BALTIMORE

DURING EIGHT SESSIONS IN JULY, EDUCATORS DISCOVERED ARTISTS IN NMWA'S Schedule O (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 10-28-22

GALLERY OF IRELAND.

FLORIDA; AND NATIONAL

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Employer identification number
52-1238810

COLLECTION AND ENJOYED HANDS-ON WORKSHOPS.

"THE NMWA RESIDENCY WAS AN ABSOLUTE JOY TO BE PART OF AND ONE OF THE MOST ROBUST VTS LOOK CLUB ONLINE SERIES IN ITS 3+ YEAR EXISTENCE." EM MILLER, VISUAL THINKING STRATEGIES DIRECTOR

THE WOMEN, ARTS, AND SOCIAL CHANGE (WASC) PUBLIC PROGRAMS INITIATIVE

CONTINUED HIGHLIGHTING THE POWER OF WOMEN AND THE ARTS AS CATALYSTS FOR

CHANGE. PARTICIPANTS CONNECTED THROUGH ITS SIGNATURE FRESH TALK

PROGRAM, THE MUSICAL MEETUP SERIES THE TEA, AND MORE.

"FRESH TALK: ART AND THE ECSTATIC" FEATURED ARTISTS ASHA ELANA CASEY,

OLETHA DEVANE, AND CONSUELO JIMENEZ UNDERWOOD DISCUSSING THEIR WORK

DOCUMENTING THE DIVINE. AT "FRESH TALK: WORK ON THE WALLS," NMWA HOSTED

MURAL ARTIST MISS CHELOVE, VISUAL ARTIST AND FILMMAKER MICHELLE ANGELA

ORTIZ, AND MIXED-MEDIA ARTIST NEKISHA DURRETT AS THEY DISCUSSED THEIR

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MORE THAN 130 ATTENDEES TUNED IN FOR "CULTURAL CAPITAL: A CELEBRATION

OF BLACK GIRLS' CHILDHOOD," A SPECIAL PARTNERSHIP WITH THE GEORGETOWN

LAW CENTER ON POVERTY AND INEQUALITY'S INITIATIVE ON GENDER JUSTICE AND

OPPORTUNITY. IT FEATURED MARLEY DIAS, FOUNDER OF #1000BLACKGIRLBOOKS;

POET LOGAN GREEN; AND ARTIST SCHEHERAZADE TILLET.

NMWA'S DIGITAL ENGAGEMENT HELPED OUR ART AND PRO-GRAMS REACH AUDIENCES
NEAR AND FAR.

- THE MUSEUM'S WEBSITE GARNERED MORE THAN 1.3 MILLION PAGE VIEWS IN 2023.

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THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

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- NMWA'S SOCIAL MEDIA ACCOUNTS CONTINUED TO GAIN FOLLOWERS, INCREASING

BY 20% ON FACEBOOK AND 6% ON INSTAGRAM.

- NMWA LAUNCHED ACCOUNTS ON THE PLATFORMS TIKTOK AND THREADS. ALREADY,
ON TIKTOK, 19,600 PEOPLE (AND COUNTING) HAVE VIEWED OUR FIRST NINE

VIDEOS. THE MUSEUM HAS MORE THAN 14,200 FOLLOWERS ON THREADS.

THE MUSEUM CONTINUED A STRONG PARTNERSHIP WITH GOOGLE ARTS & CULTURE BY

PRODUCING TWO NEW MULTIMEDIA STORIES FOR GOOGLE'S THEMATIC COLLECTIONS,

INCLUDING A SPOTLIGHT ON JAUNE QUICK-TO-SEE SMITH FOR GOOGLE'S NATIVE

AMERICAN HERITAGE MONTH FEATURE. NMWA WAS ALSO ONE OF THE FIRST MUSEUMS

TO CREATE A VIRTUAL POCKET GALLERY FOR THE DEBUT OF THE PLATFORM.

THE 2023 THEME FOR NMWA'S #5WOMENARTISTS SOCIAL MEDIA CAMPAIGN WAS

"ART+, FINE ARTS AND BEYOND." IT FOCUSED ON GENDER EQUITY IN

ARTS-RELATED FIELDS SUCH AS ARCHITECTURE, DESIGN, AND FILM. WE

HIGHLIGHTED FIGURES WITHIN THESE DISCIPLINES ON SOCIAL MEDIA AND THE

BROAD STROKES BLOG, AND #5WOMENARTISTS REACHED 6.3 MILLION PEOPLE.

THANK YOU!

AS WE PROGRESSED TOWARD THE FINISH LINE OF OUR AMBITIOUS RENOVATION,

YOUR SUPPORT AND PARTNERSHIP MADE AN AMAZING IMPACT. WE WELCOMED MORE

THAN 1,300 NEW MEMBERS AS WE PREPARED FOR THE MUSEUM'S REOPENING, ALL

WHILE KEEPING THE SUPPORT OF OVER 3,000 CHARTER MEMBERS, WHO HAVE BEEN

WITH US FOR MORE THAN THIRTY YEARS.

NOW, WITH THE BUILDING REOPENED AND AN EXCITING SLATE OF PROGRAMS AND

EXHIBITIONS PLANNED FOR THE COMING SEASONS, WE INVITE YOU TO HELP US

SHAPE NMWA'S FUTURE.

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

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NATIONAL AND INTERNATIONAL PROGRAMS

DURING THE RECENT FISCAL YEAR, THE MUSEUM'S THIRTY-ONE NATIONAL AND

INTERNATIONAL OUTREACH COMMITTEES SHARED NMWA'S MISSION AROUND THE

WORLD. WE WELCOMED THE NEW IRELAND COMMITTEE AND BEGAN DEVELOPMENT OF

THE SOUTH KOREA COMMITTEE.

NMWA ANNOUNCED NEW WORLDS: WOMEN TO WATCH 2024, THE NEXT INSTALLMENT IN

THE EXHIBITION SERIES THAT FEATURES EMERGING AND UNDERREPRESENTED WOMEN

ARTISTS FROM REGIONS WHERE NMWA HAS COMMITTEES. MANY GROUPS HELD

EXHIBITIONS, PROGRAMS, AND EVENTS AS PART OF THE INITIATIVE. HIGHLIGHTS

INCLUDE:

- THE ARKANSAS COMMITTEE LAUNCHED THEIR TRAVELING EXHIBITION TO FORT SMITH, EL DORADO, PINE BLUFF, AND CONWAY.
- UK FRIENDS OF NMWA OPENED THEIR EXHIBITION AT CHRISTIE'S KING STREET.
- SAN FRANCISCO ADVOCACY FOR NMWA OPENED THEIR EXHIBITION AT THE CALIFORNIA COLLEGE OF THE ARTS.
- THE MASSACHUSETTS COMMITTEE OPENED THEIR EXHIBITION AT GALLERY

 KAYAFAS IN BOSTON. THEY ALSO ORGANIZED A YOUTH ART-MAKING WORKSHOP AND

 EXHIBITION VISIT WITH ARTWARD BOUND, AN ORGANIZATION THAT SUPPORTS THE

 NEXT GENERATION OF CREATIVE PROFESSIONALS OF COLOR.
- THE JAPAN COMMITTEE HELD A PANEL ON GENDER EQUITY IN JAPAN AND THE

 U.S. ART SCENES AT THE TOKYO UNIVERSITY OF THE ARTS, WHICH FEATURED

 FORMER MORI MUSEUM CURATOR NATSUMI ARAKI, RESEARCHER AND WRITER HIROKI

 YAMAMOTO, AND NMWA DIRECTOR SUSAN FISHER STERLING. THE COMMITTEE ALSO

 OPENED A MULTI-VENUE EXHIBITION OF WOMEN TO WATCH NOMINEES' WORK.
- THE GEORGIA COMMITTEE OPENED THEIR EXHIBITION AT THE ATLANTA

CONTEMPORARY AND HOSTED AN ARTIST TALK.

Schedule O (Form 990) 2022

Name of the organization **Employer identification number** THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 - EL CAPTULO CHILENO HELD AN EXHIBITION AND ARTIST TALK IN PARTNERSHIP WITH CORPORACIN CULTURAL DE LO BARNECHEA. LES AMIS DU NMWA HELD AN

- THE WYOMING COMMITTEE COMMISSIONED A DOCUMENTARY FILM SPOTLIGHTING THEIR NOMINATED ARTISTS (WWW.WYNMWA.ORG/FILM) AND HELD A FILM SCREENING AND ARTIST PANEL.
- THE CANADA COMMITTEE ORGANIZED A PANEL ON GENDER INEQUITY IN THE ARTS AT THE ART GALLERY OF ONTARIO (AGO) IN PARTNERSHIP WITH AGO WOMEN'S ART INITIATIVE. AGO'S MICHAEL AND SONJA KOERNER DIRECTOR AND CEO STEPHAN JOST AND SUSAN FISHER STERLING DISCUSSED GENDER EQUITY INITIATIVES.

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

ARTIST EVENT AT THE 2022 PARIS PHOTO FAIR.

- SAVE THE DATE! THE ANNOUNCEMENT OF THE MUSEUM'S REOPENING DATE -OCTOBER 21, 2023 - LAUNCHED A WAVE OF PRESS COVERAGE AND PUBLIC ENTHUSIASM.
- DOZENS OF WORKS OF ART FROM NMWA'S COLLECTION REMAINED AVAILABLE TO THE PUBLIC, THROUGH EXTENDED LOANS TO THE NATIONAL GALLERY OF ART AND THE BALTIMORE MUSEUM OF ART AND IN SPECIAL EXHIBITIONS AROUND THE WORLD.
- THE LIBRARY AND RESEARCH CENTER BEGAN MOVING THOUSANDS OF BOOKS AND ARCHIVAL DOCUMENTS BACK INTO THE FRESHLY RENOVATED AND RECONFIGURED LIBRARY.

ART WITHOUT WALLS

WHILE THE MUSEUM WAS CLOSED, NMWA'S ART AND PROGRAMS CONTINUED TO THRIVE. THE SECOND ITERATION OF THE MUSEUM'S LOOKOUT PUBLIC ART SERIES TRANSFORMED CONSTRUCTION SCAFFOLDING INTO A LARGE-SCALE CANVAS. ON VIEW FROM OCTOBER 24, 2022, TO APRIL 30, 2023, LOOKOUT: KATHARINA CIBULKA

Name of the organization

THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

52-1238810

PRESENTED ONE OF THE AUSTRIAN ARTIST'S MONUMENTAL "SOLANGE" (GERMAN FOR

"AS LONG AS") WORKS, A SERIES ADDRESSING GENDER-BASED INEQUITY AND

"THE CONSTRUCTION SITE IS IN PROCESS. AND SOCIETY IS UNDER CONSTRUCTION

TOO, SO IT'S A NICE CANVAS." KATHARINA CIBULKA, ON HER "SOLANGE" WORK

FOR NMWA

IN VIVID PINK TULLE ON WHITE MESH FABRIC, CIBULKA AND HER TEAM

CROSS-STITCHED, "AS LONG AS GENERATIONS CHANGE BUT OUR STRUGGLES STAY

THE SAME, I WILL BE A FEMINIST." NMWA'S INSTALLATION MARKED THE

ARTIST'S FIRST IN THE U.S.; IT WAS ALSO HER LARGEST AT NEARLY 7,000

SQUARE FEET. CIBULKA WORKED WITH NMWA TO SHARE HER ART, RECORDING AN

AUDIO GUIDE AND JOINING AS A SPECIAL GUEST ON AN EPISODE OF NMWA

XCHANGE. TWO INSTAGRAM POSTS FEATURING THE INSTALLATION WERE THE

MUSEUM'S MOST POPULAR OF THE YEAR, AMASSING 10,875 LIKES CUMULATIVELY.

THROUGH OUR COLLECTION ON THE MOVE INITIATIVE, TWENTY- THREE ARTWORKS

FROM THE COLLECTION APPEARED AT PARTNER INSTITUTIONS IN OUR REGION. AT

THE NATIONAL GALLERY OF ART AND BALTIMORE MUSEUM OF ART, VISITORS COULD

VIEW NAWA FAVORITES BY CLARA PEETERS, EVA HESSE, FRIDA KAHLO, AMY

SHERALD, AND MANY OTHERS. NOTABLE WORKS ALSO TOURED THE WORLD IN

SPECIAL EXHIBITIONS. HIGHLIGHTS INCLUDED ALICE NEEL'S T.B. HARLEM

(1940) IN TWO MAJOR SPECIAL EXHIBITIONS ON THE ARTIST, AND LAVINIA

FONTANA'S PORTRAIT OF COSTANZA ALIDOSI (CA. 1595) TRAVELING TO THE

NATIONAL GALLERY OF IRELAND, WHERE IT WAS PART OF THE FIRST EXHIBITION

ON THE ARTIST IN NEARLY THIRTY YEARS.

POWER STRUCTURES.

<u>Schedule O (Form 990) 2022</u> Page **2**

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

Employer identification number
52-1238810

READY, SET . . .

IN THE MONTHS BEFORE THE GRAND REOPENING, WE PREPARED TO WELCOME AND
WOW VISITORS. COLLECTION WORKS WERE READIED FOR THE SPOTLIGHT, AND AS
CONSTRUCTION IN THE GALLERIES NEARED COMPLETION, NEARLY 200 RETURNED TO
THE MUSEUM FOR INSTALLATION.

THE MUSEUM PREPARED TO PUBLISH A NEW CATALOGUE, NATIONAL MUSEUM OF
WOMEN IN THE ARTS: COLLECTION HIGHLIGHTS, IN CELEBRATION OF THE
REOPENING. CREATED IN PARTNERSHIP WITH HIRMER PUBLISHERS, THE HARDCOVER
VOLUME FEATURES MORE THAN 180 WORKS OF ART, INCLUDING MANY RECENT
ACQUISITIONS. WITH ESSAYS BY NEARLY FIFTY ARTISTS, CURATORS, AND
WRITERS, ALONG WITH A LIVELY, THEMATIC DESIGN, THE BOOK HELPS READERS
DISCOVER CONNECTIONS AMONG GREAT WORKS BY WOMEN ARTISTS.

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

- SAVE THE DATE! THE ANNOUNCEMENT OF THE MUSEUM'S REOPENING DATE OCTOBER 21, 2023 LAUNCHED A WAVE OF PRESS COVERAGE AND PUBLIC
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BRICK BY BRICK

Employer identification number Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 THE CONSTRUCTION TEAM MADE GREAT STRIDES IN THE MUSEUM'S RENOVATION WORK. WHILE THEY PRESERVED HISTORIC DETAILS, CREWS OVERHAULED THE BUILDING'S TECHNICAL SYSTEMS AND FINISHES, AND THE "NEW NMWA" BEGAN TO EMERGE! ENLARGED GALLERIES - NOW 15% MORE SPACE FOR ART! PLUS, GALLERIES' NEW INFRASTRUCTURE CAN BETTER ACCOMMODATE MULTIMEDIA INSTALLATIONS AS WELL AS MONUMENTAL SCULPTURES LIKE THOSE ON VIEW IN THE SKY'S THE LIMIT. - BRAND-NEW SPACES: THE LEARNING COMMONS FEATURES THE NEW EXHIBITION GALLERIES; THE LIBRARY AND RESEARCH CENTER; AND THE NEW STUDIO, WHICH PROVIDES FLEXIBLE SPACE TO HOST HANDS-ON WORKSHOPS, ART-MAKING SESSIONS, AND PROGRAMS. IMPROVED VISITOR EXPERIENCE THROUGH ADA ACCESSIBILITY AND NEW AMENITIES: THE MUSEUM ADDED A DEDICATED NURSING LOUNGE, AN ENTRANCE RAMP THAT PROVIDES AN ADDITIONAL ACCESSIBLE PATH FOR VISITORS, AND ELEVATORS THAT REACH EVERY FLOOR. IN CHOOSING ARCHITECTS, ENGINEERS, AND OTHER LEADERS ON THE RENOVATION PROJECT, NMWA SELECTED EXPERIENCED PARTNERS - MANY OF THEM WOMEN -ACROSS THESE STEREOTYPICALLY MALE-DOMINATED PROFESSIONS. WE CELEBRATED SOME OF THESE WOMEN WHEN CONSERVATOR WENDY JESSUP AND ARCHITECTS CARA VERSACE AND SANDRA VICCHIO JOINED A SPECIAL EPISODE OF NMWA XCHANGE,

IN FEBRUARY, A HARD-HAT PRESS TOUR OF THE BUILDING LED TO ENTHUSIASTIC

COVERAGE IN THE ART NEWSPAPER, WASHINGTONIAN, WASHINGTON CITY PAPER,

AND OTHER OUTLETS. PEOPLE MAGAZINE INCLUDED NMWA'S REOPENING ON ITS

ANNUAL "100 REASONS TO LOVE AMERICA" LIST.

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"WOMEN BUILDING BETTER."

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

EDUCATION & PUBLIC PROGRAMS:

DURING THE RECENT YEAR, THE MUSEUM FOCUSED ON COMPLETING OUR

TOP-TO-BOTTOM RENOVATION AND PREPARING TO REOPEN - ALL WHILE CONTINUING

OUR WORK TO CHAMPION WOMEN ARTISTS. STAFF OFFERED POPULAR VIRTUAL AND

IN-PERSON PROGRAMS DURING THE BUILDING CLOSURE. ONE HIGHLIGHT OF OUR

ART OFFERINGS, AN INSTALLATION ON THE MUSEUM'S FAADE BY KATHARINA

CIBULKA, PROMPTED PASSERSBY TO THINK DEEPLY ABOUT GENDER EQUITY. AFTER

WE ANNOUNCED A REOPENING DATE, PLANS FOR THIS LONG-AWAITED OCCASION

KICKED INTO HIGH GEAR.

YEAR AT A GLANCE:

- SAVE THE DATE! THE ANNOUNCEMENT OF THE MUSEUM'S REOPENING DATE OCTOBER 21, 2023 LAUNCHED A WAVE OF PRESS COVERAGE AND PUBLIC
 ENTHUSIASM.
- VIRTUAL FIELD TRIPS FOR K-12 AND COLLEGE STUDENTS REACHED 442
 LEARNERS.

ONLINE AND OFF-SITE ENGAGEMENT

THROUGHOUT THE YEAR, MUSEUM SUPPORTERS CONNECTED WITH NMWA'S INNOVATIVE PROGRAMS AND EVENTS BOTH VIRTUALLY AND IN PERSON.

- ART CHAT @ 5 REACHED NEARLY 1,100 PARTICIPANTS OVER 38 EVENTS.

 ATTENDEES HAILED FROM 33 U.S. STATES, WASHINGTON, D.C., PUERTO RICO,

 CANADA, BERMUDA, BRAZIL, GERMANY, MEXIO, AND ENGLAND.
- NMWA XCHANGE REACHED 300 VIEWERS ACROSS EIGHT EPISODES FEATURING
 ARTISTS AND CURATORS AS WELL AS WOMEN FROM NMWA'S RENOVATION TEAM.

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- BOOK CLUB BROUGHT 25 READERS TOGETHER TO DISCUSS NATASHA

GORDON-CHIPEMBERE'S FINDING LA NEGRITA (2022), AND 30 FOR ADDIE TSAI'S

UNWIELDY CREATURES (2022).

EDUCATORS REACHED AUDIENCES VIRTUALLY THROUGH COLLECTION HIGHLIGHTS

TALKS, SLOW ART DAY, AND A MONTH-LONG RESIDENCY WITH VISUAL THINKING

STRATEGIES' LOOK CLUB, IN WHICH THEY ENGAGED 186 ATTENDEES. NMWA ALSO

HELD PROGRAMS IN PARTNERSHIP WITH THE ART GALLERY OF ONTARIO; BALTIMORE

MUSEUM OF ART; GADSDEN ARTS CENTER & MUSEUM, FLORIDA; AND NATIONAL

GALLERY OF IRELAND.

AT THE THIRD VIRTUAL EDUCATOR SUMMER CAMP, EDUCATORS GATHERED FOR PROFESSIONAL DEVELOPMENT AND FUN:

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- AND FIVE OTHER COUNTRIES: CANADA, BERMUDA, IRAN, ITALY, AND ENGLAND.
- DURING EIGHT SESSIONS IN JULY, EDUCATORS DISCOVERED ARTISTS IN NMWA'S

COLLECTION AND ENJOYED HANDS-ON WORKSHOPS.

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LAW CENTER ON POVERTY AND INEQUALITY'S INITIATIVE ON GENDER JUSTICE AND

OPPORTUNITY. IT FEATURED MARLEY DIAS, FOUNDER OF #1000BLACKGIRLBOOKS;

POET LOGAN GREEN; AND ARTIST SCHEHERAZADE TILLET.

READY, SET . . .

PUBLIC ART PRACTICES.

A NEW CLASS OF DOCENTS BUSILY PREPARED TO GREET VISITORS. NAWA

EDUCATORS ENGAGED DOCENTS IN FIFTY-FOUR TRAINING SESSIONS, COVERING

TOPICS SUCH AS VISUAL THINKING STRATEGIES, VERBAL DESCRIPTIONS, IMPROV

AT THE MUSEUM, AND GENDER 101. THESE MUSEUM AMBASSADORS WILL LEAD TOURS

AND INTRODUCE THE NEW COLLECTION INSTALLATION, IN WHICH NEARLY 40% OF

THE WORKS HAVE NEVER BEEN ON VIEW AT NAWA BEFORE.

EXPENSES \$ 949,117. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,210.

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

WINTON HOLLADAY AND JESSICA STERCHI HAVE A FAMILY RELATIONSHIP.

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

THE RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR

MANAGEMENT. IT WAS THEN PRESENTED TO THE BOARD BY THE DEPUTY DIRECTOR FOR

FINANCE AND OPERATIONS FOR REVIEW, BEFORE IT WAS FILED WITH THE IRS.

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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.

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.

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization 52-1238810 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 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: SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES; 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: A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DATE IT WAS

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 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. FOLLOWING DIRECTION OF THE EXECUTIVE COMMITTEE, THE TREASURER OF THE BOARD 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 NOVEMBER 2023.

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

VA,WV,WI

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

Schedule O (Form 990) 2022	Page 2
Name of the organization THE NATIONAL MUSEUM OF WOMEN IN THE ARTS	Employer identification number 52-1238810
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST.

8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

2022, and ending JT	JN 30	
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2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name and title of officer or person subject to tax

Name of filer

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

THE NATIONAL MUSEUM OF WOMEN IN THE AM	RTS

For calendar year 2022, or fiscal year beginning JUL 1

PAMELA J AYRES

EIN or SSN 52-1238810

DEPUTY DIR, Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7 whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below.	a, 5a, 6a, 7a, 8a, 9a 7b, 8b, 9b, or 10b
Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7 whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below.	a, 5a, 6a, 7a, 8a, 9a 7b, 8b, 9b, or 10b

1a	Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь24,802,690.
2a	Form 990-EZ check here		Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)	2.0
5a	Form 8868 check here		Balance due (Form 8868, line 3c)	
6a	Form 990-T check here	_ b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	. 7b
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b
The second district the second		b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	ignatur	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare the	at X Ia	m an officer of the above entity or I am a person subject to tax with res	spect to (name
of entir				e evamined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

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Р	IN:	ch	eck	on	e k	YOU	on	w

X	l authorize	GELMAN,	ROSENBERG	δε	FREEDMAN

to enter my PIN

23971

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

nature of officer or person subject to tax
art III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52390998693

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)