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May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

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

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

DLN: 93493034005041 OMB No. 1545-0047

☐ Yes ☐ No

Form 990 (2019)

Cat. No. 11282Y

Open to Public

Form 990
Department of the Treasury
Internal Revenue

Inspection For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: THE NATIONAL MUSEUM OF WOMEN IN THE ARTS \square Address change 52-1238810 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1250 NEW YORK AVENUE NW ☑ Amended return ☐ Application pending (202) 783-5000 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 G Gross receipts \$ 46,013,695 Name and address of principal officer: H(a) Is this a group return for SUSAN FISHER STERLING □Yes ☑No subordinates? 1250 NEW YORK AVENUE NW H(b) Are all subordinates WASHINGTON, DC 20005 ☐ Yes ☐No included? **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.NMWA.ORG L Year of formation: 1981 M State of legal domicile: DC K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 40 40 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 114 **6** Total number of volunteers (estimate if necessary) 6 130 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 17,083 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,803,278 31,152,297 Ravenue 477,282 9 Program service revenue (Part VIII, line 2g) . 758,119 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,371,377 2,258,657 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 876,405 278,625 13,809,179 34,166,861 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,176,689 4,523,308 Expenses 472,949 607,028 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,198,271 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,524,427 5,357,543 10,174,065 10,487,879 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 3,635,114 23,678,982 Net Assets or Fund Balances Beginning of Current Year End of Year 103,784,222 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,310,988 2,774,238 22 Net assets or fund balances. Subtract line 21 from line 20 . 78,540,195 101,009,984 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here PAMELA J AYRES DEPUTY DIR., FIN. & OPERATIONS Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P00288314 Paid self-employed Firm's name ► GELMAN ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Preparer Use Only Firm's address ► 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 BETHESDA, MD 208142930

4e Total program service expenses ► 7,145,330

Form	990 (2019)			Page 3
Par	Checklist of Required Schedules			
	7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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 (Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	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		No
	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 2	11c		No
	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 2	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
. 19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	(!		

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

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Da	tV Statements Regarding Other IRS Filings and Tax Compliance			

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

No

Yes

Yes

116

0

1c

1a

1b

01111	Chatamanta Barandina Othan IDC Filings and Tay Compliance (continued)			rage 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).	4a		No
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	nse to l	ines
Se	ction A. Governing Body and Management		.,	
1-	Enter the number of voting members of the governing body at the end of the tax year 1a 40	-+	Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
	similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
	г		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	4.51		
- C-		16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
-,	AL , AR , CA , FL , GA , HI , IL , KS , KY , M , NH , NJ , NM , NY , NC , OR , PA , RI , SC WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: PAMELA J AYRES 1250 NEW YORK AVENUE NW WASHINGTON, DC 20005 (202) 783-5000			

 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. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC) ■ (F) Reportable compensation from the organization organization organization organization organization organizati	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or 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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Section & Officers Diver	tous Turistasi	. Karri	E I				U:l		satad Emmlayasa	. /	time and \	Page 6
Part VII Section A. Officers, Direct	1	s, Key I	Empi			and	High	· ·		(cont		
(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	n off	t che unles ficer rust	and a	son	(D) Reportable compensatio from the organization (W-2/1099-	n compensation from relate organization	on ed ns	Estima amount of compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC	, I		ed ations
See Additional Data Table						-						
										_		
										+		
										+		
1b Sub-Total		 A		•		▶				_		
d Total (add lines 1b and 1c)						•		1,255,843		0		88,984
2 Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than	\$100,000			
3 Did the organization list any former line 1a? If "Yes," complete Schedule									ated employee on	3	Yes	No No
4 For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	150,00	0? <i>If</i>	"Yes	," c	omplet	te Sc	hedule J for suc	ch		Yes	
5 Did any person listed on line 1a recei services rendered to the organization									individual for	 -	163	
Section B. Independent Contract										5		No
Complete this table for your five high from the organization. Report compe	est compensate									ompen	sation	
<u> </u>	(A) and business addre		, cui	Circ	9	***************************************	. ,,,,		(B) Description of services		(C Comper	
SANDRA VICCHIO & ASSOCIATES LLC	and business dutile								NG ARCHITECTURAL D			,017,640
305 SAINT DUNSTANS ROAD BALTIMORE, MD 21212												
COMMUNITY COUNSELLING SERVICES CO LLC PO BOX 824885								FUNDRA CAMPAI	AISING, BUILDING GN			286,542
PHILADELPHIA, PA 19182 LUCY BUCHANAN, 7819 MARQUETTE ST								FUNDRA	AISING CONSULTANT			175,000
DALLAS, TX 75225 PURPLE ROCK SCISSORS LLC								WEB PA	GE DEVELOPMENT			118,285
2014 EDGEWATER DRIVE 342												,
ORLANDO, FL 32804 PHOENIX SERVICES LLC								CLEANII	NG SERVICES			114,841
105 EXECUTIVE DR SUITE 220 STERLING, VA 20166										_		
2 Total number of independent contracto	rs (including but	not lim	ited t	o th	ose	listed	abov	/e) who received	d more than \$100,0	000 of		

orm 9 Part		(2019) Statement	of F	Revenue						Page 9
I GIL	VIII				respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1:	a Federated campa	aigns	· .	1 a	250		revenue		312 - 314
unts		b Membership due:	s.	. [1 b	1,552,953				
67.2 M		c Fundraising even	nts .	· • [1c	493,691				
fs, ≧ A		d Related organiza	tions	s [1d					
nila		e Government grants	(con	tributions)	1e	1,080,191				
Sin	1	f All other contribution and similar amounts								
Contributions, Gifts, Grants and Other Similar Amounts		above Noncash contribution		L	1f	28,025,212				
id C		lines 1a - 1f:\$		L	1 g	5,717,897				
ರ ಕ		h Total. Add lines	1a-1	f	•	•	31,152,297			
						Business Code	220 411	230,411		
a.	2a	MEMBERSHIP DUES				900099	230,411	230,411		
evenue	b	ADMISSIONS				900099	193,708	193,708		
Program Service Revenue	c	PROGRAM FEES				900099	40,535	40,535		
n Serv	d	TOURS				900099	8,970	8,970		
rograr	е	RIGHTS & REPRODUC	OITC	NS		900099	3,658	3,658		
۵	f	All other program	serv	ice revenue.]				
	g	Total. Add lines 2	2a-2	f	•	477,282				
		Investment income				nterest, and other	1,732,428	,	17,083	1,715,345
		similar amounts) . Income from invest				ond proceeds •			17,063	1,713,343
		Royalties			•	•	1.050)		1,859
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a	7	33,650	1				
		Less: rental					-			
		expenses	6b	2	94,399)				
	С	Rental income or (loss)	6с	4	39,251					
	c	Net rental income	or	(loss)			439,251			439,251
				(i) Securi	ties	(ii) Other	_			
	7a	Gross amount from sales of assets other than inventory	7a	11,5	71,239	•				
	b	Less: cost or other basis and	7b	11,0	45,010)				
	С	sales expenses Gain or (loss)	7c	5	26,229)	_			
		Net gain or (loss)	<u>-</u>				526,229	9		526,229
Other Revenue	8 a	Gross income from fu (not including \$ contributions reporte	d on	493,691 of						
}e^		See Part IV, line 18			8a	0	4			
er f		Less: direct expen Net income or (los			8b	165,300				-165,300
Oth			,			ents •	1			,
	9a	Gross income from See Part IV, line 19								
	ŀ	Less: direct expen			9a 9b		_			
		: Net income or (los				ies	_			
	10	aGross sales of inve returns and allowa	ento ance:	ry, less s	10a	344,755				
	Ŀ	Less: cost of good	ls so	ld	10b	342,125				
		Net income or (los			invent	ory >	2,630	2,630		
		Miscellaneo	us R			Business Code				
	11	·aMISCELLANEOUS				900099	9 185			185
	Ł									
	c									
	c	All other revenue	_							
		Total. Add lines 1				•	185			
	12	! Total revenue. S	ee ir	nstructions .			34,166,861		17,083	
	_									Form 000 (2010)

F	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other organization	ns must complete colu	ımn (A).
	Check if Schedule O contains a response or note to an		=	ns must complete cold	(A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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, trustees, and key employees	962,237	374,595	587,642	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,878,178	1,949,511	679,905	248,762
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	102,686	66,858	23,009	12,819
9	Other employee benefits	279,924	171,405	95,341	13,178
10	Payroll taxes	300,283	193,386	85,945	20,952
11	Fees for services (non-employees):				
ā	a Management				
ŀ	Legal	107,545	189	4,106	103,250
(Accounting	39,846		39,846	
(1 Lobbying				
•	Professional fundraising services. See Part IV, line 17	607,028			607,028
f	Investment management fees	222,571		222,571	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	514,769	463,412	51,356	1
12	Advertising and promotion	619,348	612,625	230	6,493
13	Office expenses	292,734	197,288	65,248	30,198
14	Information technology	252,680	252,680		
15	Royalties				
16	Occupancy	479,674	458,687	16,906	4,081
17	Travel	165,315	87,846	22,429	55,040
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	287,155	223,031	28,091	36,033
20	Interest	1,473		1,473	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	601,460	575,145	21,198	5,117
23	Insurance	106,458	2,033	104,425	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a DIRECT MAIL	518,624	518,624		
	b ART ACQUISITION	218,712	218,712		
	c SERVICE CONTRACTS	175,923	143,771	17,742	14,410
	d EXHIBITION CONSTRUCTION	145,153	110,349	34	34,770
	e All other expenses	608,103	525,183	76,781	6,139
25	Total functional expenses. Add lines 1 through 24e	10,487,879	7,145,330	2,144,278	1,198,271
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

2

Liabilities 22

Fund Balances

ō 29

Assets 30

23

24

25

26

27

28

31

32

33

(B)

End of year

22

23

24

25

26

27

28

29

30

31

32

33

428,000

1.310.988

13,198,463

65,341,732

78,540,195

79,851,183

Page 11

745,039

779.000

419,750

2.774.238

14,333,048

86,676,936

101,009,984

103,784,222

Form 990 (2019)

19,334,089

14,514,900

Check if Schedule O contains a response or note to any line	II tilis Falt IX .	

Cash-non-interest-bearing	855,073	1	
Savings and temporary cash investments	6,361,109	2	
Pledges and grants receivable, net	2,937,463	ω	

Beginning of year

3 Accounts receivable, net 42,045 4 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

Loans and other receivables from other disqualified persons (as defined under

		section $4958(f)(1)$), and persons described in se		6			
S	7	Notes and loans receivable, net			7		
set	8	Inventories for sale or use	174,920	8	177,067		
Assets	9	Prepaid expenses and deferred charges			28,851	9	35,867
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	26,305,834			
	ь	Less: accumulated depreciation	10b	17,380,115	7,159,672	10 c	8,925,719
	11	Investments—publicly traded securities .	62,184,950	11	59,944,441		
	12	Investments—other securities. See Part IV, line	107,100	12	107,100		
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets	[14		
	15	Other assets. See Part IV, line 11		[15	
	16	Total assets. Add lines 1 through 15 (must eq	34)	79,851,183	16	103,784,222	
	17	Accounts payable and accrued expenses			827,703	17	1,376,653
	18	Grants payable		18			
	1						

Ь	Less: accumulated depreciation	10b	17,380,115	7,159,672	10 c	8,925,719
11	Investments—publicly traded securities .			62,184,950	11	59,944,441
12	Investments—other securities. See Part IV, line	11 .		107,100	12	107,100
13	Investments—program-related. See Part IV, line	11 .			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	79,851,183	16	103,784,222
17	Accounts payable and accrued expenses			827,703	17	1,376,653
18	Grants payable				18	
19	Deferred revenue			55,285	19	198,835
20	Tax-exempt bond liabilities				20	

	b	Less: accumulated depreciation	10b	17,380,115	7,159,672	10c	8,925,719
	11	Investments—publicly traded securities .	-		62,184,950	11	59,944,441
	12	Investments—other securities. See Part IV, line	11 .		107,100	12	107,100
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	79,851,183	16	103,784,222
	17	Accounts payable and accrued expenses			827,703	17	1,376,653
	18	Grants payable				18	
	19	Deferred revenue			55,285	19	198,835
	20	Tax-exempt bond liabilities				20	
Ś	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

or family member of any of these persons

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Form 990 (2019)

Additional Data

Software ID:

Software Version:

EIN: 52-1238810

Name: THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Form 990 (2019)

Form 990, Part III, Line 4a:

EXHIBITIONS: MORE IS MORE: MULTIPLES MAY 3 - SEPT 22, 2019 ORGANIZED BY NMWA FOR THE TERESA LOZANO LONG GALLERYMULTIPLES-THREE-DIMENSIONAL ART OBJECTS PRODUCED IN SERIES OF IDENTICAL EDITIONS-FIND THEIR WAY FROM THE SHELVES OF RETAIL STORES INTO MUSEUM COLLECTIONS AND THE HOMES OF CONSUMERS WORLDWIDE. THIS FOCUS EXHIBITION HIGHLIGHTS THE MEDIUM'S SENSE OF WHIMSY. TEXTILES, CERAMICS, CLOTHING, DECORATIVE OBJECTS, AND TOYS CREATED BY WOMEN ARTISTS FREQUENTLY OFFER TONGUE-IN-CHEEK SOCIAL AND CULTURAL COMMENTARY. EYE-CATCHING MULTIPLES BY CINDY SHERMAN, MICKALENE THOMAS, BARBARA KRUGER, HELEN MARTEN, JIHA MOON, AND OTHERS INVITE INQUIRY INTO THE TEMPTATION OF RETAIL AND THE ALLURE OF FINE ART JUDY CHICAGO-THE END: A MEDITATION ON DEATH AND EXTINCTIONSEPT 19, 2019 - JAN 20, 2020 ORGANIZED BY NMWANMWA PRESENTS THE NEWEST BODY OF WORK BY THIS FEMINIST AND POP CULTURE ICON. CHICAGO'S SERIES OF PORCELAIN, GLASS, AND BRONZE SCULPTURES TITLED THE END: A MEDITATION ON DEATH AND EXTINCTION SHARE HER REFLECTION ON HER OWN MORTALITY AS WELL AS HER RESOUNDING CALL FOR COMPASSION AND JUSTICE FOR ALL EARTHLY CREATURES IMPACTED BY HUMAN GREED. THE END IS CONTIGUOUS WITH CHICAGO'S PREVIOUS WORK IN MANY WAYS: ITS USE OF PORCELAIN AND GLASS, EXTENSIVE CURSIVE WRITING, AND REPRESENTATION OF THE FEMALE BODY AS BOTH POWERFUL AND VULNERABLE-BUT THE WORKS' EFFECT IS ENTIRELY NEW. LIVE DANGEROUSLYSEPT 19, 2019 - JAN 20, 2020ORGANIZED BY NMWAAS A PENDANT TO JUDY CHICAGO'S REFLECTION ON THE TRANSIENCE OF EARTHLY LIFE. THIS EXHIBITION FEATURES FIERCE. DREAMY, AND WITTY IMAGES OF THE FEMALE FIGURE INTEGRATED INTO EARTH'S TERRAIN. DRAWN PRIMARILY FROM NMWA'S COLLECTION OF MODERN AND CONTEMPORARY PHOTOGRAPHY, THE EXHIBITION PRESENTS ARTISTS WHO MAKE THE FEMALE BODY THEIR SCULPTURAL MATERIAL, POSITIONING FIGURES IN NATURAL SURROUNDINGS TO SUGGEST PROVOCATIVE NARRATIVES, FIGURES BALANCE ON BLOCKS OF ICE, STRUGGLE AGAINST THE WIND ON OCEAN SHORES, SCRAMBLE TO THE TOPS OF PRECARIOUSLY TALL TREES, AND GLIDE THROUGH WATER LIKE MERMAIDS. EARTHLY LIFE COMES TO AN END. BUT LIVE DANGEROUSLY ILLUMINATES THE PLANET'S SURFACE AS A STUNNING STAGE FOR HUMAN DRAMA. WOMEN ARTISTS OF THE DUTCH GOLDEN AGEFALL 2019ORGANIZED BY NMWA FOR THE TERESA LOZANO LONG GALLERYDURING THE SEVENTEENTH AND EIGHTEENTH CENTURIES. WOMEN IN THE NORTHERN EUROPEAN COUNTRY THEN KNOWN AS THE DUTCH REPUBLIC ENJOYED LIVES OF RELATIVE FREEDOM COMPARED TO THEIR COUNTERPARTS IN OTHER PARTS OF THE CONTINENT. THIS FOCUS EXHIBITION DRAWN PRIMARILY FROM NMWA'S COLLECTION SHARES THE WORK OF SEVERAL HIGHLY SUCCESSFUL PAINTERS, INCLUDING CLARA PEETERS, RACHEL RUYSCH, JUDITH LEYSTER, ANNA MARIA VAN SCHURMAN, WHO RENDERED STILL-LIFES, PORTRAITS, AND GENRE SCENES (DEPICTIONS OF EVERYDAY LIFE) FOR THE REPUBLIC'S RISING MIDDLE CLASS OF WEALTHY MERCHANTS. THE PROJECT PRESENTS THE WORKS IN AN ENGAGING PERIOD-STYLE "CABINET" GALLERY SPACE. THERE HAS NEVER BEEN AN EXHIBITION DEVOTED SOLELY TO THE WOMEN ARTISTS OF THE SO-CALLED DUTCH GOLDEN AGE. A PERIOD ENORMOUSLY POPULAR WITH MODERN AUDIENCES. GRACIELA ITURBIDE'S MEXICO: SHORT WEB DESCRIPTIONFEBRUARY 28-MAY 25, 2020NMWA PRESENTS A LANDMARK EXHIBITION OF EVOCATIVE AND GROUNDBREAKING PHOTOGRAPHS BY CELEBRATED ARTIST GRACIELA ITURBIDE (B. 1942, MEXICO CITY) FROM HER PROLIFIC FIVE-DECADE-LONG CAREER, ITURBIDE'S SIGNATURE HIGH-CONTRAST BLACK-AND-WHITE IMAGES TELL A VISUAL STORY OF MEXICO SINCE THE LATE 1960S. MORE PERSONAL EXPLORATION THAN DOCUMENTARY PHOTOGRAPHY. ITURBIDE'S WORK CAPTURES THE RICH TAPESTRY OF CULTURES, DAILY RITUALS, SOCIAL INEQUALITIES, AND COEXISTENCE OF TRADITION AND MODERNITY ACROSS MEXICAN SOCIETY. APPROXIMATELY 140 PHOTOGRAPHS REVEAL THE LIFESTYLE OF THE SERI PEOPLE LIVING IN THE SONORAN DESERT, EXPLOITATION OF WORKERS AMONG THE MIXTEC OF OAXACA, THE VITAL ROLE OF WOMEN IN ZAPOTEC COMMUNITIES, AND THE BELONGINGS OF ICONIC ARTIST FRIDA KAHLO, ITURBIDE'S EMPATHETIC APPROACH TO PHOTOGRAPHY REFLECTS HER DEEP CONNECTION TO HER SUBJECTS AND OFFERS POWERFUL INSIGHT INTO THE BEAUTY AND COMPLEXITIES OF MEXICO'S CULTURAL HERITAGE. GRACIELA ITURBIDE'S MEXICO IS ORGANIZED BY THE MUSEUM OF FINE ARTS. BOSTON.

Form 990, Part III, Line 4b:

IMAGERY AND VIDEOS OF RECENT WORK.

OUTREACH: - DIGITAL ENGAGEMENT STATS - VISITS TO NMWA.ORG - 1,324,721 UNIQUE PAGEVIEWS (1,633,781 PAGEVIEWS) - TWITTER FOLLOWERS - 57,637 (INCREASE OF 5,230 OR 10%) - NOTABLY, TWITTER'S PACE OF GROWTH WAS 177% HIGHER THAN FY 2019. THANKS, #MEANGIRLSDAY! - FACEBOOK FOLLOWERS -55.811 (INCREASE OF 3.885 OR 7.07%) - INSTAGRAM FOLLOWERS - 103.576 (INCREASE OF 36.363 OR 54.10%) - YOUTUBE VIEWS - 31.206 VIEWS - MOST POPULAR INSTAGRAM POST, TWEET, FACEBOOK POST - INSTAGRAM: AUDREY NIFFENEGGER'S BIRTHDAY/RAVEN GIRL - NMWA RECREATIONS BY FOLLOWERS, ELIZABETH CATLETT'S BIRTHDAY/#5WOMENARTISTS RESHARES, #5WOMENARTISTS FIRST DAY OF SPRING, ASIAN AMERICAN PACIFIC HERITAGE MONTH/RUTH ASAWA, WEBBY VOTING CAMPAIGN/#5WOMENARTISTS INFOGRAPHIC - TWEET: #MEANGIRLSDAY - THIS IS THE MOST POPULAR TWEET, BUT THE WHOLE THREAD DOMINATES OUR TOP TWEETS. - FACEBOOK (WITH PAID BOOST): CHILDREN'S BOOKS IN THE SHOP/FAITH RINGGOLD - ORGANIC: BALTIMORE MUSEUM OF ART/2020 VISION IN THE ART NEWSPAPER, JUDY CHICAGO IN ARTSY - OTHER PAID BOOSTS THAT DID WELL: #5WOMENARTISTS T-SHIRT GIVEAWAY, DELITA MARTIN: CALLING DOWN THE SPIRITS IN HYPERALLERGIC, HELLOGIGGLES'S FEMINIST PASSPORT - DIGITAL EXHIBITIONS-HOW MANY WERE CREATED - 4: GRACIELA ITURBIDE'S MEXICO, DELITA MARTIN: CALLING DOWN THE SPIRITS. WOMEN ARTISTS OF THE DUTCH GOLDEN AGE. ANDWANDERER/WONDERER: POP-UPS BY COLETTE FU - WE CREATED A REPORT AND PULLED SOME SOCIAL MEDIA STATS RELATED TO THE FIRST TWO MONTHS OF CLOSURE AND NMWA @ HOME THAT YOU CAN VIEW HERE. LET US KNOW IF YOU NEED MORE INFOLOTHER HAPPENINGS - #MUSEUMSTHANKHEALTHHEROES - #100LITTLEDEATHS: WE COORDINATED 100 INSTAGRAM USERS THAT WERE LOCAL TO THE DMV (INCLUDING US) TO SHARE ALL OF JANAINA TSCHPE'S "100 LITTLE DEATHS" SIMULTANEOUSLY TO PROMOTE LIVE DANGEROUSLY, OKAY, WE MAY HAVE ENDED UP A FEW SHORT AND WE ALSO LEFT OUT THE ONE THAT HAD HER LYING DOWN NEAR THE WORLD TRADE CENTER PRE-9/11. BUT WE GOT ALMOST ALL OF THEM POSTED. -#5WOMENARTISTS INSTAGRAM STORY TAKEOVERS: EXTENDED BEYOND MARCH INDEFINITELY - LAUNCHED A NEW VIDEO SERIES "STORY TIME WITH WOMEN IN THE ARTS" - CREATED THE FIRST EVER NMWA COLORING BOOK U.S. MEMBERS REPRESENT ALL FIFTY STATES, INTERNATIONAL MEMBERS LIVE IN 21 COUNTRIES: AUSTRALIA. AUSTRIA, BELGIUM, CANADA, CHILE, CROATIA, FRANCE, GERMANY, ISRAEL, ITALY, JAMAICA, MEXICO, NEW ZEALAND, PERU, PORTUGAL, SPAIN, SWITZERLAND, TURKEY, UAE, UK, VIETNAM, AND MORE!MEMBERS ENJOYED OVER 15 PROGRAMS THROUGHOUT THE YEAR INCLUDING LOCAL AND VIRTUAL GALLERY AND ARTIST STUDIO TOURS. "I WANTED YOU TO KNOW I JUST BECAME A NEW MEMBER AS A THANK YOU FOR THE WONDERFUL ONLINE ART CHATS AND THE FRIDA KAHLO BIRTHDAY EVENT"THERE ARE NOW 23 ACTIVE COMMITTEES WITH MORE THAN 3.000 MEMBERS IN NORTH AMERICA, SOUTH AMERICA, AND EUROPE THROUGHOUT THE YEAR, 22 NATIONAL AND INTERNATIONAL COMMITTEES PREPARED FOR PAPER ROUTES. THE SIXTH INSTALLMENT IN THE MUSEUM'S WOMEN TO WATCH EXHIBITION SERIES AND THE LARGEST TO DATE, PRESENTING THE WORK OF EMERGING AND UNDERREPRESENTED CONTEMPORARY WOMEN ARTISTS FROM AROUND THE WORLD, PAPER ROUTES HIGHLIGHTS THE VERSATILITY OF PAPER WELL BEYOND ITS TRADITIONAL ROLE AS SUPPORT FOR DRAWINGS, PRINTS AND PHOTOGRAPHS. A CATALOGUE WILL ACCOMPANY PAPER ROUTES WITH STATEMENTS AND WORK FROM EACH OF THE 22 PARTICIPATING ARTISTS. PAPER ROUTES WILL BE ON VIEW AT THE MUSEUM FROM OCTOBER 8, 2020 THROUGH JANUARY 18, 2021. - BEGINNING IN THE SUMMER OF 2020, NMWA CURATORS MODERATED TWENTY FREE VIRTUAL STUDIO TOURS WITH EXHIBITING ARTISTS

FROM ALL THIRTEEN U.S. CITIES AND SEVEN COUNTRIES PARTICIPATING IN PAPER ROUTES. THESE TOURS, CREATED A SPACE FOR ARTISTS ALL OVER THE WORLD TO SPEAK ABOUT THEIR WORK IN THE EXHIBITION AT NMWA AND PRESENT ADDITIONAL PROJECTS. NMWA CURATORS OFFERED CRITICAL INSIGHT, FACILITATED CONVERSATION, AND SHARED QUESTIONS FROM VIEWERS. - THE MASSACHUSETTS STATE COMMITTEE OF NMWA CREATED AN EMAIL INITIATIVE FEATURING ONE NEW PAPER ROUTES ARTIST EACH WEEK. THESE FEATURES INCLUDED INFORMATION ABOUT THE ARTISTS' BACKGROUNDS, ARTISTIC PRACTICES, PAST INTERVIEWS, AND

Form 990, Part III, Line 4c:

ARTISTS, AND MORE. IN FY2020, 110 POSTS WERE PUBLISHED.

INCLUDED THINGS LIKE THE NUMBER OF REFERENCE AND RESEARCH REQUESTS ANSWERED, AND THE NUMBERS OF NEW TITLES PURCHASED AND ACCEPTED FROM DONATIONS, ETC.). (TG, EM) - THE LRC ARCHIVES ASSISTED RESEARCHERS FROM THE UNITED STATES, ECUADOR, GERMANY, THE NETHERLANDS AND THE UNITED KINGDOM, WHOSE INTERESTS INCLUDED WORK ON FRIDA KAHLO, FEMINIST CURATORIAL PRACTICE AND MARIA SIBYLLA MERIAN. - IN ADDITION, THE ARCHIVE BECAME THE NEW HOME FOR THE PAPERS OF ARTISTS PATRICIA TOBACCO FORRESTER AND MAXINE CABLE. - OUR JUDY CHICAGO VISUAL ARCHIVE CONTINUES TO GROW, WITH

CURATORIAL LIBRARY AND PUBLICATIONS- BOOK/MATERIAL ACQUISITIONS OR COLLECTION GROWTH (ANYTHING THAT YOU WANT TO PUBLICIZE-LAST YEAR WE

HAVE OVER 1,600 SLIDES NEWLY INVENTORIED. - ACQUIRED ARTISTS BOOKS BY SUZANNE COLEY, TIA BLASSINGAME, CHANDLER O'LEARY, JAMILA ZAHRA FELTON,

MARIA VERONICA SAN MARTIN. JULIE SHEAH- 5307 (FOR JULY THROUGH MARCH 13TH) VISITORS CAME THROUGH THE LIBRARY- 3810 NEW ASSETS IN BETTY (AND 6691 DOWNLOADS FROM BETTY, PRIMARILY BY STAFF, BUT ALSO OUTSIDE CONTRACTORS AND RESEARCHERS. IT IS A WELL-USED RESOURCE!)- DC ART BOOK FAIR (STATS. GROWTH, IMPACT, ETC.) (TG, LW) - GATE COUNT FOR THE FAIR WAS 2067 PEOPLE. APPROXIMATELY 50 TABLES (ARTISTS)IN OCTOBER, THE LRC JOINED WITH THE LIBRARIES AT PENN STATE UNIVERSITY AND RADCLIFFE INSTITUTE TO LAUNCH THE JUDY CHICAGO RESEARCH PORTAL. THE PORTAL PROVIDES A ONE-STOP SHOP FOR

RESEARCHERS SEEKING ACCESS TO IMAGES OF CHICAGO'S WORK, INSTALLATIONS AND WORK PROCESSES, HER LECTURES AND WRITINGS, AND HER CONTRIBUTIONS TO THE FIELD OF ART EDUCATION. - GREAT QUOTES: "I CAN'T EXPRESS TO YOU ENOUGH HOW MUCH WE ENJOYED OUR VISIT WITH YOU AT THE NMWA YESTERDAY! WOW! MY STUDENTS WERE ENRICHED, AND I DARE SAY, TRANSFORMED BY OUR VISIT. BEING ABLE TO SEE THE BOOKS UP CLOSE WAS ALL WE HOPED FOR, BUT TO BE ABLE TO TOUCH AND MANIPULATE AND EXAMINE THEM JUST SURPASSED OUR EXPECTATIONS AND REALLY ENRICHED THE EXPERIENCE SO MUCH. IT WAS INVALUABLE REALLY, ESPECIALLY AT THIS POINT IN THEIR BOOK ARTS JOURNEY. I JUST COULDN'T BE MORE GRATEFUL FOR YOUR GENEROSITY IN HOSTING US. I HAD HOPED TO

BRING MY STUDENTS TO THE LIBRARY OF CONGRESS, BUT COULDN'T CONNECT TO MAKE THE APPOINTMENT. I WOULD LOVE TO BRING ALL OF MY FUTURE CLASSES TO THE NMWA. PLUS I STRONGLY BELIEVE IN YOUR MISSION AND EVERYTHING YOUR MUSEUM IS ABOUT. I WILL DEFINITELY BE BACK FOR THE PAPER WORKS EXHIBIT AND BOOK ARTS EXHIBITS IN THE FUTURE. FY20 ART ACQUISTIONS: 198 TOTAL ART OBJECTS. 9 DIFFERENT MEDIUMS. PUBLICATIONSNMWA PRODUCES PRINT MATERIALS

THAT ILLUMINATE THE WORK AND LIVES OF CONTEMPORARY AND HISTORICAL WOMEN ARTISTS; HIGHLIGHT THE COLLECTION, SPECIAL EXHIBITIONS, AND PROGRAMS; AND CENTER WOMEN IN THE HISTORY OF ART. OUR INSTITUTIONAL MAGAZINE, WOMEN IN THE ARTS, IS PUBLISHED THREE TIMES PER YEAR. OTHER PUBLICATIONS INCLUDE EXHIBITION CATALOGUES AND BROCHURES, BOOKS, ANNUAL REPORTS, AND THE BROAD STROKES BLOG, JUDY CHICAGO: NEW VIEWSIN SEPTEMBER 2019, NMWA PUBLISHED THE FIRST MAJOR MONOGRAPH ON THE FEMINIST ARTIST JUDY CHICAGO IN NEARLY 20 YEARS. JUDY CHICAGO: NEW VIEWS PROVIDES FRESH

PERSPECTIVES BY LEADING SCHOLARS AND CURATORS, INCLUDING SARAH THORNTON, HANS ULRICH OBRIST, CHAD ALLIGOOD, MANUELA AMMER, MASSIMILIANO GIONI, PHILIPP KAISER, JONATHAN D. KATZ, MARTHA C. NUSSBAUM, AND WILLIAM J. SIMMONS BROAD STROKES BLOGSINCE 2009, NMWA'S BLOG HAS PUBLISHED ENGAGING PIECES ON SPECIAL EXHIBITIONS, THE COLLECTION, THE LIVES AND WORK OF WOMEN ARTISTS, INTERVIEWS WITH CONTEMPORARY WOMEN MAKERS AND

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SHEILA SHAFFER
TREASURER & FINANCE CHAIR

SECRETARY

NANCY DUBER

AMY WEISS

WORKS OF ART

JOANNE C STRINGER

NOMINATIONS CHAIR

COMMUNICATIONS CHAIR

NANCY NELSON STEVENSON

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SUSAN DUNLEVY

CAROL MATTHEWS LASCARIS

JANICE LINDHURST ADAMS

CHARLOTTE CLAY BUXTON

INVESTMENT COMMITTEE CHAIR

DIANE CASEY-LANDRY

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PAM GWALTNEY

SALLY L JONES

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MARLENE MCARTHUR MALEK

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PATTI WHITE MEMBER	1.00	Х						0	0	0	
JACKIE QUILLEN MEMBER	1.00	Х						0	0	0	
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JACKIE QUILLEN
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MEMBER
JESSICA H STERCHI
MEMBER

MAHINDER TAK

ANNIE TOTAH

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FRANCES LUESSENHOP USHER

RUTHANNA MAXWELL WEBER

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and Independent Contractors

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and Independent Contractors

DEPUTY DIR., ART, PROG. & PUBLIC ENG.

DIR. OF DEV., ANNUAL GIVING & MEMBER

CHRISTINA KNOWLES

DIRECTOR OF SECURITY

DIRECTOR OF SPECIAL EVENTS

DOUG BEAVER

LORI BRUBAKER

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SUSAN FISHER STERLING EXECUTIVE DIRECTOR (ALICE WEST DIR.)	40.00			х				347,782	0	24,153
PAMELA J AYRES DEPUTY DIR., FINANCE & OPERATIONS	40.00			х				194,058	0	9,927
ILENE GUTMAN	40.00									

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PAMELA J AYRES	40.00		v		194.058	
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ILENE GUTMAN DEPUTY DIR., NAT. & INT'L. OUTREACH	40.00		х		160,883	(
KATHRYN WAT	40.00					

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7	✓		ation that normally receives (' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
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9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
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f	Enter			· · · · · · · · · · · ·	-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(s).			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. P. '	tion Act Notice, see the Ir		Cat. No. 11285		 	 90 or 990-EZ) 2019

Schedule A (Form 990 or 990-F7) 2019

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b 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. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

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? 5b

5c 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 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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 in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	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		
S	ection 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a 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		
ı	b Did the activities described in (a) 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 (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.	7 Total annual distributions. Add lines 1 through 6.		
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 52-1238810

Name: THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
Facts And Circumstances Test

SCHEDULE D

DLN: 93493034005041

Cat. No. 52283D Schedule D (Form 990) 2019

OMB No. 1545-0047

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.

2019

Department of the Treasury

(Form 990)

Interi	nal Revenue Service	► Go to <u>www.irs.gov/Form9</u>	<u>90</u> for instructior	is and the latest info	rmation.	Ins	spection
	me of the orgar				Employer ider	tification	number
TH	E NATIONAL MUSEUN	M OF WOMEN IN THE ARTS			52-1238810		
P	art I Organi	izations Maintaining Donor Advise	d Funds or Oth	ner Similar Funds o	_		
		ete if the organization answered "Yes"					
			(a) Donor	advised funds	(b) Funds	and other	accounts
1	Total number at	end of year					
2	Aggregate value	of contributions to (during year)					
3	Aggregate value	e of grants from (during year)					
4	Aggregate value	e at end of year					
5		ation inform all donors and donor advisors property, subject to the organization's exclu					Yes 🗌 No
6	charitable purp	ation inform all grantees, donors, and dono oses and not for the benefit of the donor or '	r donor advisor, or	for any other purpose		_	Yes 🗌 No
Pa		rvation Easements.	- 000 B				
_		ete if the organization answered "Yes"					
1		onservation easements held by the organiz	,	¬ · · · · ·		I I .	
	_	on of land for public use (e.g., recreation of	or education)	\neg	n historically impor		area
	_	of natural habitat		Preservation of a	certified historic st	ructure	
	☐ Preservati	on of open space					
2	easement on th	2a through 2d if the organization held a que last day of the tax year.					of the Year
а		conservation easements			2a		
b	_	estricted by conservation easements			2b		
С		ervation easements on a certified historic s		, ,	2c		
d	structure listed	ervation easements included in (c) acquire in the National Register			2d		
3	Number of cons tax year ►	servation easements modified, transferred, 	released, extingui	shed, or terminated by	the organization of	luring the	
4	Number of state	es where property subject to conservation	easement is locate	d ▶			
5		ization have a written policy regarding the nt of the conservation easements it holds?			·	☐ Yes	□ No
6	Staff and volun	teer hours devoted to monitoring, inspectir	ng, handling of viol	ations, and enforcing c	onservation easen	nents durin	ig the year
7	Amount of expe ▶ \$	enses incurred in monitoring, inspecting, ha	andling of violation	s, and enforcing conser	rvation easements	during the	: year
8	Does each cons	ervation easement reported on line 2(d) al	bove satisfy the re	quirements of section 1	.70(h)(4)(B)(i)		
	and section 170	O(h)(4)(B)(ii)?				Yes	□ No
9	balance sheet,	scribe how the organization reports conser and include, if applicable, the text of the fo n's accounting for conservation easements.	otnote to the orga				
Pa	rt IIII Organi	izations Maintaining Collections of the if the organization answered "Yes"	f Art, Historica		ner Similar Ass	ets.	
1a	art, historical tr	tion elected, as permitted under SFAS 116 easures, or other similar assets held for pu XIII, the text of the footnote to its financia	ıblic exhibition, edı	ucation, or research in '	atement and balar furtherance of pub	ice sheet v ilic service,	vorks of ,
b	historical treasu	ion elected, as permitted under SFAS 116 ures, or other similar assets held for public nts relating to these items:					
	(i) Revenue includ	ded on Form 990, Part VIII, line 1			▶\$		
		d in Form 990, Part X					
2	If the organizat	ion received or held works of art, historical nts required to be reported under SFAS 11	l treasures, or othe	er similar assets for fina		the	
а	_	ed on Form 990, Part VIII, line 1	,	-	> \$		
h	Assets included	in Form 990, Part X			> \$		

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

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ \boldsymbol{d} Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other . .

Sche	edule D (Form 990) 2019								Page 2
Par	t IIII Organizations Main	taining Collections	of Art, Hist	orical Trea	sures, o	r Other Si	milar As	sets (cont	tinued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								
а	✓ Public exhibition					ange progra			
b	Scholarly research e Other YOUTH EDUCATION & CURRICULU								
С	✓ Preservation for future ge	nerations							
4	Provide a description of the organization Part XIII.	anization's collections and	d explain how	they further	the organi	zation's exe	mpt purpos	e in	
5	During the year, did the organiz assets to be sold to raise funds							☐ Yes	☑ No
Pa	rt IV Escrow and Custodi Complete if the organ X, line 21.		s" on Form 9	990, Part IV	, line 9, c	r reported	an amoui		
1a	Is the organization an agent, truincluded on Form 990, Part X? .							☐ Yes	□ No
b	If "Yes," explain the arrangeme	nt in Part XIII and compl	ete the follow	ina tahla:			Δn	nount	
c	Beginning balance	· ·		-		1c		- Ioune	
d	· ·					1d			
e	Distributions during the year .					1e			
f	Ending balance					1f			
2a	Did the organization include an					account liahi	lity?		
b	_						•		□ 140
	art V Endowment Funds.	It III Part AIII. Check her	е п ине ехріа	nation has be	en provide	u III Pait XII	1		
ГС	Complete if the organ	ization answered "Yes	s" on Form 9	990, Part IV	, line 10.				
	, ,	(a) Curre		b) Prior year		years back (i) Three yea	rs back (e)	Four years back
1 a	Beginning of year balance	66	5,106,482	64,800,10	2	59,745,026	44,9	86,925	46,996,974
b	Contributions	2	2,028,565	633,94	8	2,964,804	11,8	57,490	772,399
c	Net investment earnings, gains, a	and losses	669,033	3,301,59	7	4,470,296	5,2	31,727	-621,689
d	Grants or scholarships								
е	Other expenditures for facilities and programs	3	3,114,470	2,629,16	5	2,380,024	2,3	31,116	2,160,759
f	Administrative expenses								
g	End of year balance	65	5,689,610	66,106,48	2	64,800,102	59,7	45,026	44,986,925
2	Provide the estimated percentag	je of the current year end	d balance (lin	e 1g, column	(a)) held a	as:			
а	Board designated or quasi-endo	wment ► 11.650 %							
b	Permanent endowment ► 6	5.960 %							
С	Temporarily restricted endowme	ent ▶ 22.390 %							
	The percentages on lines 2a, 2b	, and 2c should equal 10	0%.						
3а	organization by:	'	organization	that are held	and admir	istered for t	he		Yes No
	(i) unrelated organizations .							3a(i)	
L.	(ii) related organizations							3a(ii)) No
ь 4	If "Yes" on 3a(ii), are the related Describe in Part XIII the intended							3b	
	rt VI Land, Buildings, and	d Equipment.			line 11=	Soo Form	000 000	+ V line 1	
	Complete if the organ Description of property	(a) Cost or other basis (investment)		ther basis (othe		. See Form cumulated dep			Book value
		·		4 400 -	00				4 400 00-
	Buildings			1,400,0 22,415,1		4	5,123,470		7,291,723
n	Dunungo		1	∠∠,¬⊥J,⊥	1	1	-, - 2 - 7 - 7 - 0		1,231,123

1,921,352

569,289

196,051

37,945

1,725,301

531,344

Part VII	Investments—Other Securities.							
	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	(b) (c) Metho Book Cost or end-of			od of va	Part X, line 12. d of valuation: -year market value		
/4\ F: :	I destination	value						
	Il derivatives							
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Colum Part VIII	n (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, I	Part IV, li	ne 110	. See Form 990,	Part >	K, line 13.		
	(a) Description of investment			(b) Book value) Method of valuation: t or end-of-year market value		
(1)						value		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		▶					
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV/ lir		See Form 990 Pr	vet V liv	no 15		
	(a) Description	arciv, iii	ie iiu	. See Form 990, Fa	11 t A, III	(b) Book value		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7) ———								
(8)								
(9)								
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				. •			
	Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability	art IV, lir	ne 11e	or 11f.See Form	990 <u>,</u>	Part X, line 25. (b) Book value		
1. (1) Federal	income taxes					(b) book value		
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	n (b) must equal Form 990, Part X, col.(B) line 25.)				•	419,750		
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check		_			_		

Part XI

2

а

b

C 5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2019

Page 4

-407,369

11,067,132

801,824

222,571

10.487.879

Schedule D (Form 990) 2019

10,265,308

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Add lines 4a and 4b

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

b	Donated services and use of facilities
С	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1

Net unrealized gains (losses) on investments . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Investment expenses not included on Form 990, Part VIII, line 7b.

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Total expenses and losses per audited financial statements

2c 2d

2a

2b

2a 2b

2c

2d

4a

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

801.824 4a 222,571

2e 3

1

2e

3

4c

5

801,824

222,571

-1,209,193

s za till ough zu		•		•		- 1	Ze	-407,309
t line 2e from line 1				3	33,944,290			
s included on Form 990, Part VIII, line 12, but not on line 1 :								
nent expenses not included on Form 990, Part VIII, line 7b . 4a 222,571								
Describe in Part XIII.)	4b							
s 4a and 4b							4c	222,571
venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>					5	34,166,861
Reconciliation of Expenses per Audited Financial Statem	ents	Witl	h Ex	pen	ses i	er R	eturi	1.

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

, OR LOST DURING THE YEAR.

EIN: 52-1238810

Name: THE NATIONAL MUSEUM OF WOMEN IN THE ARTS

Supplemental Information

Return Reference	Explanation						
PART III, LINE 1A:	AT JUNE 30, 2020, THE MUSEUM'S HOLDINGS AGGREGATED 5,911 WORKS BY OVER 1,225 WOMEN ARTISTS FROM THE SIXTEENTH CENTURY TO THE PRESENT. THESE WORKS CONSIST PRINCIPALLY OF PAINTINGS, DRAWINGS, SCULPTURES, PRINTS AND BOOKS. DURING THE YEAR ENDING JUNE 30, 2020, THE MUSEUM A DDED 198 WORKS WITH AN APPRAISED VALUE OF APPROXIMATELY \$1,674,038 TO ITS HOLDINGS AND NO WORKS WERE DE-ACCESSED. NO MATERIAL AMOUNT OF THE COLLECTION ITEMS WERE DAMAGED, DESTROYED						

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4:	THE NATIONAL MUSEUM OF WOMEN IN THE ARTS HAS AN EXTENSIVE COLLECTION OF WORKS OF ART BY WO MEN 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.

Supplemental Information								
Return Reference	Explanation							
PART V, LINE 4:	THE EARNINGS FROM THE ENDOWMENT ARE INTENDED TO SECURE THE MUSEUM'S LONG RANGE FUTURE. THE Y ARE INTENDED TO SUPPORT ONGOING PROGRAMS, ADVANCE EDUCATIONAL OUTREACH, ENHANCE VISIBILI TY AND EXPAND THE COLLECTION.							

Supplemental Information	
Return Reference	Explanation
	FOR THE YEAR ENDED JUNE 30, 2020, THE MUSEUM HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES, AN D HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION O R DISCLOSURE IN THE FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE 165,300. FINANCIAL STATEMENTS AND NE TTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B. COST OF GOODS SOLD REPORTED AS EXPEN SE ON THE 342,125. FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10B. FACILITY RENTAL EXPENSE REPORTED AS EXPENSE ON THE 294,399. FINANCIAL STATEMENT S AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 6B.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES REPORTED AS EXPENSE ON THE 165,300. FINANCIAL STATEMENTS AND NE TTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B. COST OF GOODS SOLD REPORTED AS EXPEN SE ON THE 342,125. FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10B. FACILITY RENTAL EXPENSE REPORTED AS EXPENSE ON THE 294,399. FINANCIAL STATEMENT S AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 6B.

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Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493034005041

2019

OMB No. 1545-0047

SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ)

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

►Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the orga		N IN THE ARTS					Employer ide	ntification number
THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-12388							52-1238810	
	_	ities. Complete if tage	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	17.
		•			ollowing activities. Check	all that a	nnly	
a Mail sol	_	acion raisca ranas em	ough uny	e				
_	t and email solicit	ations		f	Solicitation of gove	-	•	
c Phone s		acions		_	Special fundraising	•	grants	
_	on solicitations			g	Special futiulaising	gevents		
					ridual (including officers, n with professional fundr			es 🗆 No
h If "Yes," list	t the 10 highest p	,	ities (fund		pursuant to agreements	_	₩ 1€	
	dress of individual fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		MEMPERCUID	Yes	No				
DANILLER CO 3724 JEFFER: 302	OMPANY SON ST SUITE	MEMBERSHIP ADVISOR		No	0		0	561,965
AUSTIN, TX	78731							
COMMUNITY SERVICES CO PO BOX 8248		FUNDRAISING CONSULTANT		No	0		0	315,614
PHILADELPHI	IA, PA 19182							
LUCY BUCHA 7819 MARQU		DEVELOPMENT CONSULTANT		No	0		0	200,000
DALLAS, TX	75225	DI ANNIED CTI/ING						
KENNETH DU 11150 BIG C		PLANNED GIVING CONSULTANT		No	0		0	85,000
BIG CANOE,	GA 30143							
Total				•				1,162,579
3 List all states	in which the orga	nization is registered	or licens	ed to soli	cit contributions or has b	een notifi	ed it is exempt f	rom registration or

AL, AR, AK, AZ, CA, CT, CO, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI, MN, MS, ME, ND, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, DC

	dule G (Form 990 or 990-EZ) 2019 rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990. Part IV. line 18	Page 2 3. or reported more
	than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	gross receipts greater than y	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		SPRING GALA (event type)	(event type)	(total number)	col. (c)
Revernie		(event type)	(evente eype)	(cotal number)	
	4. Consequenciate	402.004			403.504
	1 Gross receipts	493,691			493,691
	2 Less: Contributions	493,691			493,691
	4 Cash prizes				
Ş	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	8,303			8,303
Ϋ́ Δ	7 Food and beverages				
ţ,	8 Entertainment	8,515			8,515
	9 Other direct expenses	148,482			148,482
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			165,300
	11 Net income summary. Subtract line 10	from line 3, column (d)		.	-165,300
Pai	t III Gaming. Complete if the organized on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	l more than \$15,000
Revenue	,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
ă	1 Gross revenue				
nses	2 Cash prizes				
<u>8</u> 3	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
۵	5 Other direct expenses				
		☐ Yes %	☐ Yes %	Yes %	
	6 Volunteer labor	□ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)	•	
9	Enter the state(s) in which the organizati				 □ Yes □ No
a b	Is the organization licensed to conduct ga If "No," explain:				
10a	Were any of the organization's gaming lic				
b	If "Yes," explain:			, · · · ·	∐ Yes

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49303	34005	041
Schedule J		Co	0	MB No.	1545-0	0047		
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Complete if the organization	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019		
D			▶ Attach	to Form 990. instructions and the latest inforn		Open		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	<i>101</i>	matructions and the fatest infor	nation.		ectio	
	me of the organiza NATIONAL MUSEUM	ation 1 OF WOMEN IN THE ARTS			Employer identifica	tion nu	ımber	
					52-1238810			
Pa	rt I Questi	ons Regarding Compensat	tion				I	
1 a				the following to or for a person liste y relevant information regarding the			Yes	No
		·						
		s or charter travel companions	H	Housing allowance or residence for Payments for business use of perso	•			
	_	nification and gross-up payments	, –	Health or social club dues or initiation				
		nary spending account		Personal services (e.g., maid, chauf	feur, chef)			
	T66 +1 1			£-11				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, oπicers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of the check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III.			
	✓ Compensa	ation committee	П	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	or lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b	Any related orga	anization?				5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
a	-	1?				6a		No
b		anization?				6b		No
7	•	•	n A. line 1a. did t	the organization provide any nonfixe	d			
-				rt III		7		No
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do				
9	If "Yes" on line 8	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	9		No
For F	<u>``</u>	iction Act Notice, see the Inst			50053T Schedule		1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title	,	(B) Breakdowr	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
SUSAN FISHER STERLING EXECUTIVE DIRECTOR	(i)	347,782	0	0	17,389	6,764	371,935	0
ALICE WEST DIR.)	(ii)	0	0	0	0	0	0	0
PAMELA J AYRES DEPUTY DIR., FINANCE &	(i)	194,058	0	0	9,703	224	203,985	0
PERATIONS	(ii)	0	0	0	0	0	0	0
ILENE GUTMAN DEPUTY DIR., NAT. & INT'L.	(i)	160,883	0	0	8,044	212	169,139	0
DUTREACH	(ii)	0	0	0	0	0	0	0
KATHRYN WAT DEPUTY DIR., ART, PROG. &	(i)	181,975	0	0	9,099	5,894	196,968	0
PUBLIC ENG	(ii)	0	0	0	0	0	0	0
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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493034005041 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE NATIONAL MUSEUM OF WOMEN IN THE ARTS 52-1238810 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 0 FMV 1 Art—Works of art . . Χ 198 Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 5,717,879 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 12 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part	formation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization I, column (b), the number of contributions, the number of items received, or a combination of both. Also for any additional information.
Return Reference	Explanation
PART I, COLUMN (B):	THIS COLUMN INCLUDES THE NUMBER OF CONTRIBUTIONS RECEIVED.
PART I, LINE 32B:	ALL NON-STANDARD CONTRIBUTIONS MUST BE REVIEWED AND ACCEPTED OR DECLINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.
PART I, LINE 33:	THE MUSEUM'S ART COLLECTION HOLDINGS AGGREGATED 5,911 WORKS BY OVER 1,225 WOMEN ARTISTS FROM THE SIXTEENTH CENTURY TO THE PRESENT. THESE WORKS CONSISTS PRINCIPALLY OF PAINTINGS, DRAWINGS, SCULPTURE, PRINTS AND BOOKS. DURING THE YEAR ENDED JUNE 30, 2020, THE MUSEUM ADDED 198 WORKS WITH AN APPRAISED VALUE OF APPROXIMATELY \$1,674,038 TO ITS HOLDINGS AND NO WORKS WERE DEACCESSED. NO MATERIAL AMOUNT OF COLLECTION ITEMS WERE DAMAGED, DESTROYED OR LOST DURING THE YEAR. CONSISTENT WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, THE VALUE OF ART OBJECTS IS NOT RECORDED ON THE STATEMENT OF FINANCIAL POSITION, AND GIFTS OF ART ARE NOT REFLECTED AS REVENUE IN THE STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS.
_	Schedule M (Form 990) (2019)

efile GRAPH	IC prin	t - DO NOT PROCESS As Filed Data -	DLN: 93493034005041
SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Form 990 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional infor Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest inform	questions on mation.
Marmel Brtherofg THE NATIONAL MU	SEUM OF \	WOMEN IN THE ARTS pplemental Information	Employer identification number 52-1238810
Return Reference		Explanation	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	ALEXAI POLITIO CARA O INSPIR AVA DU RECEP AFTER ATTENI FESTIV ENVIRO INEQUA FOLGE WITH J THE VO V=GA8 CONVE AUDIEN	TALK: ART, POWER, AND THE VOTE-100 YEARS AFTER SUFFRAGE NDRA BELL, MULTIDISCIPLINARY ARTIST, KIM LOPER, DESIGNER, AR CAL STRATEGIST AND RACIAL EQUITY ADVOCATE, JACKIE PAYNE, E. DBER, ARTIST A& FOUNDING EDITOR AND PUBLISHER AT BMOREARTED TO START GOING DOOR TO DOOR AND LEARNING TO START THE JVERNAY'S 13TH WITH LIVE MUSIC BY JASON MORAN AND ERIC HAR TION FOR DONORS AND SPECIAL GUESTS-SUSAN FISHER STERLING THE SCREENING, MICHEL MARTIN INTERVIEWED AVA (WHO FACETING DANCE WAS CLOSE TO 1,000 PEOPLE. CULTURAL CAPITAL PARTNEF ON ALL 2. SPAIN ARTS & CULTURE 3. ONE WOMAN ONE VOTE FILM FESTION MENTAL FILM FESTIVAL IN THE NATION'S CAPITAL (EVENT CANCE) ALITY AT GEORGETOWN LAW SCHOOL 8. THE BIG QUIET 9. HEADRUS R SHAKESPEARE THEATER AND LIBRARY SHENSON CONCERTS AND AMIE BERNSTEIN AND SPENCER MYER, OCTOBER 2, 2019 VIDEO CHOTE- 100 YEARS AFTER SUFFRAGE PART 3: CONVERSATION: HTTPS://TMJJSKNO&LIST=PL1BOWZ4URBMQ-NXYK377R FRESH TALK: JUDY CORSATION HTTPS://WWW.YOUTUBE.COM/WATCH?V=VACFGTBBBPWS NCE NUMBERS: TOTAL ATTENDEES FOR 2019-2020 SEASON: 3,250 (1, DEES: 380 THIS SEASON, WE ALSO INCREASED TOTAL AUDIENCES FOR 2019-2020 SEASON: 3,250 (1, DEES: 380 THIS SEASON, WE ALSO INCREASED TOTAL AUDIENCES FOR 2019-2020 SEASON: 3,250 (1, DEES: 380 THIS SEASON, WE ALSO INCREASED TOTAL AUDIENCES FOR 2019-2020 SEASON: 3,250 (1, DEES: 380 THIS SEASON).	TIST, & EDUCATOR, ADJOA B. ASAMOAH, XECUTIVE DIRECTOR OF GALVANIZE USA, I AUDIENCE NUMBERS: 125 QUOTE: I'M E OPEN CONVERSATION. SCREENING OF LAND MARCH 9, 2020 PRE-SHOW G AND BONNIE NELSON GAVE REMARKS. MED IN) ABOUT THE FILM AND HER WORK RS 1. MARCH ON WASHINGTON FILM VAL 4. STEP AFRIKA! 5. 19 THE MUSICAL 6. LLED) 7. THE CENTER OF POVERTY AND SH PRODUCTIONS AND HAIR LOVE 10. NIVERSARIES: A RECITAL AND NARRATION OICES: FRESH TALK: ART, POWER, AND WWW.YOUTUBE.COM/WATCH? HICAGO-NEW VIEWS PART 2: &LIST=PL1BOWZ4URBMQ7Z3U9MZJO.000 OF THIS IS AVA) TOTAL FRESH TALK

Return Explanation

FORM 990, WILHELMINA HOLLADAY, WINTON HOLLADAY AND JESSICA STERCHI HAVE FAMILY RELATIONSHIPS. CAROL LASCARIS AND FRANCES USHER HAVE A FAMILY RELATIONSHIP. SECTION A, LINE 2

Return Explanation
Reference

FORM 990,	THE RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. IT WAS
PART VI,	THEN PRESENTED TO THE BOARD BY THE DEPUTY DIRECTOR FOR FINANCE AND OPERATIONS FOR REVIEW,
SECTION B,	BEFORE IT WAS FILED WITH THE IRS.
LINE 11B	

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

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Return Reference	Explanation
Reference	
FORM 990,	THE EXECUTIVE DIRECTOR OF THE NATIONAL MUSEUM OF WOMEN IN THE ARTS (NMWA) IS THE PRINCIPAL
PART VI,	REPRESENTATIVE OF NMWA, AND THE PERSON RESPONSIBLE FOR THE EFFICIENT OPERATION OF THE MUS EUM.
SECTION B,	THEREFORE, IT IS THE DESIRE OF THE BOARD OF TRUSTEES OF NMWA TO PROVIDE A FAIR YET RE ASONABLE AND
LINE 15A	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 EVALU ATE THE EXECUTIVE DIRECTOR ON
	HIS/HER PERFORMANCE, AND ASK FOR HIS/HER INPUT ON MATTERS OF PERFORMANCE AND COMPENSATION. THE
	COMPENSATION COMMITTEE WILL OBTAIN RESEARCH AND INFORMA TION 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 BENEFIT'S FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE
	POSITIONS AT SIMILAR ORGANIZATIONS. TH IS DATA MAY INCLUDE THE FOLLOWING: 1. SALARY AND BENEFIT
	COMPENSATION STUDIES BY INDEPENDE NT SOURCES; 2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR
	ORGANIZATIONS; 3. DOCUMENTED TE LEPHONE 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 CO MMITTEE 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
	APPROVED; B) THE MEMBERS OF THE COMPENSATION AND EXECUTIVE COMMITTEES WHO WERE PRESENT DURING
	THE DIS CUSSION 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 COMPEN SATION 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 COM MITTEE MEETING TO THE
	EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF NMWA. FOLLOWING DIRE CTION OF THE EXECUTIVE
	COMMITTEE. THE TREASURER OF THE BOARD OF TRUSTEES WILL INFORM THE C HIEF FINANCIAL OFFICER OF
	NMWA ON ANY CHANGES TO COMPENSATION OR BENEFITS FOR THE EXECUTIVE DIRECTOR PRIOR TO THE OCTOBE
J	THIRT OF THE PROPERTY OF BENEFIT OF THE EXECUTIVE BIRESTOKY MONTO THE OUT OF

Return Explanation
Reference

LINE 15A

FORM 990, R PAYROLL. THE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.

PART VI, SECTION B.

Return Explanation
Reference

LINE 19

FORM 990, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SECTION C,

Return Explanation
Reference

FORM 990 -	THIS RETURN IS BEING AMENDED TO UPDATE THE AMOUNT OF GOVERNMENT GRANTS REPORTED ON FORM 990,
AMENDED	PART VIII, LINE 1E. THE AMOUNT PREVIOUSLY ERRONEOUSLY INCLUDED AN AMOUNT THAT SHOULD HAVE BEEN
RETURN:	REPORTED ON PART VIII, LINE 1F.