DLN: 93493197023720 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Department of the

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.

Open to Public

2018

Treasui nterna	l Rever	nue Service							Inspection
A F	or the	e 2019 c		nning 08-01-2018 $$, and ending 07-	31-2019				
		pplicable:	C Name of organization THE PHILLIPS COLLECTION) Employ	yer ident	tification number
	dress c me cha	change ange					53-020	4620	
	tial ret	-	Doing business as						
		n/terminated					Telephoi	ne numb	er
		l return on pending	Number and street (or P.O. box if n 1600 21ST STREET NW	mail is not delivered to street address) Room/	suite				
— Ар	Jiicacio	on pending	City or town, state or province, cou	untry, and ZIP or foreign postal code			(202) 3	387-215	1.1
			WASHINGTON, DC 20009	,, a <u></u>			Gross re	eceipts \$	34,087,740
			F Name and address of princip	al officer:	H(a)	Is this a			
			DANI LEVINAS		(u)	subordina		starri ro	Yes ☑No
			1600 21ST STREET NW WASHINGTON, DC 20009		H(b)	Are all su	ubordina	ites	☐ Yes ☐No
[Tax	-exem	npt status:	✓ 501(c)(3)	(insert no.) 4947(a)(1) or 527		included?		list (se	e instructions)
ı w	aheit	a: b \\/\\\	W.PHILLIPSCOLLECTION.ORG	1 (Insert 110.)	H(c)	Group ex		•	•
•	CDSIC	e.p ww	W.I TILLET SCOLLECTION.ORG						
∢ Forn	n of or	ganization:	☑ Corporation ☐ Trust ☐ Ass	ociation Other ►	L Year	of formation	n: 1 921	M Stat	e of legal domicile: DC
Pa	ırt I	Sumi	mary cribe the organization's mission o						
n ce	T C A E	THE PHILL OF WORKS ACADEMIC	IPS COLLECTION IS THE OLDEST S FROM THE PERMANENT COLLEC C, AND PUBLIC PROGRAM SERIES	F MUSEUM OF MODERN AND CONTEMPO TION AND SPECIAL EXHIBITIONS, THE S AND NUMEROUS PARTNERSHIPS WITH PS TAKES PRIDE IN ITS HERITAGE AS A	MUSEUM OTHER D	MAINTAIN C. ARTS	NS ACTI ORGAN	VE EDU	CATIONAL, NS, EMBASSIES, AND
Activities & Governance	-	717(11011.							
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ರ				scontinued its operations or disposed of			its net a		. 1
Ser.				ng body (Part VI, line 1a)				3	_
			•	of the governing body (Part VI, line 1b)				5	
AC			, ,	alendar year 2018 (Part V, line 2a)				6	
			·	ecessary)				78	
				rt VIII, column (C), line 12				71	
	D	Net unrei	ated business taxable income iro	m Form 990-T, line 34	· · ·	Prior	Voor	/	b 43,968 Current Year
	_	Cambribus				PITOI			Current rear
			ione and grante (Part VIII line 1h	1	1		7 7an	2ani	15 584 48
ē.			ions and grants (Part VIII, line 1h				7,790,		
ēnueve	9	Program	service revenue (Part VIII, line 2g)			2,932,	169	15,584,48 2,860,93 3,118,66
Ravenue	9 10	Program Investme	service revenue (Part VIII, line 2g nt income (Part VIII, column (A),	lines 3, 4, and 7d)			2,932, 2,861,	.169 .103	2,860,93 3,118,66
Ravenue	9 10 11	Program Investme Other rev	service revenue (Part VIII, line 2g nt income (Part VIII, column (A), renue (Part VIII, column (A), lines	lines 3, 4, and 7d)			2,932,	.169 .103 .829	2,860,93
Ravenue	9 10 11 12	Program Investme Other rev Total reve	service revenue (Part VIII, line 2g nt income (Part VIII, column (A), renue (Part VIII, column (A), lines enue—add lines 8 through 11 (mi	l)			2,932, 2,861, 348,	.169 .103 .829	2,860,93 3,118,66 249,51
Ravenue	9 10 11 12	Program Investme Other rev Total reve Grants ar	service revenue (Part VIII, line 2g nt income (Part VIII, column (A), renue (Part VIII, column (A), lines enue—add lines 8 through 11 (mind and similar amounts paid (Part IX,	lines 3, 4, and 7d)			2,932, 2,861, 348,	.169 .103 .829 .391	2,860,93 3,118,66 249,51
<u>~</u>	9 10 11 12 13 14	Program Investme Other rev Total reve Grants ar Benefits p	service revenue (Part VIII, line 2g nt income (Part VIII, column (A), renue (Part VIII, column (A), lines enue—add lines 8 through 11 (mu nd similar amounts paid (Part IX, paid to or for members (Part IX, c	lines 3, 4, and 7d)			2,932, 2,861, 348, 13,932,	.169 .103 .829 .391 0	2,860,93 3,118,66 249,51 21,813,60
<u>~</u>	9 10 11 12 13 14 15	Program Investme Other rev Total reve Grants ar Benefits p Salaries,	service revenue (Part VIII, line 2g nt income (Part VIII, column (A), renue (Part VIII, column (A), lines enue—add lines 8 through 11 (mu nd similar amounts paid (Part IX, paid to or for members (Part IX, co other compensation, employee b	lines 3, 4, and 7d)			2,932, 2,861, 348,	.169 .103 .829 .391 0	2,860,93 3,118,66 249,51 21,813,60
<u>~</u>	9 10 11 12 13 14 15 16a	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio	service revenue (Part VIII, line 2g nt income (Part VIII, column (A), lenue (Part VIII, column (A), lines enue—add lines 8 through 11 (mind similar amounts paid (Part IX, could to or for members (Part IX, cother compensation, employee both all fundraising fees (Part IX, column of the column of t	lines 3, 4, and 7d)			2,932, 2,861, 348, 13,932,	.169 .103 .829 .391 .0 .0	2,860,93 3,118,66 249,51 21,813,60
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<u>~</u>	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp	service revenue (Part VIII, line 2g nt income (Part VIII, column (A), lenue (Part VIII, column (A), lines enue—add lines 8 through 11 (mind similar amounts paid (Part IX, could to or for members (Part IX, cother compensation, employee both all fundraising fees (Part IX, column of the column of t	lines 3, 4, and 7d)			2,932, 2,861, 348, 13,932,	169 103 829 391 0 0 520 0	2,860,93 3,118,66 249,51 21,813,60 7,310,61
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Cat. No. 11282Y

Form **990** (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2018)					Page 2
Pa	t III Statement	of Program Servic	e Accomplisi	nments		
	Check if Sched	dule O contains a respo	nse or note to a	ny line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
WOR PUBL	(S FROM THE PERMAN IC PROGRAM SERIES A	ENT COLLECTION AND AND NUMEROUS PARTN	SPECIAL EXHIB IERSHIPS WITH	ITIONS, THE MUSEUM MA: OTHER D.C. ARTS ORGAN	IN THE U.S. IN ADDITION INTAINS ACTIVE EDUCATION IZATIONS, EMBASSIES, ANI MBINED WITH AN EXPERIM	NAL, ACADEMIC, AND DEDUCATIONAL
2	-	undertake any significa - 990-EZ?		rices during the year which	were not listed on	☐ Yes ☑ No
		se new services on Sch				
3				changes in how it conducts	any program	
	services?	se changes on Schedul		-		☐ Yes ☑ No
4	Section 501(c)(3) and		ns are required	to report the amount of gr	est program services, as me ants and allocations to othe	
4a	(Code: See Additional Data) (Expenses \$	4,987,470	including grants of \$) (Revenue \$	1,086,587)
4b	(Code:) (Expenses \$	2,588,466	including grants of \$) (Revenue \$	1,601,415)
	See Additional Data					
4c	(Code:) (Expenses \$	2,066,833	including grants of \$) (Revenue \$	419,177)
	See Additional Data					
	(Code:) (Expenses \$	1,596,171	including grants of \$) (Revenue \$	105,732)
	ACADEMIC PARTNER, TH ARTISTS, FELLOWSHIPS SERVICES IN THE COMM POPULAR GALLERY TALK THE ANNUAL FAMILY FU	IE UNIVERSITY OF MARYLA , AND PARTICIPATION IN , IUNITY. THE MUSEUM'S SH S, FILMS, ARTIST PRESEN N DAYS PRESENTED IN CO AFTS. PROGRAMMATIC PA	IND (UMD), INCLUI AN INNOVATIVE ST ILLIPS AFTER 5 SE TATIONS, OR OTHI LLABORATION WIT	DED CONCERTS, LECTURES, "C TEAM PROGRAM FOR FIRST YEA RIES ON THE FIRST THURSDA ER EXPERIENTIAL PROGRAMS I TH THE DC JAZZ FESTIVAL IS T	R STUDENTS. THE PHILLIPS CO	NATIONAL, AND INTERNATIONAL NTINUES TO PROVIDE POP-UP F MUSIC, ART ACTIVITIES, VERY BASSY OR VENDOR PARTNERS. ING MUSIC, ART,
4.1	Other program service	es (Describe in Schedu	ıle O.)			
4d						
40	(Expenses \$	1,596,171 incl	uding grants of	\$) (Revenue \$	105,732)

Par	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 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	Yes	
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?	_		No
_	If "Yes," complete Schedule D, Part I 2	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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? If "Yes," complete Schedule D, 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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	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
14a	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	Yes	
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		No
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," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		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
	Column (A), mic 2: It is a complete ochequie 1, raits 1 and III i i i i i i i i i			0 (2019)

	tiV Checklist of Required Schedules (continued)			rage 4
			Yes	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ref{Matter}	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1 -	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 66		Yes	No
та b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Yes	

	Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	52			
b	If at least one is reported on line 2a, did the organization file all required federal employ				2b	Yes	
İ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see		•				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	e 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 Scl	hedule O		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signa financial account in a foreign country (such as a bank account, securities account, or oth			a	4a		No
ь	If "Yes," enter the name of the foreign country: ▶						
	See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and	d Finar	scial Accounts (FRAP)				

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	
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No

6b

7a

7b

7c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

7d

10a

10b

11a

11b

12b

13b

Yes

Yes

Nο

No

No

solicit any contributions that were not tax deductible as charitable contributions? . . .

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

b Enter the amount of reserves the organization is required to maintain by the states in

which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Organizations that may receive deductible contributions under section 170(c).

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Gross income from members or shareholders

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

-orm	990 (2018)			Page 6
Pai	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	onse to i	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year label 1a 33			
	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 33			
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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? <i>If "Yes," describe in Schedule O how this was done</i>	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).			
16a	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?	16b		
Se	ction C. Disclosure			_
17	List the States with which a copy of this Form 990 is required to be filed AL , AR , CA , CT , FL , IL , KS , KY , MA , NC , NH , NJ , NM , NY , OR , PA , RI , SC			MS,
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.	- · , v	, ***	
	☑ 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: •CHERYL A NICHOLS 1600 21ST STREET NW WASHINGTON, DC 20009 (202) 387-2151			

Form 990 (2	2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			\square
Section	A. Officers, Directors, Tru	stees, Key E	mploy	rees	, an	d F	lighe	st C	Compensated En	nployees	
1a Complete year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	tion	for th	е са	lendar year ending	with or within the o	rganization's tax
List all	of the organization's current off ation. Enter -0- in columns (D), (als o	or organizations), re	gardless of amount	
• List all	of the organization's current key	employees, if	any. Se	e inst	ructi	ons	for de	finit	ion of "key employe	e."	
who receive	organization's five current high d reportable compensation (Box and any related organizations.)
	of the organization's former office e compensation from the organiz							ed e	employees who rece	ived more than \$10	0,000
	of the organization's former dire 1, more than \$10,000 of reportab										e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	(C) (do not check more box, unless perso han officer and a ector/trustee)			on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	•	MISC)	related organizations
See Addition	al Data Table										
-											

	rt VII Section A. Officers, Direction	tors, Trustee	s. Kev	Emp	lov		and	Hia	hest Co	mpens	ated	Emplo	vees (conti	nued)	Page 8
	(A) Name and Title	(B) Average hours per week (list any hours	Position than o	ion (do	(C) do not box, u an off ctor/t	c) ot che unles fficer trust	heck m ess per er and a	nore rson a	Rep comp fro organiz	(D) portable pensatior om the ization (V	n W- (Repo compe from i	E) rtable nsation related tions (W	/-	(F) Estima amount o compens	ated of other sation the
		for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/103	99-MISC	,	2/1095	9-MISC)		organizati relat organiza	ed
See	Additional Data Table	-		<u> </u>	+	+	-	+			+					
						厂					士					
		<u> </u>		\perp	<u> </u>	\perp	<u> </u>	1			_					
i			-	_	+	\vdash	+	+	-		+			-		
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1h 9	Sub-Total	'	<u></u>	<u>_</u>	<u>_</u>	\perp	<u> </u> ▶	<u></u>						\perp		
c T	Total from continuation sheets to P	Part VII , Section			•		•									
2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	g but not limited	d to thos				ve) who	o rec	:eived mo	754,711 ore than	\$100	,000	0	<u>' </u>		147,748
													Г		Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			tee, ke					ighest co	mpensat • •	ted e	mployee •	on	3		No
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	\$150,000	00? <i>If</i>	"Yes	s," c	comple	ete Sc	chedule J	J for such	h			4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization	n?If "Yes," compl								ation or i	ndivi	dual for		5		No
S 6	ection B. Independent Contract Complete this table for your five high		ed indep	ende	nt cr	ontr	actors	that	received	d more th	han \$	100,000	of com	pens	ation	
	from the organization. Report compe	ensation for the c	calendar											<u> </u>	(C	<u>.</u>
CONS	Name : SIGLI CONSTRUCTION CO INC	and business addre	ess		—	—		—				tion of se		+	Comper	883,416
	JMMER ST DRD, MA 01757															
MAST	ERPIECE INTERNATIONAL									INTERNA	TION	AL ART T	RANSPOR	T.		315,226
NEW '	ROADWAY SUITE 1410 YORK, NY 10006 ASIONS CATERING									CATERIN	<u></u>					214,592
655 T	TAYLOR STREET NE									CATERIN	IG					214,352
	HINGTON, DC 20017 ZIER FINE ARTS INC									ART HAN	IDLIN(G				214,165
	OX 21089 YORK, NY 10087															
	ENTERPRISES OX 8095				_	_		_		JANITOR	IAL SI	ERVICES				126,355
FALLS	OX 8095 5 CHURCH, VA 20041 Total number of independent contractor	ore (including but	+ not lin	oited	to th	hose	lister	1 abo	ve) who	received	mor	e than \$	100 000) of		
	compensation from the organization					_	110000					C 011C 7	100,55		Form 99	n (2018)

exempt

function

revenue

business

revenue

Page 9

tax under sections 512 - 514

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comp	elete column (A).	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	843,173	611,305	91,721	140,147
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,237,667	4,206,392	106,493	924,782
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	167,256	128,534	9,327	29,395
9 Other employee benefits	579,267	431,875	21,233	126,159
10 Payroll taxes	483,249	389,169	23,277	70,803
11 Fees for services (non-employees):				
a Management				
b Legal	68,391	1,647	66,744	
c Accounting				
d Lobbying	12,340			12,340
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	254,703		254,703	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	859,199	686,393	-37,789	210,595
12 Advertising and promotion	288,730	277,622	11,106	2
13 Office expenses	958,942	766,961	88,241	103,740
14 Information technology	288,188	217,723	40,514	29,951
15 Royalties	4,037	4,037		
16 Occupancy	595,600	255,683	321,950	17,967
17 Travel	134,295	107,470	19,007	7,818
18 Payments of travel or entertainment expenses for any federal, state, or local public officials		,	<u> </u>	<u> </u>
19 Conferences, conventions, and meetings				
20 Interest	533,773	409,011	108,569	16,193
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,219,305	868,650	316,265	34,390
23 Insurance	271,687	251,858	16,675	3,154
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 OTHER EXHIBITION EXP.	941,888	940,371	907	610
b PURCHASES OF ART	503,255	503,255		
c EVENTS	273,142	162,570	23,284	87,288
d UBI TAX	17,380		17,380	
e All other expenses	20,068	18,414	1,654	
25 Total functional expenses. Add lines 1 through 24e	14,555,535	11,238,940	1,501,261	1,815,334
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).				

Forn	า 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments .		[1,197,839	2	492,777
	3	Pledges and grants receivable, net		. [9,960,420	3	15,394,287
s	4	Accounts receivable, net	[64,002	4	90,062	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
	6	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	s(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
ssets	7	Notes and loans receivable, net	221.122	7	200.000		
AS	8	Inventories for sale or use	•	321,136	8	339,802	
_	9	Prepaid expenses and deferred charges		. • •	386,905	9	330,280
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	49,710,435			
	b	Less: accumulated depreciation	10 b	17,568,336	32,493,863	10 c	32,142,099
	11	Investments—publicly traded securities .			32,152,078	11	29,792,851
	12	Investments—other securities. See Part IV, line	11 .		35,654,424	12	38,404,807
	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 equ	ıal line	34)	112,230,667	16	116,986,965
	17	Accounts payable and accrued expenses			1,359,541	17	1,202,707
	18	Grants payable				18	
	19	Deferred revenue			471,183	19	130,088
	20	Tax-exempt bond liabilities		Γ	9,559,164	20	8,773,792
	24	Formanian annahadial account liability. Commista I	D 13 /	- ¢ C - b - d - d - D		1	

	15	Other assets. See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	112,230,667	16	116,986,965
	17	Accounts payable and accrued expenses	1,359,541	17	1,202,707
	18	Grants payable		18	
	19	Deferred revenue	471,183	19	130,088
	20	Tax-exempt bond liabilities	9,559,164	20	8,773,792
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons. Complete Part II of Schedule L		22	
	22	Secured mortgages and notes payable to unrelated third parties		22	

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3,921,400

213.940

14.241.927

27.820.833

19,160,122

55,764,083

102,745,038

116,986,965

Form **990** (2018)

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15.621.709

17.900.849

24,491,002

54,217,107

96,608,958

112,230,667

231,821

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

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

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

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Net Assets or Fund Balances

Audit Act and OMB Circular A-133? 3a No b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h Form 990 (2018)

Additional Data

Software ID:

Software Version:

EIN: 53-0204620

Name: THE PHILLIPS COLLECTION

Form 990 (2018)

Form 990, Part III, Line 4a:

MANAGEMENT AND MAINTENANCE OF THE MUSEUM'S PERMANENT COLLECTION OF OVER 4.500 WORKS ORIGINALLY CREATED BEGINNING IN 1913 BY DUNCAN PHILLIPS AND LATER HIS WIFE MARJORIE PHILLIPS AND OPENED TO THE PUBLIC IN 1921 AS THE NATION'S FIRST MUSEUM OF MODERN AND CONTEMPORARY ART. ACTIVITIES INCLUDE CONSERVATION, ACQUISITION OF NEW WORKS THROUGH BOTH GIFT AND PURCHASE, DIGITAL REPRODUCTION FOR PUBLICATIONS AND FOR PRESENTATION ON THE MUSEUM'S WEBSITE, AND IN SOCIAL MEDIA, RESEARCH AND INTERPRETATION FOR SCHOLARS AND THE PUBLIC IS MADE AVAILABLE THROUGH THE USE OF OUR

LIBRARY AND ARCHIVES. THE HIGH QUALITY OF WORKS IN THE COLLECTION PRESENTS MANY OPPORTUNITIES FOR COLLABORATION WITH OTHER MUSEUMS BOTH FOR EXHIBITION PARTNERSHIPS AND FOR SHARING WORKS TO ENHANCE EXHIBITIONS AT OTHER VENUES. THE MUSEUM HAS FEATURED THE WORK OF LIVING ARTISTS FROM ITS INCEPTION, AND THE TRADITION CONTINUES TODAY. THE PHILLIPS ALSO DEVELOPS EXHIBITIONS WHICH TRAVEL TO OTHER VENUES TO GIVE THOSE LIVING OUTSIDE THE DC AREA THE OPPORTUNITY TO ENJOY OUR ARTWORK, INDIVIDUAL WORKS OF ART ARE LOANED TO VARIOUS EXHIBITIONS AROUND THE WORLD.

PUBLIC ACTIVITIES AND OUTREACH INCLUDING SPECIAL EVENTS, MEDIA AND MARKETING ACTIVITIES, VISITOR AMENITIES, AND COMMUNITY RELATIONS. THE MUSEUM'S RENOWNED CONCERT SERIES CONTINUED WITH OUTSTANDING AND WIDELY-HAILED PERFORMANCES OF APPROXIMATELY 30-40 IMPORTANT ARTISTS DURING THE YEAR. THE MUSEUM'S SHOP AND CAFE CONTINUE AS

EXCEPTIONAL AMENITIES FOR OUR ONSITE VISITORS; AND OUR SOCIAL MEDIA PRESENCE GROWS MONTHLY.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: DEVELOPMENT AND PRESENTATION OF SPECIAL EXHIBITIONS INCLUDING WORKS FROM THE MUSEUM'S OWN HOLDINGS, LOANS FROM INDIVIDUALS AND OTHER INSTITUTIONS, AND COLLABORATIONS WITH OTHER VENUES. HIGHLIGHTS FROM FY19 INCLUDE: NORDIC IMPRESSIONS: ART FROM LAND. DENMARK. THE FAROE ISLANDS, FINLAND, GREENLAND, ICELAND, NORWAY, AND SWEDEN, 1821-2018; ZILIA SANCHEZ; SOY ISLA (I AM AN ISLAND); AND THE WARMTH OF OTHER SUNS;

STORIES OF GLOBAL DISPLACEMENT.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

	any nours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DANI LEVINAS CHAIR	15.00	х		х				0	0	0	
LINDSAY ELLENBOGEN VICE CHAIR	2.00	х		х				0	0	0	
TODD GALAIDA VICE CHAIR	2.00	х		х				0	0	0	
SCOTT SPECTOR	2.00	Х		Х				0	0	0	

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VICE CHAIR (UNTIL JUNE 2019) AMY MEADOWS

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SECRETARY (FROM JUNE 2018)

TREASURER (FROM DEC. 2018)

CAROLYN SMALL ALPER

STEVEN STRAWN

SUSAN L BUTLER

CHRISTOPHER CARR

NANCY CLARVIT

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	family flours		a un	ecti		usiee,	,	(W- 2/1099- (W- 2/1099- organization and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W- 2/1099- MISC)	related related organizations
JOHN DESPRES TRUSTEE	1.00	х						0	0	0
ALAN H FLEISCHMANN TRUSTEE	1.00	х						0	0	0
JULIE GARCIA TRUSTEE (FROM JAN. 2019)	1.00	х						0	0	0
CAROL BROWN GOLDBERG	1.00									

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JULIE GARCIA
TRUSTEE (FROM JAN. 2019)
CAROL BROWN GOLDBERG
TRUSTEE
PAMELA GWALTNEY

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TRUSTEE (FROM MARCH 2019)

BONNIE BURKE HIMMELMAN

BARBARA HALL

TOM HENTELEFF

LYNNE N HORNING

MICHELINE KLAGSBRUN

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

and Independent Contractors

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TRUSTEE (FROM MARCH 2019)

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THOMAS D RUTHERFOORD JR

TRUSTEE (FROM DEC. 2018)

TRUSTEE

KATHLEEN PETITT

HARVEY ROSS

TRUSTEE

TRUSTEE

TRUSTEE

MICHAEL SHAPIRO

ANDREA STRAWN

	any hours	and	l a dir	recto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HOWARD KRASS TRUSTEE	1.00	Х						0	0	0
DALE LEFEBVRE TRUSTEE	1.00	х						0	0	0
B THOMAS MANSBACH	1.00	х						0	0	0

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DALE LEFEBVRE		v			۸ ا	
TRUSTEE		^			0	
B THOMAS MANSBACH	1.00	V			0	
TRUSTEE		^			J	
A FENNER MILTON	1.00	×			0	
TRUSTEE		^			0	
RONALD A PAUL	1.00					

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

							(W- 2/1099-	organization and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	related organizations
ALICE PHILLIPS SWISTEL TRUSTEE	1.00	Х						0	0	0
ELIZABETH WILLIAMS TRUSTEE	1.00	х						0	0	0
LEO E ZICKLER TRUSTEE	1.00	х						0	0	0
DAVID DRISKELL TRUSTEE (UNTIL JUNE 2019)	1.00	Х						0	0	0
CAROL MELTON	1.00									

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65,848

27,779

319,241

168,628

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60.00

45.00

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TRUSTEE
DAVID DRISKELL
TRUSTEE (UNTIL JUNE 2019)
CAROL MELTON
TRUSTEE (UNTIL JULY 2019)

......

......

TONI HARRIS PAUL

GEORGE D SWYGERT

DOROTHY KOSINSKI

SUSAN J NICHOLS

ERIC RICHTER

TRUSTEE (UNTIL JUNE 2019)

TRUSTEE (UNTIL MARCH 2019)

TRUSTEE (UNTIL DEC. 2018)

CHIEF OPERATING OFFICER

VRADENBURG DIRECTOR AND CEO

and Independent Contractors

and Independent Contractors (A) Name and Title

CHERYL NICHOLS

KLAUS OTTMANN

CHIEF CURATOR & DEUPTY DIRECTOR

CFO

	week (list any hours for related organizations below dotted line)
	45.0
••••	***************************************

45.00

(B)

Average hours per

Institutional

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

Reportable compensation from the organization (W-2/1099-MISC) 97,733 169,109

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

26,579

27,542

erne Gi	KAPHIC Prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493197023720
	DULE A	Public (Charity Statu	s and Pub	olic Supp	ort	OMB No. 1545-0047
orm 9 0EZ)	90 or		rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable	organization or trust.		2018
	of the Treasury	► Go to	www.irs.gov/Form				Open to Public Inspection
me of	renue Service the organiza PS COLLECTION	tion				Employer identific	<u> </u>
		. n hi ob i o	- (011		1 - 11-1 1 > 6	53-0204620	
art I organ		for Public Charity State a private foundation because				see instructions.	
Ī	A church, c	· onvention of churches, or as	ssociation of churches	described in sect	tion 170(b)(1)	(A)(i).	
		scribed in section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
	A hospital o	or a cooperative hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
	A medical r name, city,	esearch organization operat and state:	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
		ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
	A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
✓		ation that normally receives (0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described ir
	A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
	An agricultu non-land gr	ural research organization de rant college of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	(A)(ix) operated the name, city, a	d in conjunction and state of the o	with a land-grant coll college or university:	ege or university or
	from activit investment	ation that normally receives: ies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer less taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
		ation organized and operated		r public safety. S	ee section 509	(a)(4).	
	more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
	Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	ated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
	manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ation vested in the sar				
		unctionally integrated. A sorganization(s) (see instruct					ited with, its
	Type III n	on-functionally integrate integrated. The organizations). You must complete Par	d. A supporting organi n generally must satis	zation operated i fy a distribution i	in connection wi requirement and	th its supported organ	
	Check this	box if the organization recei or Type III non-functionally	ved a written determir	ation from the II		pe I, Type II, Type II	I functionally
Ent		of supported organizations		-			
Pro	vide the follow	ing information about the su		s).			
(i)	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
tal							
	rwork Reduc	tion Act Notice, see the I	nstructions for	Cat. No. 11285	F S	Schedule A (Form 9	90 or 990-EZ) 201

Scł	nedule A (Form 990 or 990-EZ) 2018						Page 2
	Part II Support Schedule for	Organizations	Described in S	ections 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(v	i), and 170
	(b)(1)(A)(ix)						
	(Complete only if you ch						fy under Part
	III. If the organization f	ails to qualify un	der the tests list	ed below, please	e complete Part	III.)	
	Section A. Public Support				1		
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	9,457,827	18,663,794	8,922,034	7,790,290	15,584,489	60,418,434
_	include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
_	<u></u>						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,457,827	18,663,794	8,922,034	7,790,290	15,584,489	60,418,434
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						14,431,379
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						45.007.055
	from line 4.						45,987,055
	Section B. Total Support	1	T				
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) ⊤otal
7		9,457,827	18,663,794	8,922,034	7,790,290	15,584,489	60,418,434
8		. ,		. ,			· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on	664,792	536,418	544,680	766,963	1,317,969	3,830,822
	securities loans, rents, royalties and income from similar sources	,	,	,]		-,,	-,,
9	Net income from unrelated business			+	+		
	activities, whether or not the	-9,806	7,663	13,874	46,021	50,644	108,396
	business is regularly carried on						
10		2,438	1,511	736	876	1,103	6,664
	or loss from the sale of capital assets (Explain in Part VI.)	2,430	1,511	730	070	1,105	0,004
11							64,364,316
	10						
12		•	ŕ			12	20,258,275
13	First five years. If the Form 990 is for				•		_
	check this box and stop here					▶ L	
	Section C. Computation of Publi		_				
	Public support percentage for 2018 (li					14	71.450 %
	Public support percentage for 2017 Sc					15	72.490 %
16	a 33 1/3% support test—2018. If the						
	and stop here. The organization qual						
ı	33 1/3% support test—2017. If the	-		•		•	
	box and stop here. The organization						▶□
17	a 10%-facts-and-circumstances tes						
	is 10% or more, and if the organization in Part VI how the organization meets	on meets the Tacts the "facts-and-cire	-and-circumstance cumstances" test. 7	s test, check this The organization o	ualifies as a public	r e. Explain dv supported	
	organization			,	•	,	▶□
	10%-facts-and-circumstances te						
•	15 is 10% or more, and if the organi:	zation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.	
	Explain in Part VI how the organization			-		. ,	_
	supported organization						▶⊔
18	Private foundation. If the organization						. \Box
	instructions						▶ ⊔

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► 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						
4	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						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(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. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

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

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с 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 5b

organization's organizing document? 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 than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

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

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

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

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

9b

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. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
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?			
	governing body of a supported organization:	11a		
b	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.	11 c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		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		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	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.		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		
	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		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	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? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ 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		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrat	ed Type III supporting or	ganization (see

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. . . . c Excess from 2016.

Additional Data

Software ID: Software Version:

EIN: 53-0204620

Name: THE PHILLIPS COLLECTION

Schedule A (Form 990 or 990-EZ) 2018

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493197023720

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** THE PHILLIPS COLLECTION 53-0204620 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,			
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.						
	Limits on Lobbyir (The term "expenditures" mean	ng Expenditures			a) Filing anization's totals	(b) Affiliated group totals			
 1a	Total lobbying expenditures to influence public opi								
b	Total lobbying expenditures to influence a legislati	ive body (direct lobbying)							
c	Total lobbying expenditures (add lines 1a and 1b)								
d	Other exempt purpose expenditures								
е	Total exempt purpose expenditures (add lines 1c a	and 1d)							
f									
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:						
	Not over \$500,000	20% of the amount on line	e 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0.					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000.					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00.					
	Over \$17,000,000	\$1,000,000.							
g	Grassroots nontaxable amount (enter 25% of line	1f)							
h	Subtract line 1g from line 1a. If zero or less, enter	r -0							
i	Subtract line 1f from line 1c. If zero or less, enter	-0							
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No			
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not h	ave to comple		five			
	Lobbying Ex	penditures During 4	-Year Averagiı	ng Period	T	1			
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								

Form 5768 (election under section 501(h)).

(b)

(a)

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Nο Media advertisements? Nο C Mailings to members, legislators, or the public? Nο Publications, or published or broadcast statements? Nο e Grants to other organizations for lobbying purposes? Νo Direct contact with legislators, their staffs, government officials, or a legislative body? Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Other activities? Yes 12,340 Total. Add lines 1c through 1i 12,340 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b C Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV **Supplemental Information**

PART II-B, LINE 1:

Provide the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group list): Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

expenditure next year?

PROGRAM.

Return Reference Explanation

THE PHILLIPS COLLECTION ENGAGES A LOBBYING FIRM TO EDUCATE CONGRESS ON THE IMPORTANCE OF

APPROPRIATES MONEY FOR SUPPORT THROUGH THE NATIONAL CAPITAL ARTS AND CULTURAL AFFAIRS

FUNDING FOR THE ARTS IN THE DISTRICT OF COLUMBIA. EACH YEAR. THE FEDERAL BUDGET

4

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493197023720

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. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

	E PHILLIPS COLLECTION				Employer ide	entification	number
					53-0204620		
Pa	ort I Organizations Maintaining Donor Adv				r Accounts.		
	Complete if the organization answered "Ye						
		(a) Dono	or advi	sed funds	(b)Funds	and other a	accounts
•	Total number at end of year						
!	Aggregate value of contributions to (during year)						
}	Aggregate value of grants from (during year)						
1	Aggregate value at end of year						
;	Did the organization inform all donors and donor adviso organization's property, subject to the organization's explicitly before the organization of the organization inform all grantees, donors, and donors, and donors.	xclusive legal contr	ol?				Yes 🗌 No
	charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor,	or for · · ·	any other purpose o	onferring imper	missible	Yes 🗌 No
Pa	rt III Conservation Easements. Complete if t	he organization a	nswe	red "Yes" on Form	า 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	nization (check all	that a	pply).			
	\square Preservation of land for public use (e.g., recreation	n or education)		Preservation of an	historically impo	ortant land a	irea
	Protection of natural habitat			Preservation of a c	ertified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion co	ntribution in the for		tion t the End o	f the Veer
а	Total number of conservation easements			1	2a	t the Ella o	i the rear
b	Total acreage restricted by conservation easements			H	2b		
c	Number of conservation easements on a certified histor				2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	´ -	2d		
}	Number of conservation easements modified, transferr	ed, released, exting	juished	l, or terminated by t	the organization	during the	
	tax year ▶						
ļ	Number of states where property subject to conservation	on easement is loca	ted 🟲				
;	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold				of violations,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	iolatio	ns, and enforcing co	nservation ease	ments durin	g the year
,	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violati	ons, aı	nd enforcing conserv	ation easement	s during the	year
	·	\ _b_,,			70/h)/4)/p)/:)		
•	Does each conservation easement reported on line $2(d$ and section $170(h)(4)(B)(ii)$?				/U(h)(4)(B)(I)	☐ Yes	□ No
)	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the or					
ar	Organizations Maintaining Collections Complete if the organization answered "Ye				er Similar As	sets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	public exhibition, e	educat	on, or research in f			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items:	16 (ASC 958), to re	port ir	its revenue statem			
((i) Revenue included on Form 990, Part VIII, line 1				▶\$		
	ii)Assets included in Form 990, Part X				> \$		
<u>!</u>	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or ot 116 (ASC 958) rela	her sing to	nilar assets for finar these items:	ncial gain, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1				> \$		
b	Assets included in Form 990, Part X						
	D			0 . 11	F2202D C-I-		2227 224

Par	t III	Organizations Ma	aintaining Coll	ections of Art, F	listori	cal Tı	reas	ures, or	Other	Similar As	sets (continued)	
3		g the organization's acquis (check all that apply):		, and other records,	check	any of	the fo	ollowing th	nat are a	significant u	se of its	s collection	
а	✓	Public exhibition			d	✓	Loar	or excha	nge prog	rams			
b	\checkmark	Scholarly research			e		Othe	er					
С	✓	Preservation for future	e generations										
4		ride a description of the o	organization's coll	ections and explain	how the	ey furth	ner th	e organiza	ation's ex	empt purpo	se in		
5		During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pa	rt IV	Escrow and Custon Complete if the orgon, Jine 21.			m 990	, Part	IV,	ine 9, or	reporte	d an amou			, Part
1a		ne organization an agent Juded on Form 990, Part)									□ Ye	es 🗆 r	No
b	If "Y	es," explain the arrange	ement in Part XIII	and complete the fo	llowing	table:				A	mount		_
c		nning balance		·	_				1c				
d	_	itions during the year .							1d				
е		ributions during the year							1e				
f		ng balance							1f				_
2a	Did i	the organization include	an amount on Fo	rm 990 Part X line	21 for	escrow	or ci	ıstodial ad	ccount lia	hility?	Πve	es 🗆 r	— No
		es," explain the arrange									_	. э	10
	rt V	Endowment Fund											
- 6	100	Liidowinent i diid	us. complete ii	(a)Current year		rior yea		(c)Two ye		(d)Three yea		(e)Four yea	ars back
1 a	Begin	ning of year balance .		57,732,238	ζ-7:	54,076	-		7,198,375		980,081		,203,170
b	Contr	ibutions		1,762,186		1,830),264		2,817,060	9,:	209,852	1	,927,050
С	Net in	vestment earnings, gain	ns, and losses	1,663,179		5,510	,933	ı	6,755,526	-:	317,982	4	,219,549
d	Grant	s or scholarships											
е		expenditures for facilitie	es	3,322,476		3,685	5,453		2,694,467	2,0	673,576	2	,369,688
f	Admir	nistrative expenses .											
g	End o	f year balance		57,835,127		57,732	2,238	5-	4,076,494	47,	198,375	40	,980,081
2	Prov	ride the estimated percer	ntage of the curre	nt year end balance	(line 1	g, colu	mn (a	i)) held as	s:		•		
а	Boar	rd designated or quasi-e	ndowment 🟲										
b	Pern	nanent endowment 🕨	3.580 %										
С	Tem	porarily restricted endov	wment ▶ 96.4	20 %									
	The	percentages on lines 2a,	, 2b, and 2c shoul	d equal 100%.									
3а		there endowment funds	not in the possess	sion of the organizat	ion that	t are h	eld ar	nd adminis	stered for	the			
	-	nization by: Inrelated organizations									3	Yes a(i)	No No
	• •	related organizations .				•		• •				a(ii)	No
b		es" on 3a(ii), are the rel			n Sche	dule R	? .	• •				3b	
4		cribe in Part XIII the inte									<u> </u>		<u>'</u>
Pa	rt VI	Land, Buildings,	and Equipmer	ıt.									
		Complete if the ord				•							
	Desc	ription of property	(a) Cost or oth (investme		or other	basis (other)	(c) Accı	ımulated d	epreciation	((d) Book val	ue
1 a	Land					83	33,240						833,240
b	Buildi	ngs				46,49	96,913			16,012,712		3	0,484,201
С	Lease	hold improvements				1	14,995			2,500			12,495
d	Equip	ment				1,88	35,987	1		1,201,666			684,321

479,300

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

127,842

32,142,099

351,458

	(Form 990) 2018			1 111/11 - 0	Page 3
Part VII	Investments—Other Securities. Complete i See Form 990, Part X, line 12.	f the org	janization answ	vered "Yes" on Form 9	90, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: of-year market value
	ıl derivatives				, , , , , , , , , , , , , , , , , , , ,
(2) Closely-(3) Other	held equity interests				
(A) ALTERN	ATIVE FUNDS		38,404,807		F
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•	38,404,807		
rait VIII	Complete if the organization answered 'Yes' o	n Form	990, Part IV, lii	ne 11c. See Form 990	, Part X, line 13.
	(a) Description of investment		(b) Book value		nod of valuation: of-year market value
(1)					·
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(1) (5 000 0 (7 (70) 5 42)				
Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answe	ered 'Yes'	on Form 990, Pa	rt IV, line 11d. See Form	990, Part X, line 15.
	(a) Descrip		·	·	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				. •
Part X	Other Liabilities. Complete if the organizatio See Form 990, Part X, line 25.	n answe	red 'Yes' on Fo	rm 990, Part IV, line 1	l1e or 11f.
1.	(a) Description of liability		(b) B	ook value	
	ncome taxes				
GIFT ANNUI	TY DEBT ASE OBLIGATION			104,387 109,553	
(3)	OL OBLIGATION			103,333	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(h) with and 5		. 1	242.21	
	<i>n (b) must equal Form 990, Part X, col.(B) line 25.)</i> or uncertain tax positions. In Part XIII, provide the tex	xt of the f	ootnote to the or	213,940 ganization's financial stat	ements that reports the
	's liability for uncertain tax positions under FIN 48 (AS				

2

h

1

2

5

Return Reference

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

3,018,699

20,065,990

1,747,611

21,813,601

15,614,320

1,546,079

487,294

14.555.535

14,068,241

C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			

191,888 Donated services and use of facilities . 2b 2c 2d 2.825.393 2e

2a

Add lines 2a through 2d . . 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a

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

4b 1,747,611 b Add lines **4a** and **4b** C

4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements

1

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . .

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

Net unrealized gains (losses) on investments . . .

Prior year adjustments Other (Describe in Part XIII.) . .

Add lines 2a through 2d . Subtract line 2e from line 1

C d е 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 . . .

3

b

4

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

Supplemental Information

Part XIII

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

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.

Explanation

2a

2b

2c

2d

4a 4b

487.294

191,888

1,354,191

5

2e

3

4c

1.418

Schedule D (Form 990) 2018

	Page 5
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 53-0204620

Name: THE PHILLIPS COLLECTION

Supplemental Information

Return Reference	Explanation				
PART III, LINE 1A:	WORKS OF ART IN THE MUSEUM'S COLLECTION ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF ART ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IF PURCHASED WITH ASSETS WITHOUT DONOR RESTRICTIONS AND ARE RECORDED AS DECR EASES IN NET ASSETS WITH DONOR RESTRICTIONS IF PURCHASED WITH DONOR-RESTRICTED ASSETS. CON TRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENTS OF ACTIVITIES AND CHAN GES IN NET ASSETS; HOWEVER, CERTAIN CONTRIBUTIONS ARE RECORDED AS INCREASES IN NET ASSETS WITH DONOR RESTRICTIONS IF A DONOR MAKES A CONTRIBUTION INTENDED TO FUND THE SUBSEQUENT PURCHASE OF ART. PROCEEDS FROM THE SALE OF DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED ON THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS BASED ON THE ABSENCE OR EXISTE NCE AND NATURE OF DONORIMPOSED RESTRICTIONS. THERE WERE NO DEACCESSIONS DURING EACH OF THE				

Supplemental Information					
Return Reference	Explanation				
PART III, LINE 4:	AS STATED IN ARTICLE 3 OF THE COLLECTION'S ARTICLES OF INCORPORATION, THE FOCUS OF THE PER MANENT COLLECTION IS THE EMERGENCE OF MODERN ART IN EUROPE AND THE UNITED STATES IN THE LA TE NINETEENTH AND THE TWENTIETH CENTURIES (NOW THE 21ST AS WELL), AND IN PARTICULAR THE EX PRESSIVE, INDIVIDUALISTIC, COLORFUL, NATURE-BASED ART FAVORED BY DUNCAN PHILLIPS. PHILLIPS WISHED FOR THE MUSEUM TO CONTINUE TO COLLECT CONTEMPORARY ART OF THE KIND HE FAVORED SO T HAT LIVING AND EMERGING ARTISTS WOULD HAVE A VENUE TO SHOW THE RESULTS OF THEIR RESEARCH A ND THEIR AESTHETIC ADVENTURES. THE COLLECTION PERMITS THE MUSEUM TO PROVIDE OUTSTANDING EX HIBITIONS AND RELATED ART PROGRAMMING FOR THE EDUCATION OF THE PUBLIC.				

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	THE MUSEUM'S ENDOWMENT IS INVESTED TO PROVIDE INCOME FOR OPERATIONS, FOR PROGRAMS AND EXHI BITIONS, FOR DISPLAY AND PRESERVATION OF THE PERMANENT COLLECTION, AND FOR PURCHASES OF WO RKS OF ART.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	FOR THE YEARS ENDED JULY 31, 2019 AND 2018, THE COLLECTION HAS DOCUMENTED ITS CONSIDERATIO N OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN IN COME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
	ENDOWMENT EARNINGS TRANSFERRED FOR OPERATIONS 2,825,393. INCLUDED IN REVENUE ON THE FINANC IAL STATEMENTS AND EXCLUDED FROM REVENUE ON FORM 990, PART VIII.

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INTEREST/DIVIDENDS, NON-OPERATING, REPORTED AS AN "OTHER 1,307,638. ITEM" ON THE FINANCIAL STATEMENTS AND INCLUDED AS REVENUE ON FORM 990, PART VIII. EXHIBITION PARTICIPATION PASS THROUGH COSTS EXCLUDED -764,958. FROM REVENUE ON THE FINANCIAL STATEMENTS AND NETTED AGAIN ST REVENUE ON FORM 990, PART VIII. REALIZED GAINS, NON-OPERATING, REPORTED AS AN "OTHER IT EM" 1,794,164. ON THE FINANCIAL STATEMENTS AND INCLUDED AS REVENUE ON FORM 990, PART VIII.

Supplemental Information

EM" 1,794,164. ON THE FINANCIAL STATEMENTS AND INCLUDED AS REVENUE ON FORM 990, PART VIII.

GALA EXPENSES EXCLUDED FROM REVENUE ON THE FINANCIAL -229,614. STATEMENTS AND NETTED AGAI

NST REVENUE ON FORM 990, PART VIII. SHOP COST OF GOODS SOLD EXCLUDED FROM REVENUE ON -359,

619. THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	TRAVELING EXHIBITION PARTICIPATION PASS THROUGH COSTS 764,958. INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII. GALA EXPENSES INC LUDED IN EXPENSES ON THE FINANCIAL 229,614. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII. SHOP COST OF GOODS SOLD INCLUDED IN EXPENSES ON THE 359,619. FINANCIAL STA TEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BOND EXPENSES, NON-OPERATING REPORTED AS AN "OTHER ITEM" 254,703. ON THE FINANCIAL STATEME NTS AND INCLUDED AS AN EXPENSE ON FORM 990, PART IX. ART ACQUISITION COSTS REPORTED AS AN "OTHER ITEM" 215,211. ON THE FINANCIAL STATEMENTS AND INCLUDED AS AN EXPENSE ON FORM 990, PART IX. UBIT TAX EXPENSE REPORTED AS AN "OTHER ITEM" ON THE 17,380. FINANCIAL STATEMENTS AND INCLUDED AS AN EXPENSE ON FORM 990, PART IX.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493197023720 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE PHILLIPS COLLECTION 53-0204620 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 24,178,162 3a Sub-total . b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) O 24,178,162

chedule F (Form 990) 2018							Page 3
				ed States. Complete if	f the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sched	dule F (Form 990) 2018		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☑ Yes	□No
_		⊡ ≀es	110
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	☑ No

Schedule F ((Form 990) 2018	Page		
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting manual amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to part any additional information (see instructions).				
	ReturnReference	Explanation		
•				

Additional Data

EUROPE

Software ID: Software Version:

EIN: 53-0204620

Name: THE PHILLIPS COLLECTION

69,144

orm 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS IN REGION		24,109,018		

0 INVESTMENTS IN REGION

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493197023720 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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization THE PHILLIPS COLLECTION 53-0204620 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations □ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid t (or retained by) organization
		Yes	No			
otal		<u> </u>	. •			

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3
11	Does the organization conduct ga	ming activities with nonmembers	5?		☐ Yes	Пио	
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other entity		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and r	ecords:			
	Name						
	Address •						
	revenue?		m the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization ▶ \$ and tl 	ne			
С	If "Yes," enter name and address	of the third party:					
	Name •						
	Address►						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation	• \$					
	Description of services provided	·					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required unde retain the state gaming license?		stributions from the gaming proceeds to		☐Yes	□No	
b	Enter the amount of distributions in the organization's own exempt		Ited to other exempt organizations or spent \$		33		
Pai	t IV Supplemental Inform	nation. Provide the explanat	ions required by Part I, line 2b, column licable. Also provide any additional info				 s.
	Return Reference		Explanation				

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19319	7023	720
Sch	edule J	Co	ompensati	ion Information	00	1B No.	1545-0	0047
(Form 990)		For certain Office		rustees, Key Employees, and Hig	hest			
		► Complete if the org		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2018		
Б		-	▶ Attach	to Form 990. instructions and the latest inforr			to Pul	
•	tment of the Treasury al Revenue Service	₽ do to <u>www.ms.go</u>	<i><u>v/101111990</u></i> 101	mistractions and the fatest miori	nation.		ectio	
	ne of the organiza PHILLIPS COLLECTI				Employer identificat	ion nu	ımber	
	THILLII 5 GOLLECTI				53-0204620			
Pa	rt I Questi	ons Regarding Compensa	tion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
	_	companions		Payments for business use of perso				
		nification and gross-up payments	s 🔽	Health or social club dues or initiation Personal services (e.g., maid, chauf				
	L Discretion	ary spending account		Personal services (e.g., maid, chauf	reur, cher)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1?	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	elaf			
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		Written employment contract				
		ent compensation consultant	$\overline{\mathbf{V}}$	Compensation survey or study				
		of other organizations	✓	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	trol payment?			4a		No
b		· · ·		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	III.			
	Only E01(a)(2) E01(a)(4) and E01(a)(20)	organizations	must complete lines E-0				
5), 501(c)(4), and 501(c)(29) ed on Form 990 Part VII. Sectio	_	the organization pay or accrue any				
		ontingent on the revenues of:		o. gaaa pa, o. aoo. ao o,				
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa	the organization provide any nonfixe 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," de 				N-
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		No
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No ^a	50053T Schedule J		1 990)	2018

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) Breakdown	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
DOROTHY KOSINSKI RADENBURG DIRECTOR	(i)	319,241	0	0	43,500	22,348	385,089	0
AND CEO	(ii)	0	0	0	0	0	0	0
SUSAN J NICHOLS HIEF OPERATING OFFICER	(i)	168,628	0	0	13,600	14,179	196,407	0
SHIEL OF EIGHTING OFFICER	(ii)	0	0	0	0	0	0	0
KLAUS OTTMANN CHIEF CURATOR & DEUPTY	(i)	169,109	0	0	5,194	22,348	196,651	0
DIRECTOR	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2018	Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additiona	information.

Schedule J (Form 990)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493197023720 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number THE PHILLIPS COLLECTION 53-0204620 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No DISTRICT OF COLUMBIA 53-6001131 254839E82 11-01-2012 27,000,000 MUSEUM EXPANSION - DC 30 YEAR Χ Χ BOND ISSUED IN 2003 AND REISSUED IN 2012. Part ${
m I\hspace{-.1em}I}$ **Proceeds** C D 18,692,542 2 3 27,000,000 5 7 8 9 10 27,000,000 11 12 13 2006 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? 14 Were the bonds issued as part of an advance refunding issue? Х 15 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ **Private Business Use** Part III В C D Α Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2018

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

В

No

Yes

Α

Nο

Χ

Χ

Χ

Χ

Χ

Yes

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

В

No

C

No

Yes

C

No

Yes

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

I	3	
Yes	No	Yes

Nο

Yes

No

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

No

Yes

No

Yes

Nο

Page 3

No

D

Yes

Schedule K (Form 990) 2018

Yes

DLN: 93493197023720 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ 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 PHILLIPS COLLECTION 53-0204620 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 ${f 1}$ Art—Works of art . . . 132 2 Art—Historical treasures **3** Art—Fractional interests Books and publications 50 MARKET PRICE Clothing and household goods Cars and other vehicles 7 Boats and planes . . Intellectual property . . . Securities—Publicly traded . Χ 288,188 TRADE CONFIRMATIONS 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures **14** Oualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (X 30,600 VENDOR CONFIRMATION FOOD/BEVERAGES) Χ 26 Other ▶ (16,040 VENDOR CONFIRMATION PAINT/DECOR.) 27 Other ▶ (Χ 3,000 VENDOR CONFIRMATION FURNITURE) 28 Number of Forms 8283 received by the organization during the tax year for contributions 8 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 is not required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2018) Cat. No. 51227J

Schedule M (Form 990) (2018)				
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete			
Return Reference	Explanation			
, ,	FOR WORKS OF ART DONATIONS, THIS COLUMN REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED. FOR STOCK DONATIONS AND FOOD AND BEVERAGE DONATIONS, THE NUMBER REFLECTED IS THE NUMBER OF DONATIONS RECEIVED.			
PART I, LINE 33:	THE ORGANIZATION DOES NOT REPORT THE VALUE OF ART HOLDINGS ON ITS FINANCIAL STATEMENT.			
	Schedule M (Form 990) (2018)			

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SCHEDUL (Form 990 or EZ)	n 990 or 990-EZ specific questions on nal information. Z. t information. OMB No. 1545-004 2018 Open to Public Inspection	
Name Betherofe THE PHILLIPS COL		Employer identification number 53-0204620
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 2	TONI PAUL AND RONALD PAUL HAVE A FAMILY RELATIONSHIP. ONE IELD AND THE OTHER IN CAMPAIGN FINANCE AND FUNDRAISING. A AVE A FAMILY RELATIONSHIP. ONE HAS EXPERTISE AS A JOURNAL ECHNOLOGY.	NDREA STRAWN AND STEPHEN STRAWN H

Explanation

THE FINANCIAL STATEMENTS WERE PREPARED BY MANAGEMENT AND AUDITED BY THE MUSEUM'S INDEPENDE NT AUDITORS. THE FORM 990 WAS PREPARED BY MANAGEMENT AND REVIEWED BY THE MUSEUM'S EXTERNAL

EXTERNAL AUDITORS.

Return

Reference FORM 990.

PART VI.

LINE 11B

SECTION B.

TAX ACCOUNTANTS. THE AUDIT COMMITTEE OF THE BOARD IS CHARGED WITH REVIEWING THE AUDITED F INANCIALS AND THE ANNUAL 990 FILING. THESE DOCUMENTS ARE REVIEWED IN SPECIAL MEETINGS OF T HE COMMITTEE ATTENDED BY MUSEUM STAFF AND (IN THE INSTANCE OF THE AUDITED FINANCIALS) THE

Return Explanation
Reference

FORM 990,	KEY EMPLOYEES ARE REQUIRED TO COMPLY WITH THE CONFLICTS OF INTEREST POLICY DETAILED IN THE
PART VI,	STAFF HANDBOOK. LETTERS REITERATING THE POLICY FOR BOARD MEMBERS ARE SENT PERIODICALLY TO
SECTION B,	EACH BOARD MEMBER AS PART OF THE ANNUAL AUDIT PROCESS. EACH BOARD MEMBER IS REQUIRED TO S
LINE 12C	END A WRITTEN RESPONSE INDICATING HIS/HER COMPLIANCE. IF A CONFLICT WERE TO ARISE, IT WOUL
	D BE RESOLVED BY DISCUSSION WITH THE BOARD CHAIR AND VICE CHAIRS, LEGAL COUNSEL, AND THE B
	OARD MEMBER AS TO THE APPROPRIATE RESOLUTION.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE DIRECTOR OF THE MUSEUM WAS HIRED WITH THE ASSISTANCE OF A SEARCH FIRM WITH MAJOR NOT-F OR-PROFIT CLIENTS. ITS SALARY RECOMMENDATION WAS BASED UPON COMPARABLES FROM THAT FIRM'S E XPERIENCE AS WELL AS ON NATIONAL STATISTICAL SURVEYS. GOING FORWARD, THE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD'S CHAIR AND VICE CHAIRS BASED UPON PERFORMANCE RESULTS, BUDGET CAPACITY, AND COMPARABLES WITH OTHER MUSEUMS. ALL OTHER EMPLOYEES ARE HIRED IN SALARY RAN GES UTILIZING LOCAL AND/OR NATIONAL STATISTICAL SURVEYS. INCREASES IN COMPENSATION OUTSIDE OF DC MINIMUM WAGE REQUIREMENTS ARE DETERMINED BY THE DIRECTOR IN CONSULTATION WITH H.R. AND/OR SENIOR LEADERSHIP BASED UPON PERFORMANCE RESULTS AND IN COMPARISON WITH OTHER INSTITUTIONS BASED UPON STATISTICAL SURVEYS. FOR PROFESSIONAL STAFF, THE MOST COMMON SURVEY USE D IS THE AMERICAN ASSOCIATION OF MUSEUM DIRECTORS ANNUAL SALARY SURVEY. THE LAST SALARY RE VIEW TOOK PLACE IN SPRING 2019 USING FY18 DATA.

Return Explanation
Reference

FORM 990, THE GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE PART VI, AVAILABLE BY REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE IN SUMMARY FORM SECTION C, WITHIN THE MUSEUM'S MEMBER MAGAZINE EACH YEAR. THE MOST RECENT AUDITED FINANCIAL STATEMEN TS AND 990 ARE POSTED ON THE MUSEUM'S WERSITE