Form	99	0
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
A For the 2023 calendar year, or tax year beginning and ending						
B Cl ap	neck if plicab	le: C Name of	organization	D Employer identific	ation number	
X	Addre chang	ess pe NATI	ONAL WOMEN'S HISTORY MUSEUM			
	Name	ge Doing bu	usiness as	54-180142	26	
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room			
	Final		CONNECTICUT AVENUE, NW 300	(703) 461	L-1920	
	termi ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,277,810.	
	Amer	WASH	INGTON, DC 20006	H(a) Is this a group re		
	Appli tion pendi	r Name a	nd address of principal officer: FREDERIQUE IRWIN	for subordinates?	? Yes 🔀 No	
	-	SAME .	AS C ABOVE	H(b) Are all subordinates ind	cluded? Yes No	
		empt status:			list. See instructions	
	/ebsi		WOMENSHISTORY.ORG	H(c) Group exemption		
		f organization:	X Corporation Trust Association Other L	Year of formation: 1996	State of legal domicile: DC	
Pa		Summary				
ø	1		e the organization's mission or most significant activities: THE MUS		EDUCATES	
Governance	_		LIFIES THE DIVERSE CONTRIBUTIONS AND			
ern	2	Check this bo				
Š	3				22	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		lependent voting members of the governing body (Part VI, line 1b)		13	
ies	5		of individuals employed in calendar year 2023 (Part V, line 2a)	·····  +	23	
Activities &	6		of volunteers (estimate if necessary)		1,820.	
Ř			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.	
	b	Net unrelated		Prior Year	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)	2,150,134.	3,166,687.	
Revenue	9		ce revenue (Part VIII, line 2g)		39,300.	
ver	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	1 660	731.	
l a	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-292,898.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0 1 6 5 5 0 0	2,913,820.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14		to or for members (Part IX, column (A), line 4)	0	0.	
۵	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1 001 450	1,086,981.	
Ise	16a		undraising fees (Part IX, column (A), line 11e)	43,883.	46,092.	
Expenses			ng expenses (Part IX, column (D), line 25) 656,632.			
Щ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,884,912.	1,810,337.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,943,410.	
	19		expenses. Subtract line 18 from line 12	-1,052,662.	-29,590.	
Ces				Beginning of Current Year	End of Year	
t Assets d Balanc	20	Total assets (F	Part X, line 16)	839,352.	874,147.	
t As. d B	21	Total liabilities	(Part X, line 26)	837,466.	902,223.	
Net	22	Net assets or	fund balances. Subtract line 21 from line 20	1,886.	-28,076.	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

Т

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date			
-	FREDERIQUE IRWIN, PRESIDE	NT & CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signatur	e	Date	Cheo	ck 🛛	PTIN	
Paid	FRANK H. SMITH	FRANK H.	SMITH	05/06/	/24 self-	employed <b>E</b>	20063905	3
Preparer	Firm's name MARCUM LLP				Firm's EIN	11-1	986323	
Use Only	Firm's address 1899 L STREET, NW	#850						
	WASHINGTON, DC 20	036			Phone no.	(202)	227-40	00
May the IF	RS discuss this return with the preparer shown abo	ve? See instructio	าร			[	X Yes	No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23				Form <b>990</b>	(2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	<u>· (</u> )	-1801426	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		~
	THE NATIONAL WOMEN'S HISTORY MUSEUM PRESERVES, EDUCATES AND		5
	THE DIVERSE CONTRIBUTIONS AND VOICES OF WOMEN THROUGH INNOVA CONTENT AND EXPERIENCES AT A NATIONAL LEVEL TO DRIVE ACTION		
	GENDER EQUALITY AND INCLUSIVITY. THE MUSEUM EXHIBITS THE IN		
2	Did the organization undertake any significant program services during the year which were not listed on the	<u></u>	
-	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	otal expenses, an	ld
40	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 1,027,636. including grants of \$ ) (Revenue \$	33 7	722.)
4a	(Code:) (Expenses \$1,027,636. including grants of \$) (Revenue \$] (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$] (Revenue \$) (Revenue \$) (Revenue \$] (Revenue \$		/ 2 2 • )
	LIBRARY IN WASHINGTON, D.C. THE EFFORT WAS LED BY A TEAM OF		
	SCHOLARS AND HISTORIANS AS CURATORS AS WELL AS WORLD-CLASS I		
	AWARD-WINNING INTERACTIVE DISPLAY AND HIGHLY REGARDED MUSEUM	1 DISPLAY	
	FABRICATION FIRMS. THE RESULT WAS THE TIMELY, VISUALLY EXCIT		
	ENGAGING AND EDUCATIONAL EXHIBITION, "WE WHO BELIEVE IN FREE		_
		C FROM THE	3
	TURN OF THE 20TH CENTURY THROUGH CIVIL RIGHTS TO TODAY, HIGH		
	THE ROLE BLACK FEMINISM IN D.C. PLAYED IN SHAPING BLACK FEMI THOUGHT. THIS GROUNDBREAKING UNDERTAKING RESULTED IN AN OPEN		
	THOUGHT. THIS GROUNDBREAKING UNDERTAKING RESULTED IN AN OPEN ENTHUSIASTIC REVIEWS IN MARCH 2023, AND WILL CONTINUE THROUG		352
	2024. THE EXHIBITION ENHANCED THE MUSEUM'S ABILITY TO REACH		
4b	(Code: ) (Expenses \$ 678,444. including grants of \$ ) (Revenue \$		)
	THE MUSEUM CONTINUED ITS COMMITMENT TO FREE, ACCESSIBLE WOME	EN'S HISTO	ORY (
	EDUCATION THROUGH A ROBUST VIRTUAL PROGRAMMING SCHEDULE THAT	INCLUDEI	)
	ONLINE EXHIBITIONS, A COMPENDIUM OF BIOGRAPHIES, CLASSROOM-F		SON
	PLANS, RESEARCH RESOURCES, VIRTUAL FIELD TRIPS, A VIRTUAL BO		
	PANEL DISCUSSIONS, AUTHOR TALKS AND VIRTUAL WORKSHOPS FOR EI		
	PROFESSIONAL DEVELOPMENT. THE MUSEUM'S OPEN RESOURCE, EDUCAT WEBSITE AVERAGED OVER 5 MILLION VISITORS FROM AROUND THE GLO		
	IN ADDITION TO OUR WORK WITH THE US MINT (SEE BELOW), IN 202		23.
	MUSEUM DEVELOPED, CO-HOSTED AND/OR SPEARHEADED SEVERAL KEY	<u>,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	COLLABORATIVE PROJECTS AND EVENTS WITH NEW STAKEHOLDERS AND	LEADING	
	VOICES IN WOMEN'S ADVOCACY AND EMPOWERMENT SPACES. THESE INC		
	PANEL DISCUSSION AND RECEPTION FOR WOMEN'S EQUALITY DAY (AUC	JUST 26),	AN
4c			)
	IN 2020, THE MUSEUM ENTERED A MULTI-YEAR PARTNERSHIP WITH TH		
	AND THE SMITHSONIAN INSTITUTION AMERICAN WOMEN'S HISTORY INI		
	THE AMERICAN WOMEN'S QUARTERS PROGRAM. THE COINS WENT INTO O IN JANUARY 2022 WITH THE ISSUANCE OF FIVE COINS FEATURING MA		
	WILMA MANKILLER, ADELINA OTERO-WARREN, DR. SALLY RIDE AND AN		, ,
	WONG. EACH QUARTER WAS SUPPORTED BY EDUCATIONAL PROGRAMMING		
	MUSEUMS, SCHOOLS, AND OTHER VENUES AROUND THE COUNTRY. THE M		
	FURTHER SUPPORTED THE SHARING OF STORIES OF THESE ACCOMPLISH		
	THROUGH CLASSROOM-READY MATERIALS AVAILABLE ONLINE AND SPECI	AL EVENTS	5.
	IN 2023 THE MUSEUM SUPPORTED THE RELEASE OF FIVE COINS FEATU		SIE
	COLEMAN, IOVITA IDAR, EDITH KANAKA'OLE, ELEANOR ROOSEVELT AN		
	TALLCHIEF. ADDITIONAL COINS WILL BE ISSUED OVER THE NEXT 7	WO YEARS	
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses       1,744,056.	)	
40	Total program service expenses 1, 744, 056.	Form 9	<b>90</b> (2023)
332002	2 12-21-23 SEE SCHEDULE O FOR CONTINUATION(S) 2		(2020)

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2023.03040 NATIONAL WOMEN'S HISTORY 193246_1

Form 990 (2				' S	HISTORY	MUSEUM
Part IV	Ch	ecklist of Required Sche	dules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
•	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V			
••	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>_</u>		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X (2023)
332003	12-21-23	⊢orm	320 (	2023)

332003 12-21-23

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Form	990	(2023)
FUIII	990	(2020)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
	contributions? If "Yes," complete Schedule M	30	Х	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
54		34		x
35a	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 62			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990	(2023)
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Form	990 (2023) NATIONAL WOMEN'S HISTORY MUSEUM	54-1801	426	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?	·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
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	13b	-		
	Enter the amount of reserves on hand	13c	44-		x
			14a		<u></u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
10	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)
	-				,/

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Form 990 (2023)
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#### NATIONAL WOMEN'S HISTORY MUSEUM

organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			

•	bid the organization dologate control over management daties datemany performed by or and or the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Sec	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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	Х							
b	Describe on 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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and 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	Х							
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
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								
Sec	tion C. Disclosure									

17	List the states with which a copy of this Form 990 is required to be filed										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available										
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial										
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	<u>CYNTHIA DAVISON - (703) 461-1920</u>										
	800 CONNECTICUT AVENUE, NW, 300, WASHINGTON, DC 20006										
332006	SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2023)										

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6 2023.03040 NATIONAL WOMEN'S HISTORY 193246_1 F

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

- List all of the organization is content key employees, if any, see the instructions for deminion of key employees.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con /ee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) FREDERIQUE IRWIN	40.00	_	-	0		1 0				
PRESIDENT & CEO - AS OF 04/2023				х				183,333.	Ο.	4,375.
(2) LEAH CRAFT	40.00									
VP DEVELOPMENT						x		148,333.	Ο.	2,294.
(3) LORI ANN TERJESEN	40.00									
VP EDUCATION						x		140,000.	Ο.	5,442.
(4) JENNIFER HERRERA WALPOLE	40.00									
VP COMMUNICATIONS						x		140,000.	Ο.	1,417.
(5) SUSAN D. WHITING	25.00									
CHAIRPERSON		Х		Х				0.	Ο.	0.
(6) SINGLETON MCALLISTER	5.00									
VICE CHAIR		Х		Х				0.	Ο.	0.
(7) SUSAN DANISH	40.00									
TREASURER		Х		Х				0.	Ο.	0.
(8) LISA MARSH RYERSON	5.00									
SECRETARY		Х		Х				0.	0.	0.
(9) CATHERINE ALLGOR	5.00									
DIRECTOR		Х						0.	0.	0.
(10) JON S. BOUKER	5.00									
DIRECTOR		Х						0.	0.	0.
(11) CAREN BYRD	5.00									
DIRECTOR		Х						0.	0.	0.
(12) TENA CLARK	5.00									
DIRECTOR		Х						0.	0.	0.
(13) JAMIE CROSS	5.00									
DIRECTOR		Х						0.	0.	0.
(14) PEIXIN LI DALLARA	5.00									
DIRECTOR		Х						0.	0.	0.
(15) MONICA GIL	5.00									
DIRECTOR		Х						0.	0.	0.
(16) BEVERLY GUYSHEFTALL	5.00									
DIRECTOR		Х						0.	0.	0.
(17) MARI SNYDER JOHNSON	5.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

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Form 990 (2023) NATIONAL									54-18	3014	126	Page <b>8</b>	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									— T				
(A)	(B)	(C) Position				h		(D)	(E)	(F)			
Name and title	Average hours per		not cł	neck	more	than o		Reportable	Reportable			nated	
	week					is both pr/trus		compensation from	compensatio from related			unt of ner	
	(list any	tor						the	organization			nsation	
	hours for	direct				-		organization	(W-2/1099-MIS		•	the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			zation	
	organizations	trust	al tru		yee	om pe		1099-NEC)	,		•	elated	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				organi	zations	
	line)	Indiv	Insti	Officer	Key (	High emp	Former						
(18) PAT KAMPLING	5.00											•	
DIRECTOR	F 00	Х						0.		0.		0.	
(19) CHERI KAUFMAN	5.00	x						0.		0.		0.	
DIRECTOR (20) DR. AINSLEY MACLEAN	5.00	Λ				-		0.		<u> </u>		0.	
DIRECTOR	J.00	х						0.		0.		0.	
(21) CAROL MCCARTHY	5.00	Λ						0.				0.	
DIRECTOR - UNTIL 06/2023	5.00	х						0.		0.		0.	
(22) STEPHANIE MINEO	5.00									<b>~</b> +			
DIRECTOR	5.00	х						0.		0.		0.	
(23) DR. NANCY O'REILLY	5.00												
DIRECTOR		х						0.		0.		0.	
(24) DARLENE REYES	5.00												
DIRECTOR		Х						0.		0.		0.	
(25) R. LUCIA RIDDLE	5.00												
DIRECTOR		Х						0.		0.		0.	
(26) MARY SMITH	5.00											•	
DIRECTOR		X						0.		0.	1 2	0.	
1b Subtotal								611,666.		0.	13,	528.	
c Total from continuation sheets to Part VI								0.		0.			
d Total (add lines 1b and 1c)								611,666.		0.	13,	528.	
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100	000 of reportable	;		1	
compensation from the organization											V	es No	
<b>3</b> Did the organization list any <b>former</b> officer,	director trust	oo k		mnl			hic	nhest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for su	-		•	•	•					- 1	3	x	
4 For any individual listed on line 1a, is the su										····			
and related organizations greater than \$150										- 1	4 Z	ς Ι	
5 Did any person listed on line 1a receive or a										·····		·	
rendered to the organization? If "Yes," com	•							•		- 1	5	x	
Section B. Independent Contractors	olete Schedule	2 0 10	or su	<u>CIT</u>	Uers	.011				·····	0		
1 Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	acto	rs tł	hat received more than \$	3100.000 of comp	ensat	ion from		
the organization. Report compensation for t	•	•							•				
(A)								(B)			(C)		
Name and business	address							Description of s	services	C	ompensa	ation	
TESSELLATE											_		
234 5TH AVENUE, FLOOR 2,	NEW YOR	К,	N	Y	10	00	1	EXHIBIT MANA	GEMENT		695,	594.	
CRS CONSULTING			~ -	~	1 2						100	FCC	
21408 GERMAIN STREET, CHATSWORTH, CA 91311							IT AND WEB S			106,	566.		
ENVISION MARKETING		1 5	ດວ					PRINTING AND	POSTAGE		100	255	
148 GRAVES ROAD, LYNCHBUR	G, VA Z	45	02								100,	255.	
2 Total number of independent contractors (ir \$100,000, of compensation from the organiz	0	ot lin	nited	l to i	-	se lis 3	ted	l above) who received m	ore than				
\$100,000 of compensation from the organiz				<del></del>		-					00	<u>^</u>	

SEE PART VII, SECTION A CONTINUATION SHEETS Form **990** (2023) 332008 12-21-23

Part VII       Section A.       Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ         (A)       (B)       (C)       (D)         Name and title       Average hours       Position (check all that apply)       Reportable compensation from the organizations below       organization line)       organization line)       organization line)       organization line)       organization line)       organization line)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and title       Average hours       Position (check all that apply)       Reportable compensation         per week       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i       i	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
hours (check all that apply) compensation per week (list any hours for related organizations below line) up the line ine) up the line ine interval to the line interval to the l	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
per week (list any hours for related organizations below line) Ine) Polloge List (list any hours for related line) List (list any hours for list (list any hours for list (list any hours for list (list any hours for list (list any hours for list (list any hours for list (list any hours for list (list any hours for list (list any hours below line) List (list (list any hours (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list (list)) (list (list (list)) (list (list)) (list (list)) (list)) (list) (list)) (list) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (list)) (	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
week (list any hours for related organizations below line) up to the below line) up to the below line up to the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(list any hours for related organizations below line) line) line) line with the second line of the second li	(W-2/1099-MISC)	from the organization and related organizations
		organization and related organizations
	0.	and related organizations
	0.	organizations
	0.	0.
	0.	0.
	0.	0.
(27) JESSICA TILLYER 5.00	0.	0.
DIRECTOR X 0.		
Total to Part VII, Section A, line 1c		

332201 04-01-23

			2023) NATIONAL WOM	EN'S HIST	ORY MUSEUM		54-1801	426 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	<u>e or note to</u> any lin	ne in this Part VIII	<u></u>	<u></u>	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ς Ω	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b	193,844.	1			
2 g			Fundraising events	404,362.	-			
fts,					1			
i Gi			<b>J</b>	72,190.	-			
ns, Sim			Government grants (contributions) 1e	72,190.	4			
er (		t	All other contributions, gifts, grants, and	2 406 201				
Ęj			similar amounts not included above 1f	2,496,291.	4			
ont od (		-	Noncash contributions included in lines 1a-1f	246,690.				
<u>a Č</u>		h	Total. Add lines 1a-1f		3,166,687.			
				Business Code				
9	2	а	EVENTS	900099	21,888.	21,888.		
erci		b	PROGRAM SUPPORT	900099	17,412.	17,412.		
Se		с						
eve eve		d						
Program Service Revenue		е						
Ţ,		f	All other program service revenue					
		g	Total. Add lines 2a-2f		39,300.			
	3		Investment income (including dividends, inte					
			other similar amounts)		211.			211.
	4		Income from investment of tax-exempt bond					
	5		Royalties	•				
	Ŭ		(i) Real	(ii) Personal				
	6	~		() : :::::::	-			
	0				-			
					1			
	_		Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other				
	'	а			4			
				•	-			
		b	Less: cost or other basis					
nue				•	-			
evenue			Gain or (loss) 7c 520	-				
å			Net gain or (loss)	<u></u>	520.			520.
Other Re	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			, E	<b>a</b> 55,188.				
		b	Less: direct expenses8	<b>b</b> 349,956.				
		с	Net income or (loss) from fundraising events		-294,768.			-294,768.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9	a				
		b		b				
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
				<b>Da</b> 15,854.				
		b		<b>Db</b> 14,034.				
			Net income or (loss) from sales of inventory	,	1,820.		1,820.	
$\neg$				Business Code	_,		,	
sn	11	2	MISCELLANEOUS	900099	50.			50.
oer ue								
Miscellaneous Revenue		b		·				
sce Bei		C		·				
Ä			All other revenue		E 0			
			Total. Add lines 11a-11d		50.	20.200	1 0 0 0	202.007
	12		Total revenue. See instructions		2,913,820.	39,300.	1,820.	-293,987.
332009	9 12	-21-	23					Form <b>990</b> (2023)

NATIONAL WOMEN'S HISTORY MUSEUM

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54-1801426

NATIONAL WOMEN'S HISTORY MUSEUM Part IX Statement of Functional Expenses

Check if Schedule O contains a respons	(A)		(C)	<u>X</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	100 000	00.055	02.462	<b>F</b> A 200
trustees, and key employees	187,708.	93,855.	23,463.	70,390
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)			05 054	048 085
7 Other salaries and wages	793,796.	451,667.	95,054.	247,075
8 Pension plan accruals and contributions (include	F 014	0.046	1 000	1 640
section 401(k) and 403(b) employer contributions)	5,814.	2,946. 13,453.	1,220. 4,805.	1,648 8,414 23,172
9 Other employee benefits	26,672.	13,453.	4,805.	8,414
0 Payroll taxes	72,991.	36,805.	13,014.	23,172
1 Fees for services (nonemployees):				
a Management				
b Legal	100 (50		100 650	
c Accounting	122,658.		122,658.	
d Lobbying	46.000			
e Professional fundraising services. See Part IV, line 17	46,092.		1 0 4 5	46,092
f Investment management fees	1,045.		1,045.	
g Other. (If line 11g amount exceeds 10% of line 25,	1 100 850	0.45 1.01		
column (A), amount, list line 11g expenses on Sch 0.)	1,106,756.	945,121.	77,037.	84,598
2 Advertising and promotion	7,161.	7,161.	<b>FO 000</b>	105 045
3 Office expenses	198,294.	14,219.	58,828.	125,247
4 Information technology	108,772.	33,862.	62,167.	12,743
5 Royalties	24 045	10 054	0.070	C E01
6 Occupancy	34,847.	19,054.	9,272.	6,521
7 Travel	22,683.	7,223.	4,952.	10,508
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	110 565	100 644		2 0 0 1
9 Conferences, conventions, and meetings	112,565.	108,644.	20.664	3,921
0 Interest	29,664.		29,664.	
1 Payments to affiliates	7 016		7 016	
2 Depreciation, depletion, and amortization	7,016. 7,245.	400	7,016.	
	/,245.	400.	6,845.	
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule 0.)	32,588.	8,813.	19,177.	4,598
	10,368.	0,013.	589.	9,779
	8,675.	833.	5,916.	1,926
	0,073.	000.	5,910.	1,920
d				
e All other expenses	2,943,410.	1,744,056.	542,722.	656,632
5 Total functional expenses. Add lines 1 through 24e	2,943,41V.		J#4,144•	00,002
<b>6</b> Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

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332010 12-21-23

Form 990 (2023)

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NATIONAL	WOMEN'S	HISTORY	MUSEUM
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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X		·····	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			680,922.	1	90,577
	2	Savings and temporary cash investments			66.	2	111,790
	3	Pledges and grants receivable, net			0.	3	570,787
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disq	ualified perso				
		under section 4958(f)(1)), and persons descri				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			22,365.	8	19,056
As	9				11,471.	9	14,286
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		169,444.			
	b		10b	<u>169,444</u> . 163,348.	15,008.	10c	6,096
	11	Investments - publicly traded securities			95,217.	11	6,096 60,090
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11			14,303.	15	1,465
	16	Total assets. Add lines 1 through 15 (must e		I	839,352.	16	874,147
	17	Accounts payable and accrued expenses			586,841.	17	451,374
	18	Grants payable				18	
	19	Deferred revenue		25,675.	19	10,000	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple		I		21	
s	22	Loans and other payables to any current or f	ormer office	r, director,			
itie		trustee, key employee, creator or founder, su	ubstantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to un	related third	Г		23	
	24	Unsecured notes and loans payable to unrel	ated third pa	irties	159,164.	24	380,759
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24).	Complete Part X			
		of Schedule D			65,786.	25	60,090
	26	Total liabilities. Add lines 17 through 25			837,466.	26	902,223
		Organizations that follow FASB ASC 958,	check here	X			
Sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			1,886.	27	-29,576
Bal	28	Net assets with donor restrictions			0.	28	<u>-29,576</u> 1,500
pd		Organizations that do not follow FASB AS					
Ľ.		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,886.	32	-28,076
~	33	Total liabilities and net assets/fund balances			839,352.	33	874,147

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet

	1990 (2023) NATIONAL WOMEN'S HISTORY MUSEUM	54-18	01426	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,913					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,943		<u>10.</u> 90.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-		86.			
5	Net unrealized gains (losses) on investments	5		-3'	72.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	-28	3,0'	<u>76.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		T					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	-					
2a			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
				000				

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2023
	Open to Public Inspection
Employer	identification number

#### Name of the organization

	NATI	ONAL WOMEN	'S HISTORY MU	JSEUM			5	4-1801426				
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	6.					
The orgar	nization is not a private found											
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organiz	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (C	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).						
7 X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general j	oublic described in				
	section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)								
9	An agricultural research org	anization described	in section 170(b)(1)(A)(i	i <b>x)</b> operate	ed in conju	Inction with a l	and-grant	college				
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	he college	or				
	university:											
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membershi	p fees, and	d gross receipts from				
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	support f	rom gross investment				
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	Ifter June 30, 1975.				
	See section 509(a)(2). (Con	mplete Part III.)										
11 🔛	An organization organized a	and operated exclusi	vely to test for public sat	ety.See	section 50	09(a)(4).						
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to car	ry out the	purposes of one or				
	more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See section 5	<b>09(a)(3).</b> (	Check the box on				
_	lines 12a through 12d that	describes the type or	f supporting organizatior	and com	olete lines	12e, 12f, and	12g.					
a	<b>Type I.</b> A supporting orga	-	-	• • • •	-							
	the supported organization			majority o	f the direc	tors or trustee	s of the su	ipporting				
	organization. You must o	-										
b 🗌	<b>Type II.</b> A supporting org	-				-		-				
	control or management o			ame persoi	ns that co	ntrol or manag	e the supp	ported				
_	organization(s). You mus											
с	Type III functionally inte		•••				y integrate	d with,				
. –	its supported organization		-									
d 🗌	Type III non-functionally					••	•					
	that is not functionally int			•		-	an attentiv	/eness				
	requirement (see instructi	,	• •				<b>T</b>					
e	Check this box if the orga					Туре I, Туре II	, Type III					
f Ent	functionally integrated, or				ation.							
	er the number of supported on vide the following informatior	•	d organization(c)									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of	monetary	(vi) Amount of other				
	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ins	structions)	support (see instructions)				
			above (see instructions))	103	110							
Total												

#### Schedule A (Form 990) 2023

NATIONAL WOMEN'S HISTORY MUSEUM

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1971560.	1909144.	2940080.	2150134.	3166687.	12137605.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1971560.	1909144.	2940080.	2150134.	3166687.	12137605.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1520985.
	Public support. Subtract line 5 from line 4.						10616620.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a)2019 1971560.	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	19/1560.	1909144.	2940080.	2150134.	310008/.	12137605.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 1		<b>77</b> 1	1 6 6 0	011	
	and income from similar sources	11.		771.	1,668.	211.	2,661.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	250				FO	400
	assets (Explain in Part VI.)	350.				50.	400.
	Total support. Add lines 7 through 10						12140666.
12	,		,				176,220.
13	First 5 years. If the Form 990 is for th	•				()()	
Sar	organization, check this box and stor ction C. Computation of Publi		-				
	•			olumn (f))		14	87.45 %
	Public support percentage for 2023 (I		-			15	<u>87.45</u> % 96.27%
	Public support percentage from 2022 33 1/3% support test - 2023. If the o						
104	stop here. The organization qualifies				14 13 33 17370 OF III		37
h	<b>33 1/3% support test - 2022.</b> If the c		•				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization		-		• •		
			·				(Form 990) 2023

80	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support					( )	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
~	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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 from line 6.)						
					( )	( )	(m
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			•		
50	check this box and stop here	c Support Por	contago				
	Public support percentage for 2023 (I			a a luman (f))		45	0/
	Public support percentage from 2023 (i Public support percentage from 2022					15	<u>%</u> %
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from a		'			18	<u>%</u>
	<b>33 1/3% support tests - 2023.</b> If the						
	more than 33 1/3%, check this box ar						
٢	33 1/3% support tests - 2022. If the	-	-		••••		
L.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23			<u>, , , , , , , , , , , , , , , , , , , </u>			(Form 990) 2023

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

## Schedule A (Form 990) 2023 NATIONAL WOMEN'S HISTORY MUSEUM Part III Support Schedule for Organizations Described in Section 509(a)(2)

11380506 150872 193246

¹⁶ 2023.03040 NATIONAL WOMEN'S HISTORY 193246_1

#### NATIONAL WOMEN'S HISTORY MUSEUM

1

Yes No

#### Part IV Supporting Organizations

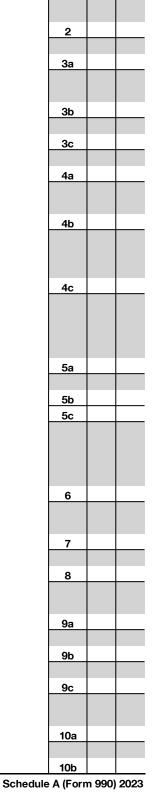
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

#### Section A. All Supporting Organizations

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

17

332024 12-21-23



#### Schedule A (Form 990) 2023 NATIONAL WOMEN'S HISTORY MUSEUM

Pa	rt IV	Supporting Organizations (continued)					
				Yes	No		
11	11 Has the organization accepted a gift or contribution from any of the following persons?						
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c b	elow, the governing body of a supported organization?	11a				
b	A fam	ily member of a person described on line 11a above?	11b				
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
	detail	<i>in</i> Part VI.	11c				
Sec	tion E	3. Type I Supporting Organizations					
				Yes	No		
1	more direct <i>effect</i>	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, stors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> ively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>					
	•	bred organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2		ne organization operate for the benefit of any supported organization other than the supported					
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in					
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supar	vised or controlled the supporting organization	2				

supervised	d. or controlled the supporting organization.	
Section C. T	vpe 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
 Image: Control of the organization of the support of the suport of the support of the

Section D	. All Typ	e III Supporting	g Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is t	he parent of each	of its supported	organizations.	Complete line 3 below.
---	--	-----------------------	-------------------	------------------	----------------	------------------------

с		The organization	supported a	a governmental (	entity.	Describe in Par	t VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	------------------	-------------	------------------	---------	-----------------	----------	-----------------	---------------------	-----------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

______

Schedule A (Fo	rm 990) 2023
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## Schedule A (Form 990) 2023 NATIONAL WOMEN'S HISTORY MUSEUM Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

4				
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete s	(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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

#### NATIONAL WOMEN'S HISTORY MUSEUM

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive	•		
	(provide details in <b>Part VI</b> ). See instructions.	0		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

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Schedule A (I	Form 990) 2(	023		NATIO	NAL	WOME	EN'S	HIST	ORY	MUSEU	м		54-18	301426	Page 8
Part VI	Supplem Part IV, Sec line 1; Part I	<b>ental I</b> tion A, li V, Secti	<b>nform</b> nes 1, 2 on D, lin	a <b>tion.</b> F 2, 3b, 3c, 4 nes 2 and 3	Provide 4b, 4c, # 3; Part	the expl 5a, 6, 9a IV, Secti	lanation a, 9b, 9c ion E, lir	s require , 11a, 11 ies 1c, 2a	d by Par b, and 1 a, 2b, 3a	t II, line 10 1c; Part I , and 3b;	0; Part II, V, Sectio Part V, lir	n B, lines 1 ne 1; Part \	r 17b; Part     and 2; Pai /, Section E	II, line 12; t IV, Sectior 8, line 1e; Pa	۱C,
	Section D, li (See instruc	nes 5, 6 tions.)	, and 8;	and Part	V, Sect	ion E, lir	nes 2, 5,	and 6. A	lso com	plete this	part for a	any additio	nal informa	tion.	
SCHEDUI	LE A, E	PART	II,	LINE	10,	EXP	LANA	TION	FOR	OTHE	R INC	COME :			
OTHER															
2019 AN	IOUNT :	\$	350	•											
2023 AM	IOUNT:	\$	50.												
332028 12-21-23	ł							21					Schedu	le A (Form s	990) 2023
								ᄼᅩ							

#### ** PUBLIC DISCLOSURE COPY **

## **Schedule of Contributors**

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

# 2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

NATIONAL	WOMEN'S	HISTORY	MUSEUM	
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54-1801426

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set is the set is the set in the set is t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

NATIONAL WOMEN'S HISTORY MUSEUM

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,140,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 135,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 119,349. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 72,190. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 65,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 64,178. Noncash \$ (Complete Part II for noncash contributions.)

323452 12-26-23

11380506 150872 193246

Employer identification number

54-1801426

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Page 2

Part II	rt II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	467 SHARES CATERPILLAR STOCK	_					
3		\$109,349.	12/31/23				
		_ 5					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		_   \$					

Schedule B (Form 990) (2023)

### 11380506 150872 193246

Schedule B (Form 990) (2023) Name of organization

NATIONAL WOMEN'S HISTORY MUSEUM

25 2023.03040 NATIONAL WOMEN'S HISTORY 193246_1

Employer identification number

54-1801426

Schedule E Name of or	3 (Form 990) (2023) rganization		Page 4				
	-						
NATION Part III	NAL WOMEN'S HISTORY MU Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	utions to organizations described in sect (a) through (e) and the following line entry. , charitable, etc., contributions of \$1,000 or les	54-1801426 ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations is for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		_					
	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
323454 12-26-	-23		Schedule B (Form 990) (2023)				

### 11380506 150872 193246

26 2023.03040 NATIONAL WOMEN'S HISTORY 193246_1

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

11380506	150872	103216
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## **Political Campaign and Lobbying Activities**

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

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.

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

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. of argonizatio

Name of organization Employer identification							
	NATIONA	L WOMEN'S HISTORY	MUSEUM		54-1801426		
Pa	Irt I-A Complete if the org	panization is exempt under	section 501(c) o	r is a section 527 o	rganization.		
2 3	Provide a description of the organize Political campaign activity expendit Volunteer hours for political campa	ign activities					
Pa	rt I-B Complete if the org	ganization is exempt under	section 501(c)(3)	-			
2 3 4a b Pa	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? Was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the org Enter the amount directly expendent Enter the amount of the filing organ	incurred by organization managers on 4955 tax, did it file Form 4720 for ganization is exempt under d by the filing organization for section	under section 4955 r this year? section 501(c), e on 527 exempt functio	xcept section 501	\$ Yes No Yes No Yes No		
	Total exempt function expenditures		on Form 1120-POL,				
	<ul> <li>4 Did the filing organization file Form 1120-POL for this year?</li> <li>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.</li> </ul>						
	<b>(a)</b> Name	(b) Address	(c) EIN	( <b>d)</b> Amount paid from filing organization's funds. If none, enter -0	contributions received and		

23 Open to Public Inspection

Schedule C (Form 990) 2023

	NAL WOMEN'S HISTORY MUSEUM		801426 Page 2				
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).							
A Check if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,				
expenses, and share of exce	ss lobbying expenditures).						
<b>B</b> Check if the filing organization chec	ked box A and "limited control" provisions apply.						
Limits on Lobbying Expenditures(a) Filing organization's totals(b) Affiliated group totals(The term "expenditures" means amounts paid or incurred.)totalstotals							
<b>1a</b> Total lobbying expenditures to influence pu	olic opinion (grassroots lobbying)	0.					
<b>b</b> Total lobbying expenditures to influence a le	gislative body (direct lobbying)	0.					
c Total lobbying expenditures (add lines 1a ar	nd 1b)	0.					
d Other exempt purpose expenditures		2,968,888.					
e Total exempt purpose expenditures (add lin	es 1c and 1d)	2,968,888.					
f Lobbying nontaxable amount. Enter the am	298,444.						
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
not over \$500,000,	20% of the amount on line 1e.						
over \$500,000 but not over \$1,000,000,							
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.						
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.						
over \$17,000,000,	\$1,000,000.						
g Grassroots nontaxable amount (enter 25% o	of line 1f)	74,611.					
h Subtract line 1g from line 1a. If zero or less,	enter -0-	0.					
i Subtract line 1f from line 1c. If zero or less,	enter -0-	0.					
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720							
reporting section 4911 tax for this year? Yes N							
S(	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period						

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	<b>(d)</b> 2023	<b>(e)</b> Total
2a Lobbying nontaxable amount	237,306.	260,358.	307,970.	298,444.	1,104,078.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,656,117.
c Total lobbying expenditures					
d Grassroots nontaxable amount	59,327.	65,090.	76,993.	74,611.	276,021.
e Grassroots ceiling amount (150% of line 2d, column (e))					414,032.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of the lobbying activity.	Yes	No	Amo	ount
<ul> <li>During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</li> <li>a Volunteers?</li> </ul>				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1)</li> </ul>				
c Media advertisements?	/			
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-	-	
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)(	5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures			1°	
Part III-B Complete if the organization is exempt under section 501(c)(4),				0 :-
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes."	verea "No" OR	(b) Part I	II-A, IINe	3, IS
		1		
1 Dues, assessments and similar amounts from members				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts expenses for which the section 527(f) tax was paid).	or political			
		20		
a Current year				
b Carryover from last year				
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d</li> </ul>				
<ul> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of</li> </ul>		3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbyin				
	•	4		
expenditures next year?         5       Taxable amount of lobbying and political expenditures. See instructions		4		
Part IV Supplemental Information		J		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d group list); Part II-	A, lines 1 a	nd 2 (see	

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

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D	Supplemental Fi
(Form 990)	Complete if the organizatio Part IV, line 6, 7, 8, 9, 10, 11a, 1
Department of the Treasury	Attach t

### nancial Statements

on answered "Yes" on Form 990, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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



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OMB No. 1545-0047

Internal Revenue Service Name of the

Part I

1

2

3

4

5

6

Part II

1

2

С

d

3

4

5

6

7

8

Total а b Total

NATIONAL WOMEN'S H	ISTORY MUSEUM	Emp	54-1801426
t I Organizations Maintaining Donor Advised		or Account	
organization answered "Yes" on Form 990, Part IV, line	e 6.		
	(a) Donor advised funds	(b) Func	ls and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds	
are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only	
for charitable purposes and not for the benefit of the donor or	^r donor advisor, or for any other purpose	conferring	
impermissible private benefit?			Yes No
t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.	
Purpose(s) of conservation easements held by the organization	on (check all that apply).		
Preservation of land for public use (for example, recreat	tion or education) 🛛 🗌 Preservation c	of a historically i	mportant land area
Protection of natural habitat	Preservation of	of a certified hist	toric structure
Preservation of open space			
Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservati	on easement on the last
day of the tax year.			Held at the End of the Tax Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified historic stru	icture included on line 2a	2c	
Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not		
on a historic structure listed in the National Register		2d	
Number of conservation easements modified, transferred, rele			luring the tax
year			
Number of states where property subject to conservation eas	ement is located		
Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
violations, and enforcement of the conservation easements it	holds?		Yes No
Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing con	servation easer	nents during the year
Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements	s during the year
Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(	ר)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?			Yes No

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes organization's accounting for conservation easements.	
organization's accounting for conservation accoments	s the
organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.								
A . 16 H								

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
	provide the following amounts relating to these items.
	(i) Revenue included on Form 990, Part VIII, line 1 \$

	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
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2	0 2 0 4 0	373 m

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets       (continued)         Image the organization's accession, and other records, check any of the following that make significant use of its       (continued)         Image the organization's accession, and other records, check any of the following that make significant use of its       (continued)         Image the organization is accession, and other records, check any of the following that make significant use of its       (continued)         Image the organization is accession, and other records, check any of the following the second to receive domains of art, historical treasures, or other aimlar assets       (continued)         Image the organization is accession and explain how they further the organization's accession?       Ves       Note         Part III Escrow and Custodial Arrangements       Complete if the organization accesses not included       (continued)         Image the organization accession of the records and out on form 900, Part X, Ime 21.       Image the organization accesses not included       (continued)         Image the organization accesses on the organization accesses not included       (continued)       (e)       (form 900, Part X)         Image the organization is accesses on the organization accesses not included       (form 900, Part X)       (form 900, Part X)       (form 900, Part X)         Image the organization is accesses on the organization accesses on the organization acceses not included       (form 900, Part	Sche		L WOMEN'S D						54-18			age <b>2</b>
collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).         Image: collection terms (check all that apply).       Image: collection terms (check all that apply).	Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Othe	r Simila	r Assets	contii	nued)	
a ≧ Public exhibition during the set of the organization is collection?  b ≧ Scholary research b is a constrained of the organization is collection and e b other	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	ignificant (	use of its			
b       Scholarly research       e       Other         c       All Preservation for future generations       Provide a description of the organization scollections and explain how they further the organization scenengt purpose in Part XIII.         5       During the year, dd the organization scollections and explain how they further the organization scenengt purpose in Part XIII.       Schwing the year, dd the organization science and and then to be maintained as part of the organization science and and the norm 900, Part X, Iine 21.         1a       Is the organization and provide an amount on Form 900, Part X, Iine 21.       The is the organization is a part.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Amount       Ie         c       Beginning balance       Ie       Amount       Ie												
c X Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sodi to raise function from 590, Part X, line 21. 1 Is the organization and the state function of the organization's collection?	а		c									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 900, Part XI, line 9, or     resported an amount on Form 900, Part X, line 21,     the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X2,     line 31, line 31, line 31, line 31,     the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X2,     line 31, l	b		e	• 🗌 o	Other							
5       During the year, did the organization solution or eneive donations of art, historical ressures, or other similar assets	С	-										
tops rolf to raise funds: rather than to be maintained as part of the organization's collection?         Yes         X No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered "Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21.           Part V         Endowrment Funds         Complete if the organization has been provided in Part XIII.         Part X, line 21.           Part V         Endowrment Funds         Complete if the organization is the explanation in aswered 'Yes' o	4	Provide a description of the organization's co	ollections and explair	n how the	ey further t	he organizatio	n's exer	npt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X // Image: Second and the second and	5	During the year, did the organization solicit of	or receive donations of	of art, his	torical trea	sures, or othe	r similar	assets		_		-
reported an amount on Form 990, Part X, line 21.           1a         Is the organization in agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?         Ives         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Ives         No           c         Beginning balance         Ives         Amount         Ives         Amount           d         Additions during the year         Ives         Ives         No         Ives         No           d         Additions during the year         Ives         Ives         No         Ives         No           d         Additions during the year         Ives         Ives         No         Ives         No           d         Additions during the year         Ives         Ives         No         Ives         No           Deth comparization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         Ves         No           Part V         Endowment FundS         Complete if the organization nasweed "ves" on Form 900, Part X, line 21, for escrew or custodial account liability?         Ves         No           a Contributions         (b) Prior year         (c) Two years back         (d) Four years back         (d) Four years back           1a Beginning o											X	No
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X /// Second	Par			te if the c	organizatio	n answered "Y	es" on	Form 990	, Part IV, li	ne 9, or		
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Id         d       Additions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds Complete it the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State Stat												
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          1e          d       Additions during the year          1e          2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?          Yes          2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?          Yes          2a       Did the organization include an amount on Form 990, Part X, line 10.           Part V          Part V       Endowment Funds          Complete if the organization answered 'Yes' on Form 990, Part K, line 10.          1a       Beginning of year balance           (e) Durrent year         (e) Dir year back           (e) Four years back          1a       Beginning of year balance          (e) Ourrent year         (f) Orne years back           (e) Four years back          1a       Beginning of year balance          (e) Ourrent year end balance (line 1g, column (a) held as:          1b       Ordinative provide the estimated procentage of the current year end balance (line 1g, column (a) held as:          1b       Permentages on lines 240, and ze hould equal 100%.          3a       Are there en	<b>1</b> a		•	•						-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       ff "Yes," explain the arrangement in Part XIII. Check here if the explanation nawseed Tyes' on Form 990, Part XII, line 10.       Im       Im         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part XIII. In the part XIII. Check here if the explanation answered "Yes" on Form 990, Part XIII. In the part XIII. Check here if the explanation answered "Yes" on Form 990, Part XIII. In the part XIII. Check here if the explanation answered "Yes" on Form 990, Part XIII. In the part XIII. Check here if the explanation answered "Yes" on Form 990, Part XIII. In the part XIII. Check here if the explanation answered "Yes" on Form 990, Part XIII. The part XIII. Check here if the explanation and programs       Im       Im       Im       Im         a Chronic the estimated part of facilities       Im       Im <td></td> <td>on Form 990, Part X?</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> L</td> <td>Yes</td> <td></td> <td>No</td>		on Form 990, Part X?							L	Yes		No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial accountilability?       Ves       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       No         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a       Beginning of year balance       (b) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Grants or scholarships       (b) Prior year       (c) Two years back       (e) Four years back         1b       Contributions       (a) Three years back       (e) Four years back       (e) Four years back         1a       Administative expenditures for facilities       (b) Prior year       (c) Two years back       (e) Four years	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ıble:					<b>A</b>		
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         Part V       Endowment Fund's Complete if the organization answered 'Yes' on Form 990, Part V, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         ta Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         ta Grants or scholarships       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account is and programs       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account is and programs       Image: Complete if the organization is and programs<										Amoun	τ	
e       Distributions during the year       1e         f       Ending balance       1f         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2n       Did the organization include an amount on Form 990, Part X, line 10.       (a) Current year       (b) Prior year (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       Endor year balance       (b) Chart or												
f       Ending balance       It         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Nes" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Ves       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State Stat												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       fe tor years back       fe tor years back       fe t	-											
b       If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         Part V       Endowment Funds: Complete if the organization answered Yes' on Form 900, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years       (c) Two years       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years       (c) Two years       (d) Three years         and programs       (c) Two years       (c) Two years       (c) Two years       (c) Two years         g       End of year balance       (c) Two years       (c) Two years       (d) Two years         g       End of year balance       (c) Two years       (c) Two years       (c) Two years         g       End of year balance       (c) Two years       (c) Two years       (c) Two years       (c) Two years												
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         6       Contributions       (c) Two sears back       (d) Two years back       (e) Four years back         6       Contributions       (c) Two years back       (d) Two years back       (e) Four years back         6       Chart expenditures for facilities       (d) Administrative expenses       (d) Administrative expenses       (e) Four years back         6       Chart of year balance       (f) Administrative expenses       (f) Four year balance       (f)         7       Provi		-										
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance									<u></u>	<u></u>		
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:       Image: Contributions       Image: Contributions         3       Are there endowment       Image: Contributions       Image: Contritex       Image: Contributions									/ears back	(e) Fou	r vears	back
b       Contributions	10	Reginning of year balance	(u) ourrone your	(2)11	ior your	(0) 1110 your	o buok	(u) 11100	Jouro Suon	(0) 1 00	youro	Buon
c       Net investment earnings, gains, and losses	ia h											
d Grants or scholarships	0											
e Other expenditures for facilities and programs	о А											
and programs												
f       Administrative expenses	U											
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Beart organization so the organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b>' on line 3a(i), are the related organization is endowment funds.</li> <li><b>Part VI</b> Land, Buildings, and Equipment</li> <li>Complete if the organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated depreciation         1a       Land <ul> <li>Landset of improvements</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(e) Leasehold improvements</li> <li>(a) Cost or 0ther</li> <li>(b) Buildings</li> <li>(c) Leasehold improvements</li> <li>(c) Column (d)</li></ul>												
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Rescribe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> 'No</li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3b</b></li> <li><b>4</b></li> <li><b>Description of property</b></li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li><b>b</b> Buildings</li> <li><b>c</b></li> <li>Leasehold improvements</li> <li><b>c</b></li> <li><b>c</b></li></ul>			rent vear end balance	e (line 1a.	column (a	a)) held as:						
b       Permanent endowment      %         c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(c) Accumulated depreciation</li> <li>(d) Equipment</li> <li>(c) Cotter</li> <li>(d) So (c) Cotter</li> <li>(f) So (c) (f) Cotter</li> <li>(f) So (c) (f) Cotter<td></td><td>· •</td><td>•</td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li></ul>		· •	•		,							
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Inrelated organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Inrelated organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment) basis (other) basis (other) depreciation</li> <li>(d) Book value basis (investment)</li> <li>(c) Accumulated complexity of the related related repart is therelated related repart is there related rela</li></ul>	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organization?</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Equipment</li> <li>(e) Cost or 0.</li> <li>(f) So (f) (f) must equal Form 990, Part X, line 10c, column (B)</li> <li>(f) 926.</li> </ul>	c											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organization?</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Equipment</li> <li>(e) Cost or 0.</li> <li>(f) So (f) (f) must equal Form 990, Part X, line 10c, column (B)</li> <li>(f) 926.</li> </ul>		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
organization by:       Yes       No         (i) Unrelated organizations?       3a(i)	3a			ation that	are held a	nd administere	ed for th	e				
(ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		· · · ·	Ū								Yes	No
(ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		(i) Unrelated organizations?								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       25,624.         d Equipment       143,820.         e Other       143,820.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))										3a(ii)		
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (a) Cost or other         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         1a       Land       b Buildings       (d) Book value         c       Leasehold improvements       25,624.       19,528.       6,096.         e       Other       143,820.       143,820.       0.	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sc	hedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	ınds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	Par	t VI Land, Buildings, and Equipm	ient									
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990,	Part X,	line 10.				
b Buildings		Description of property			. ,		• •			( <b>d)</b> Boo	k valu	е
b Buildings	1a	Land										
c         Leasehold improvements         25,624.         19,528.         6,096.           e         Other         143,820.         143,820.         0.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))         6,096.	-											
d Equipment         25,624.         19,528.         6,096.           e Other         143,820.         143,820.         0.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))         6,096.	с											
e Other         143,820.         143,820.         0.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))         6,096.											6,0	
					14	13,820.		143,8	20.			
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, line 10</u>	c. column	n (B))					· ·	

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatel (Col. (b) must equal Form 000, Part V, line 12, col. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(-)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, c Part X Other Liabilities	:01. (В))		
Complete if the organization answered "Yes	" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	-,, ·····	······································	(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION			60,090.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. c	ol. (B))		60,090.
2. Liability for uncertain tax positions. In Part XIII, provid			that reports the
organization's liability for uncertain tax positions und			

NATIONAL WOMEN'S HISTORY MUSEUM

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 NATIONAL WOMEN'S HISTORY MU	SEUM		54-3	1801426	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With				0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,703,	,700.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-372.			
b	Donated services and use of facilities		446,632.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	344,665.			
е	Add lines 2a through 2d			2e	790, 2,912,	,925.
3	Subtract line 2e from line 1			3	2,912,	<u>,775.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,045.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	1,	,045.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,913	,820.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per F	Returi	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,733,	,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	446,632.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	344,665.			
е	Add lines 2a through 2d			2e	791, 2,942,	,297.
3	Subtract line 2e from line 1			3	2,942,	<u>,365.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,045.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,045.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,943,	,410.
Pa	t XIII Supplemental Information					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART III, LINE 1A:

COLLECTIONS INCLUDE PANELS, HISTORICAL BOOKS, PAPERS AND MEMORABILIA. ALL
COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH. EACH
OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES
VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE CONTINUOUSLY
PERFORMED. THE COLLECTIONS ARE NOT RECOGNIZED AS ASSETS IN THE AUDITED
FINANCIAL STATEMENTS. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS
DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH
THE ITEMS ARE ACQUIRED. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS
DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO
PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

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Schedule D (Form 990) 2023         NATIONAL WOMEN'S HISTORY MUSEUM           Part XIII         Supplemental Information (continued)	54-1801426 Page 5
PART III, LINE 4:	
THE COLLECTION IS MADE UP OF HISTORICAL TREASURES AND ASSETS	THAT ARE HELD
FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH ALL FOR THE PUR	POSE OF
PUBLIC AWARENESS.	
PART X, LINE 2:	
THE MUSEUM PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS	FOR THE YEAR
ENDED DECEMBER 31, 2023, AND DETERMINED THAT THERE ARE NO MAT	TERS THAT
WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT	MAY HAVE ANY
EFFECT ON ITS TAX-EXEMPT STATUS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	330,631.
COST OF GOODS SOLD	14,034.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	344,665.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	14,034.
FUNDRAISING EVENT EXPENSES	330,631.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	344,665.

Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ties o	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	<u>n.</u>		Inspection
Name of the organization							Employer identification number	
		L WOMEN'S HISTORY					54-1801	
	complete this par	Complete if the organization answ t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followi	ng activ	/ities.	Check all that apply.			
a X Mail solicitations e X Solicitation of non-government grants								
<b>b</b> X Internet and	email solicitations	il solicitations f Solicitation of government grants						
c 🔄 Phone solici								
d 🛛 In-person so	licitations	itions						
2 a Did the organization	on have a written o	or oral agreement with any individua	l (includ	ding of	ficers, directors, trus	tees,		
key employees list	ed in Form 990, P	art VII) or entity in connection with p	profess	onal fi	undraising services?		X Yes	s 🗌 No
	•	viduals or entities (fundraisers) purs	uant to	agree	ments under which t	ne fun	draiser is to be	e
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	have or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			_	1		1130		
NEW BLUE INTERACTIV		DIGITAL	Yes	No	05 000		46.000	40 500
19TH STREET, NW, #	750,	OUTREACH/FUNDRAISING		X	95,888.	<u> </u>	46,092.	49,796.
			_			<u> </u>		
						<u> </u>		
						<u> </u>		
Total	<u></u>		<u></u>		95,888.		46,092.	49,796.
3 List all states in who or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY DC

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

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NATIONAL WOMEN'S HISTORY MUSEUM

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

		(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	– col. <b>(c)</b> )
	1 Gross receipts	459,550.			459,550
	2 Less: Contributions	404,362.			404,362
;	<b>3</b> Gross income (line 1 minus line 2)	55,188.			55,188
	4 Cash prizes				
;	5 Noncash prizes	43,136.			43,136
	6 Rent/facility costs	58,080.			58,080
	7 Food and beverages	56,227.			56,227
	8 Entertainment				124,895
1	9 Other direct expenses				67,618
1	<ul><li>10 Direct expense summary. Add lines 4 thro</li><li>11 Net income summary. Subtract line 10 fro</li></ul>				349,956
	1 Gross revenue	<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 Gross revenue			<b>(c)</b> Other gaming	(d) Total gaming (ad col. (a) through col. (
	2 Cash prizes			(c) Other gaming	
;	<ul><li>2 Cash prizes</li><li>3 Noncash prizes</li></ul>			(c) Other gaming	
	2 Cash prizes			(c) Other gaming	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>			(c) Other gaming	col. (a) through col. (
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>		bingo/progressive bingo	Yes %	col. (a) through col. (
:	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>		bingo/progressive bingo	Yes %	col. (a) through col. (

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

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Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	NATIONAL	WOMEN'S	HISTORY MUSEUM	54-1	801426	Page 3
<b>11</b> Does the organization conduct	gaming activities with	nonmembers?			Yes	No
<b>12</b> Is the organization a grantor, be						
to administer charitable gaming					Yes	No
13 Indicate the percentage of gam						
a The organization's facility					13a	%
<b>b</b> An outside facility					13b	%
<b>14</b> Enter the name and address of	the person who prepa	ares the organization	ation's gaming/special events	books and records:		
Nama						
Name						
Address						
<b>15a</b> Does the organization have a co	ontract with a third pa	rty from whom t	the organization receives gami	ng revenue?	🗌 Yes 🛛	No
<b>b</b> If "Yes," enter the amount of ga	iming revenue receive	d by the organiz	zation \$	and the amount		
of gaming revenue retained by						
c If "Yes," enter name and addres						
Name						
Address						
<b>16</b> Gaming manager information:						
Name						
Gaming manager compensation	n \$					
Description of services provided	4					
Description of services provided	ـــــــــــــــــــــــــــــــــــــ					
Director/officer	Employee		ndependent contractor			
<b>17</b> Mandatory distributions:						
<b>a</b> Is the organization required unc			• • • •			
retain the state gaming license?					└── Yes ∣	No
b Enter the amount of distribution organization's own exempt acti	•		ibuted to other exempt organi	zations or spent in the		
			s required by Part I, line 2b, co	lumns (iii) and (v): and Par	rt III lines 9 9h	10b
			onal information. See instructi			, 100,
	_					
SCHEDULE G, PART I	, LINE 2B,	LIST OF	TEN HIGHEST PAI	D FUNDRAISERS	5:	
(I) NAME OF FUNDRA	ISER: NEW B	LUE INTE	RACTIVE			
(I) ADDRESS OF FUN	JRAISER:					
1146 19TH STREET, 1	NW, #750, W	ASHINGTO	N, DC 20036			
220002 00 10 02				Cake d	ulo G (Earrow Of	00) 0000
332083 09-13-23				Sched	ule G (Form 99	501 2023

Schedule (	990
	-

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

332084 04-01-23

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>7</b> 2	)
		Compensated Employees		20	ZJ	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection		
Nan	ne of the organization		Employer i			mber
		NATIONAL WOMEN'S HISTORY MUSEUM	54-1	80142	6	
Ра	rt I Question	s Regarding Compensation				
_	<b>.</b>				Yes	No
<b>1</b> a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
		panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			1b		
2	• • • • • • • • • • • • • • • • • • •					
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,	, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	j			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract					
	X Independent compensation consultant					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				37
a		e payment or change-of-control payment?				X
b	-	eive payment from a supplemental nonqualified retirement plan?				X X
С	-	eive payment from an equity-based compensation arrangement?		4c		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501/c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
5	contingent on the r					
а	•			5a		x
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?		6a		X	
b		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	) 2023

LHA 332111 11-06-23

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		ferred benefits (B)(i)-(D) in sation report		in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FREDERIQUE IRWIN	(i)	183,333.	0.	0.	3,438.	937.	187,708.	0.
PRESIDENT & CEO - AS OF 04/2023	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEAH CRAFT	(i)	148,333.	0.	0.	1,113.	1,181.	150,627.	0.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

332113 11-06-23

#### Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Devit

## **Noncash Contributions**

OMB No. 1545-0047

Inspection

23

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

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

Name of the organization

#### NATIONAL WOMEN'S HISTORY MUSEUM

Employer identification number
54-1801426

ſ ΖU **Open to Public** 

Pa	rt I   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of o noncash contril		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		6	227,365	.FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
15								
14	Augulified conservation contribution - Othe							
15								
16	Real estate - Residential Real estate - Commercial							
17								
	Real estate - Other							
18	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24			1	10 225	T-1M37			
25	Other (AUCTION ITEMS	_) <u>X</u>	1	19,325	• FMV			
26	Other (	_)						
27	Other (	_)						
28	Other (	)						
29	Number of Forms 8283 received by the or	•						
	for which the organization completed For	m 8283, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization rece							
	must hold for at least 3 years from the dat							
	exempt purposes for the entire holding pe					30a		X
b	If "Yes," describe the arrangement in Part							
31	Does the organization have a gift accepta	nce policy that re	equires the review of	of any nonstandard contril	outions?	31	X	
32a	Does the organization hire or use third pa	rties or related or	ganizations to solid	cit, process, or sell noncas	sh			
	contributions?					32a		X
b								
33	If the organization didn't report an amoun	t in column (c) foi	r a type of property	r for which column (a) is cl	necked,			
	describe in Part II.							
Eor D	Paperwork Reduction Act Notice, see the	Instructions for	Form 990		Schodulo	M (Eorn	n 0001	2022

Reduction Act Notice, see the Instructions for Form 9

edule M (Form 990) 20

LHA 332141 09-11-23

		NATIONAL					
Part II	Supplementa	Information.	Provide the	info	rmation required	hv Part I	line

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

#### THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN

(B).

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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



NATIONAL WOMEN'S HISTORY MUSEUM

54-1801426

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INNOVATIVE CONTENT AND EXPERIENCES AT A NATIONAL LEVEL TO DRIVE ACTION

TOWARDS GENDER EQUALITY AND INCLUSIVITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WOMEN ON OUR NATION'S SOCIAL, CULTURAL AND ECONOMIC LIFE AND IS A

LEADING EDUCATIONAL INSTITUTION DEDICATED TO PRESERVING, INTERPRETING

AND CELEBRATING WOMEN'S CONTRIBUTIONS TO OUR SOCIETY.

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

WITH PHYSICAL AS WELL AS VIRTUAL CONTENT. "WE WHO BELIEVE IN FREEDOM"

WAS AWARDED A 2023 MUSE AWARD FOR EXPERIENTIAL & IMMERSIVE EXHIBITION

EXPERIENCE AND A BRONZE AWARD AT THE 3RD ANNUAL ANTHEM AWARDS IN THE

CATEGORY OF HUMAN & CIVIL RIGHTS.

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

EXPLORATION OF #METOO AND BEYOND WITH LEADING SCHOLARS AND ACTIVISTS

INCLUDING ASHLEY JUDD (OCTOBER 24), THE MAYA ANGELOU DOCUMENTARY

SCREENING AND TALKBACK (OCTOBER 26), AND FOUR DAYS OF ACTIVITIES ON THE

NATIONAL MALL IN D. C. SURROUNDING DENDROFEMONOLOGY: THE FEMINIST

HISTORY TREE RING (NOVEMBER 1-4).

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

WITH THE MUSEUM'S CONTINUED LEADERSHIP AND INVOLVEMENT.

FORM 990, PART VI, SECTION B, LINE 11B:	
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023
LHA 332211 11-14-23	

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Name of the organization NATIONAL WOMEN'S HISTORY MUSEUM	Employer identification number 54-1801426		
THE FINANCE COMMITTEE OF THE BOARD REVIEWS THE 990 AS DOES	THE AUDIT		
COMMITTEE OF THE BOARD. BEFORE THE FEDERAL FORM 990 IS FI	LED WITH THE		
INTERNAL REVENUE SERVICE, THE BOARD OF DIRECTORS RECEIVE A	COPY OF THE 990		
FOR REVIEW AND HAVE THE OPPORTUNITY TO DIRECT CHANGES IF N	ECESSARY.		

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

THE MUSEUM MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HOLDING DISCUSSIONS ON CONFLICTS AT BOARD MEETINGS AND STAFF MEETINGS. ADDITIONALLY, THE BOARD MEMBERS DISCLOSE IN WRITING THAT THERE ARE NO CONFLICTS OF INTEREST OR DISCLOSE ALL CONFLICTS OF INTEREST EACH YEAR. THE BOARD OF DIRECTORS DETERMINES HOW TO HANDLE A CONFLICT OF INTEREST ON A CASE BY CASE BASIS, BUT IN THE EVENT OF A CONFLICT THE BOARD MEMBER(S) WITH THE CONFLICT WOULD BE RECUSED FROM VOTING ON THE MATTER.

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

THE EXECUTIVE COMMITTEE, USING COMPARABLE COMPENSATION DATA AND FORMAL INPUT FROM THE BOARD OF DIRECTORS, REVIEWS AND APPROVES THE PRESIDENT & CEO'S COMPENSATION DURING AN EXECUTIVE COMMITTEE MEETING. THE DECISION IS DOCUMENTED IN WRITING AND COMMUNICATED IN WRITING AND VERBALLY TO THE PRESIDENT & CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,AZ,CA,CT,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MS,MN,MO,MT NC,ND,NE,NJ,NH,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV,WY,CO

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

THE MUSEUM MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

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FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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Schedule O (Form 990) 2023

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2023.03040 NATIONAL WOMEN'S HISTORY 193246_1

Schedule O (Form 990) 2023 Name of the organization NATIONAL WOMEN'S HISTORY MUSEUM	Page Employer identification number 54-1801426
FORM 990, PART IX, LINE 11G, OTHER FEES:	
EXHIBIT PLANNING & MANAGEMENT:	
PROGRAM SERVICE EXPENSES	859,687.
MANAGEMENT AND GENERAL EXPENSES	7,500.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	867,187.
COMMUNICATION SERVICES:	
PROGRAM SERVICE EXPENSES	58,360.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	46,827.
TOTAL EXPENSES	105,187.
RECRUITING AND HR CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	69,160.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	69,160.

EVENT PLANNING:	
PROGRAM SERVICE EXPENSES	22,955.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,955.

WRITING AND EDITORIAL: PROGRAM SERVICE EXPENSES 2,150. 332212 11-14-23 26 26

Schedule O (Form 990) 2023	Page 2
Name of the organization NATIONAL WOMEN'S HISTORY MUSEUM	Employer identification number 54-1801426
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	20,000.
TOTAL EXPENSES	22,150.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	903.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	17,100.
TOTAL EXPENSES	18,003.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	1,066.
MANAGEMENT AND GENERAL EXPENSES	377.
FUNDRAISING EXPENSES	671.
TOTAL EXPENSES	2,114.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,106,756.
FORM 990, PART X, LINE 32:	
IN 2023, THE MUSEUM OPENED ITS FIRST LARGE PHYSICAL EXHIB:	IT, WE WHO
BELIEVE IN FREEDOM: BLACK FEMINIST DC. THE COST OF THIS H	EXHIBIT WAS
COVERED BY GENEROUS DONATIONS AND THE MUSEUM'S RESERVES.	THE MUSEUM IS
NOW WORKING ON OBTAINING GRANTS FOR NEW EXHIBITIONS AS WEL	LL AS
PARTNERSHIPS THAT WILL BRING WOMEN'S HISTORY TO COMMUNITIE	ES ACROSS THE
COUNTRY. THE MUSEUM EXPECTS TO REBUILD ITS RESERVES THROUG	GH CAREFUL
EXPENSE MANAGEMENT AND ACTIVE PURSUIT OF VARIOUS FUNDING (	OPPORTUNITIES.

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