### COMMITTEE ON NATURAL RESOURCES

# 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation
Legislative Hearing on **H.R. 863 (Maloney),** the "Commission to Study the Potential Creation of a National Women's History Museum Act of 2013"

March 25, 2014

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Joan Wages
2. Name of Organization(s) You are Representing at the Hearing:
National Women's History Museum
<ol> <li>Business Address:</li> <li>205 South Whiting Street, Suite 254, Alexandria, VA 22304</li> </ol>
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

### For all Witnesses

Name/Organization: Joan Wages/National Women's History Museum, Inc. Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 863 (Maloney),** the "Commission to Study the Potential Creation of a National Women's History Museum Act of 2013"March 25, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

### None

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

### None

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

### President and CEO, National Women's History Museum

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

### NA

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

### NA

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

### NA

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

#### None

### **Witnesses Representing Organizations**

Name/Organization: Joan Wages/National Women's History Museum, Inc.
Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 863 (Maloney),** the "Commission to Study the Potential Creation of a National Women's History
Museum Act of 2013"March 25, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

### President and CEO, National Women's History Museum

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

### NA

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

### NA

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

### NA

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

### Attached

\*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For th	ne 2010 calendar year, or tax year beginning and endin	g	
В	Check I	C Name of organization	D Employer identi	fication number
	Addi	ess 9° NATIONAL WOMEN'S HISTORY MUSEUM		
F	Nam	ge Doing Business As	54-18	01426
F	Initia			
1	Tem			61-1920
<u></u>	- Ame	nded on the state of the state	G Gross receipts \$	
	tretur   Appl		H(a) is this a group	2,337,248.
	_Jtiòn pend	F Name and address of principal officer:JOAN WAGES	for affiliates?	C/I ✓ Yes ✓ No
		· ·	H(b) Are all affiliates i	
	Fave as	SAME AS C ABOVE   Rempt status: x 501(c)(3)		a list. (see instructions)
			The second secon	HP 6/4 025-1
		ite: ► www, NWHM, ORG of organization:   Corporation Trust Association Other ► L	H(c) Group exempt	
		Summary	Year of formation: 1996	M State of legal domicile: DC
	1	Briefly describe the organization's mission or most significant activities: THE NATIONA	WOMEN'S HISTORY	
Governance	'	MUSEUM ENLIGHTENS THE PUBLIC ABOUT WOMEN'S HISTORY DISSEMINATING		
na L	2	Check this box if the organization discontinued its operations or disposed of		assets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		.1
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
Activities &	5	Total number of individuals employed in calendar year 2010 (Part V. line 2a)	5	
Ę	٦	Total number of individuals employed in calendar year 2010 (Part V, line 2a)  Total number of volunteers (estimate if; necessary)  Total unrelated business revenue from Part VIII, column (C) in No. 2011	6	
ξį	7.	Total unrelated business revenue from Part VIII. salumn (CO all S)	7;	
Ā	1 4	Not unrelated business toyable income from Formation and St. 1988	71	
-		Net unrelated business taxable income from For 1930 Inhe 34	Prior Year	Current Year
81	8	Contributions and grants (Part VIII, line 1h)		
Revenue	-		1,039,468	The state of the s
Ver	9	Program service revenue (Part VIII, line 2g)	0	•
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,342	5 7 50 50
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,044,810	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
ë		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	180,556	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	25,000	. 84,637.
X.		Total fundraising expenses (Part IX, column (D), line 25)		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	425,036	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	630,592	
. 0	19	Revenue less expenses. Subtract line 18 from line 12	414,218	
S O			Beginning of Current Year	
Sse	20	Total assets (Part X, line 16)	947,367	2,116,400.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	13,066	
쯛	22	Net assets or fund balances. Subtract line 21 from line 20	934,301	1,945,627,
7	ALCOHOL: CALL	Signature Block		
	-	alties of perjury, I declare that I have examined this return, including accompanying schedules and st		ny knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge,	
	(	PUBLIC INSPECTION	Doto	
Sigr	1	Signature of officer COPY - RETAIN FOR	Date	
Here	9	JOAN WAGES, PRESIDENT YOUR RECORDS		
		Type or print name and title	Doto / / Ithout	DTIM
		Print/Type preparer's name Preparer's signature	Date Check if	PTIN
Paid		BILL TURCO	Self-amplo	yed
Prep		Firm's name RSM MCGLADREY, INC.	Firm's EIN ▶	100
Use	Only	Firm's address 9737 WASHINGTONIAN BLVD., #400	1000000	
		GAITHERSBURG, MD 20878-7340	Phone no. (	301) 296-3600
May	the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

### \*\* PUBLIC DISCLOSURE COPY \*\*

<sub>Form</sub> 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010
Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning and end	ling				
В	Check if	C Name of organization		D Employer identific	cation number		
	applicable	•					
Г	Addres	NATIONAL WOMEN'S HISTORY MUSEUM					
Ē	Name change	Doing Business As		54-180	1426		
匸	Initial return		m/suite	E Telephone numbe	r		
〒	Termin			703-46	1-1920		
F	Amend return			G Gross receipts \$	2,337,248.		
Ē	Applica			H(a) Is this a group re	eturn		
	pendin			for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No		
1	Tax-exe	mpt status: x 501(c)(3)	527	If "No," attach a	list. (see instructions)		
_		e: ▶ www,nwhm,org		H(c) Group exemptio	n number 🕨		
_			L Year o		State of legal domicile; DC		
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: THE NATION	NAL WO	MEN'S HISTORY			
ဥ	' '	MUSEUM ENLIGHTENS THE PUBLIC ABOUT WOMEN'S HISTORY, DISSEMINATION		V.S. V.S. V.S. V.S. V.S. V.S. V.S. V.S.			
na	2	Check this box if the organization discontinued its operations or disposed		than 25% of its net as	ssets.		
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)			13		
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			11		
တ္	5				12		
itie	6	Total number of volunteers (estimate if necessary)	1.0	6	0		
Activities & Governance	7 a	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)  Fotal number of volunteers (estimate if necessary)  Fotal unrelated business revenue from Part VIII, column (C)	seemanning si	7a	0.		
⋖	ь	Net unrelated business taxable income from Ford 9001-line 34	· · · · · · · · · · · · · · · · · · ·	7b	0.		
		La Cou		Prior Year	Current Year		
a	8 (	Contributions and grants (Part VIII, line 1h)		1,039,468.	2,332,906.		
Revenue	9 1		am service revenue (Part VIII, line 2g)				
eVe	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,342.	1,698.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-4.060.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22	1,044,810.	2,330,544.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		180,556.	415,815.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		25,000.	84,637.		
ē	ь .	Fotal fundraising expenses (Part IX, column (D), line 25)					
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		425,036.	818,766.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		630,592.	1,319,218,		
	19	Revenue less expenses. Subtract line 18 from line 12	3-17. II	414,218.	1,011,326.		
100	ß			ginning of Current Year	End of Year		
sets	20	Fotal assets (Part X, line 16)		947,367.	2,116,400.		
Ag	21	Total liabilities (Part X, line 26)		13,066.	170,773.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		934,301.	1,945,627.		
P	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is		
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.			
		PUBLIC INSPECTION					
Sig	gn	Signature of officer COPY - RETAIN FOR		Date			
Не	re	JOAN WAGES, PRESIDENT YOUR RECORDS					
		Type or print name and title		/ Tour 5	T. DEW		
		Print/Type preparer's name Preparer's signature		Date Check if	PTIN		
Pai	id	BILL TURCO		///// self-employ	ed		
Pre	parer	Firm's name RSM MCGLADREY, INC.	9	Firm's EIN			
Us	e Only	Firm's address > 9737 WASHINGTONIAN BLVD., #400					
		GAITHERSBURG, MD 20878-7340		Phone no. (:	301) 296-3600		
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

orm 0	90 (2010) NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426	Page 2
Part	III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		x
1 E	Briefly describe the organization's mission:		
	THE NATIONAL WOMEN'S HISTORY MUSEUM AFFIRMS THE VALUE OF KNOWING		
1	NOMEN'S HISTORY, ILLUMINATES THE ROLE OF WOMEN IN TRANSFORMING SOCIETY		
	AND ENCOURAGES ALL PEOPLE, WOMEN AND MEN, TO PARTICIPATE IN DEMOCRATIC		
	DIALOGUE ABOUT OUR FUTURE.		
2 [	Did the organization undertake any significant program services during the year which were not listed on		
= 1	he prior Form 990 or 990-EZ?		Yes X No
	f IIV/ III desemble those new conjects on Schedule O		
3 [	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?	Yes X No
· ·	f "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	pleastions to others, the total expenses, and revenue, if any, for each program service reported.		
4a (	(Code:) (Expenses \$600,777. including grants of \$)	(Revenue \$	
	PUBLIC AWARENESS -		
10			
20	THE NWHM EFFORTS FOR NATIONAL WOMEN'S HISTORY MUSEUM AND TO RAISE MONEY		
	FOR NWHM PROGRAMS, THE EVENTS WERE HELD IN NEW YORK AND WASHINGTON, DC.		
1 16	THOSE ATTENDING THE RECEPTION AND DINNER WERE INFORMED ABOUT SOME OF		
	THE ACCOMPLISHMENTS OF WOMEN IN HISTORY.		
	THE MOOME ELEMENTS OF		
,			
4b	(Code:) (Expenses \$114,170. including grants of \$	) (Revenue \$	)
	EDUCATION		
	REDESIGNED THE MUSEUM'S WEBSITE TO MAKE ITS WEALTH OF INFORMATION		
	AVAILABLE THROUGH SEARCH FEATURES, EXPAND THE ONLINE EXHIBITS, AND		
	EXPAND THE TEACHER'S LESSON PLANS, RESOURCES AND WEB PODCASTS.		
	<u> </u>		
4c	(Code:) (Expenses \$173_153_ including grants of \$	) (Revenue \$	)
	PUBLICATIONS		
	THE NWHM HAS EXPANDED ITS DISTRIBUTION OF THE NEWSLETTER, A DIFFERENT		
	POINT OF VIEW, TO OVER 19,000 MUSEUM MEMBERS AND SUPPORTERS, THROUGH		
	THE NEWSLETTER THE NWHM INFORMS IT READERS OF UPDATES TO THE PROGRESS		
	OF THE NWHM EFFORTS TO SECURE A PERMANENT PHYSICAL MUSEUM, THE NWHM		
	SENDS MONTHLY MEMBER MAILINGS AND QUARTERLY NEWSLETTERS TO IT MEMBERS		
	AS WELL AS A MONTHLY NEWSLETTER TO ITS COALITION MEMBERS.		
	NO WILLIAM TO IT MORTHLE THE TOTAL T		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 22,039, including grants of \$ ) (Revenue \$		
40	Total program service expenses ▶ 910,139.		
			Form <b>990</b> (2010)

Page 3 54-1801426 Form 990 (2010) NATIONAL WOMEN'S HISTORY MUSEUM Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 Х If "Yes," complete Schedule A ..... 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ..... 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 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, VIII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI, XII, and XIII 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, XII, and XIII is optional.......... X 13

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If* "Yes," *complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization

or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

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

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
 b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010)

X

Х

X

Х

Х

14b

15

17 X

18

19

Form 990 (2010) NATIONAL WOMEN'S HISTORY MUSEUM
Part IV | Checklist of Required Schedules (continued)

	The Checking of Heddines Continues,	-	_	_
0.4			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			450
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			220
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
	The state of the s		990 (	2010

# Form 990 (2010) NATIONAL WOMEN'S HISTORY MUSEUM Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 2a1	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	,		
2a	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			
3	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		
	Note. 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			
С	Enter the amount of reserves on hand			
	Distance and the second	14a		х
4a	Did the organization receive any payments for indoor tanning services during the tax year?			

Form 990 (2010)

NATIONAL WOMEN'S HISTORY MUSEUM

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 8b bel to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			х
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
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	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	x	
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 in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	401		
_	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х	
C	in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	Δ	x
14	Does the organization have a written document retention and destruction policy?	14		x
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	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken 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 AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's websitex Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	d fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion:		
	JOAN WAGES - 703-461-1920			
	205 S. WHITING ST., NO. 254, ALEXANDRIA, VA 22304-3693	_	000	

SEE SCHEDULE O FOR FULL LIST OF STATES

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	ر		Posi			1)	Reportable	Reportable compensation	Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	neck	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOAN BRADLEY WAGES										
PRESIDENT	57.00	х		х				167,537.	0.	0
ANN E. W. STONE										
SENIOR VP	18,00	х	_	х				0.	0.	0
SALLY BUCKLES										
TREASURER	2,00	X	_	х				0.	0.	0
LINDA DENNY										
VP MARKETING	1,00	X		х		Ш		0.	0.	0
SUSAN K. SUDMAN										
SECRETARY	8.00	Х		Х				0.	0,	0
JUDY KAPLAN										_
DIRECTOR	12.00	Х						0.	0.	0
ANGIE MOORE										
DIRECTOR	0.00	х				Ш		0.	0.	0
MADELYN JENNINGS										
DIRECTOR	2,00	X	-				_	0.	0.	0.
SUSAN P. SCANLAN										
DIRECTOR	1,50	X					_	0.	0,	0
KAREN STASER										ي _
DIRECTOR, FOUNDER	0.50	X						0.	0.	0
WILMA VAUGHT										
DIRECTOR	0.50	X		-			_	0.	0.	0
PAUL TOBACK										_
DIRECTOR	1,00	X	$\vdash$	_		-	_	0.	0.	0
ROBIN READ									<u> </u>	
DIRECTOR	10,00	X						0.	0.	0

Par	t VII Section A. Officers, Directors, Tre	ustees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average			Pos				Reportable	Reportable	Es	timate	ed
		hours per	(cl	heck	all	that	app	ly)	compensation	compensation	an	nount	of
		week	ē						from	from related		other	dia.
		(describe hours for	direct				-		the	organizations	1	pensa om th	
		related	EB 01	stee			nsate		organization (W-2/1099-MISC)	(W-2/1099-MISC)		anizat	
		organizations	Individual trustee or director	nstitutional trustee		)yee	Highest compensated employee		(***2/1033 141100)			d relat	
		in Schedule	vidua	itutio	둉	Key employee	hest c	je je			orga	anizati	ons
		O)	Ē	Inst	Officer	Key	哥哥	ᅙ					
-							Т						
			Г										
-													
-													
			Г										
1b	Sub-total								167,537.	0			0.
	Total from continuation sheets to Part V								0.	0			0.
	Total (add lines 1b and 1c)								167,537.	0.			0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 in reportable			
	compensation from the organization												1
												Yes	No
3	Did the organization list any former officer	, director or tru	stee	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for										3		Х
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atio	n and	d ot	her compensation from	the organization			
	and related organizations greater than \$15	50,000? <i>If</i> "Yes,	," cc	mpl	ete -	Sch	edul	e J i	for such individual		4	Х	
5	Did any person listed on line 1a receive or												
	rendered to the organization? If "Yes," cor	mplete Schedu	le J	for s	uch	per	son				5		X
Sec	tion B. Independent Contractors												_
1	Complete this table for your five highest co	ompensated in	dep	ende	ent o	cont	racto	ors t	that received more than	\$100,000 of compen	sation	trom	
	the organization. NONE			_	_	_		-					
	(A)								( <b>B)</b> Description of s	envices	)) Compe	C) Insatic	n =
	Name and business	s address	-					-	Description of s	Services	Compa	Tiodatic	
	4		_	_				-					
_				_		_		-					-
						-	_					-	
		<i>r</i> 1			٠.				d all accelorate a more than the	ages that			
2	Total number of independent contractors		not l	ımıte	ea to	the		stec	apove) wno received n	iore than			
	\$100,000 in compensation from the organ	ization 🕨		_		_	0				Fa	000	2010)

Part	VIII	Statement of Reven	ue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
E	b	Membership dues	1b					
₽,E	С	Fundraising events	1c	342,884.				
ar a		Related organizations						
S,E	е	Government grants (contributi	ons) 1e					
r Si		All other contributions, gifts, grant						
the		similar amounts not included above	/e <b>1f</b>	1,990,022.				
받	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f		<b>&gt;</b>	2,332,906.			
				Business Code				
g :	2 a	·						
ه ځ	b	·						
S E	С							
leve leve	d							
Program Service Revenue	е							
₫	f	All other program service reve	nue					<del> </del>
	g	Total. Add lines 2a-2f						
	3	Investment income (including			1 600			1,698
		other similar amounts)			1,698.			1,000
	4	Income from investment of tax		- I				
	5	Royalties						
			(i) Real	(ii) Personal				
1 27	6 a	Gross Rents						
	b	Less: rental expenses						
				<b></b>				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	D	and sales expenses						3
		Gain or (loss)						
		Net gain or (loss)		<b>&gt;</b>				
	8 a	Gross income from fundraisin	g events (not					
Other Revenue	-	including \$ 342						
e e		contributions reported on line						
<u>بر</u>		Part IV, line 18	a	0.				
홅	b	Less: direct expenses	b	6,704.				
0	С	Net income or (loss) from fund	draising events	, <b>)</b>	-6,704.			-6,704
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19		·				
		Less: direct expenses						
		Net income or (loss) from gan						
1	10 a	Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold						
_	С	Net income or (loss) from sale						
	_	Miscellaneous Revenu	10	Business Code	0.644			2,644
1 1		OTHER INCOME		900099	2,644,			2,044
	b					-		
	C							
		All other revenue			2,644			
		Total. Add lines 11a-11d			2,330,544			02.362
	12	Total revenue. See instructions.	***************************************		2,330,344			Form <b>990</b> (2010

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	167,537.	150,783.	8,377.	8,377
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	208,284,	157,733.	10,703.	39,848
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	8,728.	4,451.	379.	3,898
10	Payroll taxes	31,266.	20,289.	2,012.	8,965
11	Fees for services (non-employees):				
а	Management	82,543.	205.		82,338
b	Legal	4,010.		4,010.	
С	Accounting	22,921.		18,521,	4,400
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	84,637.			84,637
f	Investment management fees				
g	Other				
12	Advertising and promotion	280,760.	228,116.	188.	52,456
13	Office expenses	222,765.	175,794.	5,397.	41,574
14	Information technology	4,228.	4,228,		
15	Royalties				
16	Occupancy	31,481.	22,351.	4,093.	5,037
17	Travel	10,755.	10,395.	360.	
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,369.	9,239.	130.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,089.	413.	1,676.	
23	Insurance	3,385.		3,385.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	EVENT COST	88,695.	81,367.	123.	7,205
b	EXHIBIT	34,853.	34,853,		
c	OTHER EXPENSES	20,912,	9,922.	1,990.	9,000
d	OTHER BREEZE				
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,319,218.	910,139.	61,344.	347,735
26	Joint costs. Check here x if following SOP	2,527,523,			
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

art	Balance Sheet		T'			
				(A) Beginning of year		( <b>B)</b> End of year
1	Cash - non-interest-bearing			6,736.	1	15,600
2	Savings and temporary cash investments			512,311.	2	995,445.
3	Pledges and grants receivable, net			200,000.	3	855,018.
4	Accounts receivable, net				4	4,041,
5	Receivables from current and former officers, d	irectors, truste	es, key			
	employees, and highest compensated employe	es. Complete i	Part II			
	of Schedule L				5	
6	Receivables from other disqualified persons (as	defined under	section			
	4958(f)(1)), persons described in section 4958(c	c)(3)(B), and co	ntributing			
	employers and sponsoring organizations of sec			#		
	employees' beneficiary organizations (see instru	uctions)			6	
2 7	Notes and loans receivable, net		Many Competitions		7	
7 8	Inventories for sale or use				8	9,692
`   g	Prepaid expenses and deferred charges			5,982.	9	9,344
10a	Land, buildings, and equipment: cost or other	1 1				
	basis. Complete Part VI of Schedule D	10a	29,834.			
Ь	Less: accumulated depreciation		20,176.	4,736.	10c	9,658
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line	ARE SERVICE CONTRACTOR OF THE		12		
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			217,602.	15	217,602
16	Total assets. Add lines 1 through 15 (must equ			947.367.	16	2,116,400
17	Accounts payable and accrued expenses			13,066.	17	78,666
18	Grants payable		1		18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities	0.00	3370		20	
21	Escrow or custodial account liability. Complete		1000		21	
22	Payables to current and former officers, director	rs, trustees, ke	ey employees,			
21 22	highest compensated employees, and disqualit	ied persons. C	omplete Part II			
i	of Schedule L				22	
23	Secured mortgages and notes payable to unrel		l l		23	
24	Unsecured notes and loans payable to unrelate	ed third parties			24	
25	Other liabilities. Complete Part X of Schedule D			0.	25	92,107
26	Total liabilities. Add lines 17 through 25			13,066.	26	170,773
	Organizations that follow SFAS 117, check h	ere 🕨 🗓	and complete			
g	lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets			734,301.	27	1,090,609
28	Temporarily restricted net assets		200,000.	28	855,018	
29	Permanently restricted net assets			29		
Ē	Organizations that do not follow SFAS 117, or	heck here 🕨	▶ and			
5	complete lines 30 through 34.					
2 30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or e				31	
27 28 29 30 31 32 31 32 32 33 34 32 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Retained earnings, endowment, accumulated in	ncome, or othe	r funds		32	
ž   <sub>33</sub>	Total net assets or fund balances			934,301.	33	1,945,627
34	Total liabilities and net assets/fund balances			947.367.	34	2,116,400

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		190			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,330	544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,319,	218.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,011	326.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		934	301.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		er care and	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	945	627.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				بيا
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in School				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	x Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			542
	Act and OMB Circular A-133?		3a	-	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	000	(2010)
			⊢orm	330	,∠U IU)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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. ➤ See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

		NATIONAL V	MOMEN'S HISTORY MUS	EUM	. Ve accessor	201.14	) On a imat		54-1	801426		
Part I			rity Status (All organiz					ructions.				
The orga			because it is: (For lines									
1	7		es, or association of chur		ribed in se	ction 170	(b)(1)(A)(i)	•				
2	<u> </u>		<b>70(b)(1)(A)(ii).</b> (Attach Sc		_							
з			oital service organization								1	_
4	A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(III	ı). Enter the	e nospitai	s nam	e,
	city, and stat											
5	-	•	benefit of a college or u	niversity ov	vned or op	erated by	a governr	nental uni	t described	ıın		
		(b)(1)(A)(iv). (Comp	nent or governmental uni	t described	d in section	n 170(h)(1	VAVA					
6								r from the	general nu	ıhlic desc	ribed i	n
7 <u>x</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
	7			(Complete	Dort II \							
8			section 170(b)(1)(A)(vi). ceives: (1) more than 33			om oontri	butions m	aomhorchi	n foos and	arose red	caints	from
9	_ An organizati	on that normally re	ceives: (1) more than 33 inctions - subject to certa	in eventi	one and C	) no moro	than 22 1	/30% of ite	eunnort fr	om aross	invest	ment
			taxable income (less sec	แบบอบเฉ	אן ווטוו מני	5111 <del>0</del> 55 <del>0</del> 5 8	ioquirea D	y une orga	inzalion di	OLOUID S	.5, 137	٥.
(6		<b>509(a)(2).</b> (Complet		الماريم برماء عام	a a a fatur C		- F00(-)(/	0				
10  =			perated exclusively to te						y out the p	urnoses o	of one	or
11			pperated exclusively for the									O1
			ations described in secti				.). See <b>se</b> t	י)פטפ ווטווי	aj(o). Onec	K tile box	uiat	
			g organization and compl	c Typ			ograted		а 🗀 .	Type III - (	Other	
	a ∐ Type							r more die				n
e	] By checking	this box, i certify th	at the organization is not	t controlled	d organiza	tions dos	ribod in s	action 500	Qualified pe D(a)(1) or se	etion 500	101 tila 1(2)(2)	
	foundation in	nanagers and other	than one or more publicl	the IDC the	nu organiza ntitio o Tvi	no I Tuno	II or Type	S III	o(a)(1) 01 3e	5011011 000	,(α)( <i>⊏</i> ).	
f			itten determination from									
			this box									
g	Since Augus	t 17, 2006, nas the	organization accepted a directly controls, either a	lone artea	othor with	norcone o	losoribad i	in (ii) and (i	iii) balow		Yes	No
										11g(i)	103	110
	_		supported organization?									
			on described in (i) above?									
			a person described in (i)							rigani		
h	Provide the t	ollowing information	n about the supported or	gariization	(5).							
(A) NI		(II) FINI	(iii) Type of	(iv) Is the o	organization	(v) Did you	ı notify the	(vi) Is	s the	(vii) An	nount c	of
	ne of supported	(ii) EIN	organization	in col. (i) lis	sted in your	organizat	ion in col.	(vi) Is organizatio (i) organiz	on in col.		port	''
U	ganization		(described on lines 1-9 above or IRC section		document?			U.S	.?	55,	F	
			(see instructions))	Yes	No	Yes	No	Yes	No			
=												
			1									
												_

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 NATIONAL WOMEN'S HISTORY MUSEUM 54-1801426

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.)

Secu	ion A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> G	ifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")	674,742.	606,819.	588,593.	1,039,468.	2,332,906.	5,242,528.
2 T	ax revenues levied for the organ-						
iz	ation's benefit and either paid to						
0	r expended on its behalf						
3 T	he value of services or facilities						
fı	urnished by a governmental unit to			1			
	ne organization without charge						
4 T	otal, Add lines 1 through 3	674.742.	606,819,	588,593.	1,039,468.	2,332,906.	5,242,528.
	he portion of total contributions						
	y each person (other than a						
	overnmental unit or publicly						
-	upported organization) included						
	n line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)						1,037,822.
	***************************************						4,204,706.
	Public support. Subtract line 5 from line 4.						
	lar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	mounts from line 4	674,742.	606,819.	588,593.	1,039,468.	2,332,906,	5,242,528.
	Gross income from interest,	0/4,/42.	000,015.	500,020.			
				4			
	lividends, payments received on						
	ecurities loans, rents, royalties		2 709	3,914.	5,342.	1,698.	14,752.
	and income from similar sources		3,798.	3,914.	3,342.	1,050.	14,1001
	Net income from unrelated business						
	ctivities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital					2.644.	2,644.
	ssets (Explain in Part IV.)					2,044,	5,259,924.
	otal support. Add lines 7 through 10					12	
12	Gross receipts from related activities,	etc. (see instruction	ns)				1,324.
	irst five years. If the Form 990 is for						<b>L</b>
Coot	organization, check this box and stop ion C. Computation of Publi	here Per	centage				
				-l (6)		14	79.94 %
	Public support percentage for 2010 (I					15	92.22 %
15 F	Public support percentage from 2009	Schedule A, Part	II, IIne 14		1 in 22 1/20/ or m		
	33 1/3% support test - 2010. If the or						
s	top here. The organization qualifies	as a publicly suppo	orted organization	- 40 40a and 6		or more, check this	
	33 1/3% support test - 2009. If the or						
а	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			r more
17a 1	10% -facts-and-circumstances test	t - <b>2010.</b> If the orga	nization did not ch	eck a box on line	13, 16a, or 16b, a	na line 14 is 10% o	r more,
	and if the organization meets the "fac						
	neets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						J% or
	nore, and if the organization meets th						
	organization meets the "facts-and-circ						<b>&gt;</b>
18 F	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b		nd see instructions	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					1	
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
_	Gross receipts from activities that						
3							
	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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
h	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						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support				1	4 ) 0040	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,					1	
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain					1	
	or loss from the sale of capital assets (Explain in Part IV.)					-	
13	Total support (Add lines 9, 10c, 11, and 12.)					1	
14	First five years. If the Form 990 is for	or the organization	i's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) or	ganization,
•	check this box and stop here						
Se	ction C. Computation of Pub	lic Support P	ercentage				
15		(line 8. column (f)	divided by line 13,	column (f))		15	<u>%</u>
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 Schedule A. Par	rt III. line 15			16	%
16	ction D. Computation of Inve	stment Incor	ne Percentage	)			
36	Investment income percentage for 2	040 /line 10e colu	ımn (f) divided by	line 13. column (fl)	STANDARD STANDARD BANKARDA BANKARDA	17	%
	investment income percentage for 2	COOC C-5 C-1:1: A	Doct III lica 17	10, coluinii (1 <i>))</i>	********************		%
18	Investment income percentage from	2009 Schedule A	, ran III, IINO 17	con line 14 and 6	no 15 is more than		
19	a 33 1/3% support tests - 2010. If the	e organization did	not check the box	Con line 14, and III	re to is more than	ization	b
	more than 33 1/3%, check this box	and <b>stop here.</b> Th	ne organization qu	aimes as a publicly	y supported organ	12dtiOff	/20/ and
	b 33 1/3% support tests - 2009. If the	e organization did	not check a box o	on line 14 or line 19	ya, and line 16 is r	nore than 33 1/	otion
	line 18 is not more than 33 1/3%, ch	eck this box and	stop here. The org	ganization qualifie:	s as a publicly sup	ported organiza	ation
20	man a second section of the appropriately	on did not check	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	PLL
					•	to a declar A /Cam	m 000 or 000-F7\ 2010

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

**Schedule of Contributors** 

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Internal Revenue Service Employer identification number Name of the organization 54-1801426 NATIONAL WOMEN'S HISTORY MUSEUM Organization type (check one): Section: Filers of: x 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules x For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions)		<u> </u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 948,218.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there

of Part II

Name of organization

Employer identification number

of

NATIONAL WOMEN'S HISTORY MUSEUM

54-1801426

art II	Noncash Property (see instructions)		
(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
		<b>* * * * * * * * * *</b>	-
(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
		   \$	

023454 12-23-10

### SCHEDULE C

(Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

the organization answered "Yes," to 6  Section 501(c)(4), (5), or (6) organization	ons: Complete Part III.			yer identification number
ame of organization			Emplo	
NATIONAL WO	MEN'S HISTORY MUSEUM		arrie a section 527 or	54-1801426 ganization
Part I-A Complete if the orga	MEN'S HISTORY MUSEUM Anization is exempt unde	er section 501(c)	or is a section 327 or	garnzation
Provide a description of the organiza Political expenditures Volunteer hours	ation's direct and indirect politica	al campaign activities	in Part IV. ►\$	
Part I-B Complete if the org	anization is exempt und	er section 501(c)	(5).	
1 Enter the amount of any excise tax	ncurred by the organization und	er section 4955	- \$	
u vit ef any avaiga tav	ncurred by organization manaus	12 011001 20011011 4001	***********	
a listbo organization incurred a section	1 4955 tax. did it file Form 4720 t	for this year?		··· =
4a Was a correction made?				
b If "Yes," describe in Part IV.	anization is exempt und	er section 501(c)	except section 501(	c)(3).
Part I-C Complete if the org	anization is exempt und	er section out(o)	tion activities \$	
1 Enter the amount directly expended	I by the filing organization for sec	ction 527 exempt fund	short activities	
	ization'e funds contributed to ou	ner organizations for a	COLIOIT OL.	
exempt function activities				
3 Total exempt function expenditures line 17b				Yes No
Did the filing organization file Form  Enter the names, addresses and er made payments. For each organization contributions received that were propolitical action committee (PAC). If	nployer identification number (El tion listed, enter the amount pai omotly and directly delivered to	N) of all section 527 p d from the filing organ a separate political or	ization's funds. Also enter the ganization, such as a separa t IV.	ne amount of political tte segregated fund or a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
			p	
N Total Control of the Control of th				

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

92,004

5,429

23,001

4.539

91 683

412

22,921

4.539. Schedule C (Form 990 or 990-EZ) 2010

207.592

51,898

510,868.

766,302.

10,841.

127,717.

191,576.

**b** Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

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

d Grassroots nontaxable amount

f Grassroots lobbying expenditures

119,589

5,000

29,897

## Schedule C (Form 990 or 990-EZ) 2010 NATIONAL WOMEN'S HISTORY MUSEUM 54-1801426 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)).

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:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?	Yes			
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?		No	Amo	unt
or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?				
or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?				
Mailings to members, legislators, or the public?				
7				
Publications, or published or broadcast statements?				
				_
Grants to other organizations for lobbying purposes?				
Direct contact with legislators, their staffs, government officials, or a legislative body?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities? If "Yes," describe in Part IV				_
Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				-
If "Yes," enter the amount of any tax incurred under section 4912		1		_
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F01(a)	(5) or so	otion	
t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(0)	(5), or se	Cuon	
001(0)(0).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization make only invidude lobbying expenditures of the prior year?		3		
"Yes."  Dues, assessments and similar amounts from members		1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
Current year		2a		
Carryover from last year				
Total		1 - 1		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ss			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	distant			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	nilicai	4		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year?		5		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		5		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and possible expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Total V Supplemental Information			, complete	this
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  To supplemental Information  The plant to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and			, complete	this p
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and possible expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Total V Supplemental Information			, complete	this p
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  To supplemental Information  The plant to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and			, complete	this p
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  To supplemental Information  The plant to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and			, complete	this p
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  To supplemental Information  The plant to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and			, complete	this p
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If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  To supplemental Information  The plant to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and			, complete	this
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  To supplemental Information  The plant to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and			, complete	this
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  To supplemental Information  The plant to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and			, complete	this ¡

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

-	NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426
Pai	CONTRACTOR OF THE PROPERTY OF	CCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	b) Funds and other accounts
		b) Fullus and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Pa		line /,
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified hi	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
_	and section 170(h)(4)(B)(ii)?	) # (- 1   1   1   1   1   1   1   1   1   1
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	garlization's accounting for
Da	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	O
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd halance sheet works of art
та	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	public dervice, previde, in account
_	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and by	palance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
		TVIOO, PIOVIGO ENO TONO TINING GINDONNO
	relating to these items:	<b>S</b>
	(i) Revenues included in Form 990, Part VIII, line 1	h A
^	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	provido
	-	<b>&gt;</b> \$
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)		dule D (Form 990) 2010 NATIONAL WO	MEN'S HISTORY M	IUSEUM				4-1801			age 2
Control   Cont	Pai										
a Public exhibition d Loan or exchange programs	3		on, and other record	ls, check any of the	following that	are a siç	gnificant u	se of its	collection	ı item	s
b Scholarly research e											
c	а	x Public exhibition	d		•						
4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be sold to raise funds rather than to be maintained as part of the organization is collection?	b	Scholarly research	е	Other							
be During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    In a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 11.   In a Is the organization and part XIV and complete the following table:   In a Is the organization and the part XIV and complete the following table:   In a Is the organization and the part XIV and complete the following table:   In a Is the organization include an amount on Form 990, Part X, line 21?   In a Is the organization include an amount on Form 990, Part X, line 21?   In a Is the organization include an amount on Form 990, Part X, line 21?   In a Is the organization include an amount on Form 990, Part X, line 21?   In a Is the organization include an amount on Form 990, Part X, line 21?   In a Is the organization include an amount on Form 990, Part X, line 21?   In a Is the organization include an amount on Form 990, Part X, line 10.    In a Is the organization include an amount on Form 990, Part X, line 10.   In a Is the organization answered "Yes" to Form 990, Part IV, line 10.   In a Is the organization answered "Yes" to Form 990, Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X, line 10.   In a Is the organization and Part X,	С	x Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how they further	the organizatio	n's exen	npt purpo	se in Par	t XIV.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Table   Secrow and Custodial Arrangements   Secrow and Polymer   Secrow   Secretary   Secret	5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or othe	r similar	assets				
Teported an amount on Form 990, Part X, line 21.   Yes   No   No   No   No   No   No   No   N										х	No
1	Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "	Yes" to I	Form 990,	Part IV, I	line 9, or		
No											
	1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other ass	ets not i	included		_		_
C   Beginning balance   10   10   10   10   10   10   10   1		on Form 990, Part X?				**********			Yes		No
C   Beginning balance   10   10   10   10   10   10   10   1	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
d Additions during the year   1d   1e   1e   1e   1e   1e   1e   1e									Amount		
d Additions during the year   1d   1e   1e   1e   1e   1e   1e   1e	С	Beginning balance		2.24 Com C-45 TH, 500 Com SHe 50 C 50 Second			. 1c				
e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21?											
Finding balance											
2a Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.											
B   F   Yes,   explain the arrangement in Part XIV   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    1	2a								Yes		No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    C   Net   IV   Sea		AMERICA W. SUR DA SUR SUR SO SERVINO						30439432			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	722			swered "Yes" to Fo	orm 990, Part I	V, line 10	0.				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment			(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three ye	ears back	(e) Four	years	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	1a	Beginning of year balance									
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶				=							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment											
and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	-										
f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	·					ľ					
g End of year balance	f										
Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment											
a Board designated or quasi-endowment   b Permanent endowment	_		r end balance held a	ns*		-					
b Permanent endowment											
Are there endowment by 96  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  b Buildings c Leasehold improvements c Leasehold improvements d Equipment funds.  6 056. e Other  12,490, 6,434, 6,056.		T	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related orga	_	· · · · · · · · · · · · · · · · · · ·									
Second   S			ິ ession of the organiz	ation that are held	and administer	ed for th	ne organiz	ation			
(i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  d Equipment  e Other  17,344, 13,742, 3,602,	Ja								1	Yes	No
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  Buildings  c Leasehold improvements  d Equipment  d Equipment  12,490, 6,434, 6,056,									3a(i)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (d) Equipment (d) Equipment (e) Land (d) Book value (d) Book											
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 12,490, 6,434, 6,056, e Other Other Other Days (a) Cost or other basis (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation	h								-		
Part VI     Land, Buildings, and Equipment. See Form 990, Part X, line 10.       Description of investment     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation       1a Land b Buildings c Leasehold improvements d Equipment e Other color     12,490, 6,434, 6,056, 6,056, 17,344, 13,742, 3,602,	4									-	
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Equipment  (f) Cost or other basis (other)  (g) Cost or other basis (other)  (h) Cost or other basis (other)  (h) Cost or other basis (other)  (h) Cost or other depreciation  (h) Cost or other basis (other)  (h) Cost or other basis (other)  (h) Cost or other depreciation  (h) Equipment depreciation	Pai										
1a Land			(a) Cost or o	ther (b) Cos				d	(d) Bool	k valu	e
b Buildings	1-	Land		23.7	(= ×)	200					
c Leasehold improvements       d Equipment     12,490, 6,434, 6,056,       e Other     17,344, 13,742, 3,602,											
d Equipment 12,490, 6,434, 6,056, e Other 17,344, 13,742, 3,602,											
e Other 17,344. 13,742. 3,602.					12 400		-	131		•	056
				Y column (D) line				142.			

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X, lir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuation end-of-year marke	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	-			
(F) (G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	v			
Part VIII Investments - Program Related.				
(a) Description of investment type	(b) Book value		Method of valuation end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		(a)		
(7)				
(8) (9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	n:			
Part IX Other Assets. See Form 990, Part X, li	ne 15.	31		
	a) Description			(b) Book value
(1) COLLECTIONS				217,602.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) I	line 15.)			217,602,
Part X Other Liabilities. See Form 990, Part				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) REFUNDABLE ADVANCE		92,107.		
(3)				
(4)				
(5)				
(6)				
(9)				
(10)				
(11)	OE 1	00.107		
Total. (Column (b) must equal Form 990, Part X, col (B) I	e to the organization's financial	92, 107, statements that reports the organization	's liability for uncertain t	ax positions under

Sche	dule D (Form 990) 2010 NATIONAL WOMEN'S HISTORY MUSEUM			54-1801426	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audited F	-inancial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				2,330,544.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,319,218.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,011,326.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10		1,011,326.
Par	t XII Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			. 1	2,793,551.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	¥ 11411			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities		456,30	3.	
С	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			. 2e	456,303.
3	Subtract line 2e from line 1				2,337,248.
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			
b	Other (Describe in Part XIV.)		-6.70	4.	
_				. 4c	-6,704.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		***************************************	. 5	2,330,544.
Par	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses p	er Return	
1	Total expenses and losses per audited financial statements				1,782,225.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	W.140=1			
_ a	Donated services and use of facilities	2a	456,30	3.	
b	Prior year adjustments				
c	Other losses	_			
d	Other (Describe in Part XIV.)		6.70	4.	
e	Add lines 2a through 2d			2e	463,007.
3	Subtract line 2e from line 1				1,319,218.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a h	Other (Describe in Part XIV.)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	Add lines 4a and 4b	/****		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				1.319.218.
	rt XIV Supplemental Information			*	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P	art III. lines 1a an	nd 4: Part IV. lines	s 1b and 2b: Part	V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also				
	F III, LINE 4: THE ARTIFACTS IN THE COLLECTIONS ON DISPLAY I				
PART	F III, DINE 4: THE ARTIFACTS IN THE COMMETTORS ON BISTARY I	.,			
^pp = T	ICE AND ON THE NATIONAL WOMEN'S HISTORY MUSEUM CYBERMUSEUM E	DUCATE THE			
OFFI	ICE AND ON THE NATIONAL WOMEN S HISTORY MUSEUM CIDENAGORON E	DOCINIE IND			
	THE OW THE POUND MONTH PLANED IN THE PAGE. BOOKS I PRIMERS A	ND			
PORT	LIC ON THE ROLES WOMEN PLAYED IN THE PAST, BOOKS, LETTERS A	ND			
DO.	TOGRAPHS HELP THE PUBLIC UNDERSTAND WHAT WOMEN HAD TO DO TO	연구시110구 까부모			
PHOI	TOGRAPHS HELP THE PUBLIC UNDERSTAND WHAT WOMEN HAD TO DO TO	SECORE THE			
	TRANS MANUAL TRANSPORT				
FKEE	EDOMS WOMEN ENJOY TODAY,				
	THE STATE OF THE ACCOUNT OF THE ACCOUNTING CHAMBER OF				
PART	T X, LINE 2: THE MUSEUM FOLLOWS THE ACCOUNTING STANDARD ON				
	THE TAX TO STREET THE TAX THROWS MANY THE THROW ADDRESS OF THE				
ACCC	DUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE			Schedule D (	Form 990) 2010
				Concade D (I	JUU, 20 IU

Schedule D (Form 990) 2010 NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426	Page 5
Part XIV Supplemental Information (continued)		
DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON		
A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS, UNDER THIS		
GUIDANCE, THE MUSEUM MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX		
POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE		
SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL		
MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL		
STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT		
THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON		
ULTIMATE SETTLEMENT, THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME		
TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND		
PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.		
MANAGEMENT EVALUATED THE MUSEUM'S TAX POSITIONS AND CONCLUDED THAT THE		
MUSEUM HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE		
FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.		
GENERALLY, THE MUSEUM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY		
THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -6,704.		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 6,704.		
		285

Schedule D (Form 990) 2010

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

**Employer identification number** Name of the organization NATIONAL WOMEN'S HISTORY MUSEUM Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e \_\_\_\_ Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? x Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual to (or retained by) have custody or control of contributions? (ii) Activity fundraiser from activity organization or entity (fundraiser) listed in col. (i) No Yes CONSULT ON SOLICITATION SCHULTZ & WILLIAMS, INC. --29,158. 25,000 54,158 FOUNDATIONS AND GRANTS X 325 CHESTNUT STREET, SUITE CONSULTING SERVICES ON AILEEN MOFFATT - 1716 -30,000. 30 000 0 X MASSACHUSETTS AVENUE, SE SOLICITATION 25,000 -59 158. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration ...... or licensing. AL AK AZ AR CA CO CT DE DC 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 Schedule G (Form 990 or 990-EZ) 2010

032081 01-13-11

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

SEE PART IV FOR CONTINUATIONS

	edule G (Form 990 or 990-EZ) 2010 NATIONAL W	OMEN'S HISTORY MU	SEUM		801426 Page 2 more than \$15,000
Pa	of fundraising event contributions and gros	ss income on Form 990	EZ. lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
	of furidialing event contributions and grow	(a) Event #1	(b) Event #2	(c) Other events	
		. ,	GOOD	NONE	(d) Total events (add col. (a) through
			HOUSEKEEPING/NWHM		col. (c))
	ř	(event type)	(event type)	(total number)	coi. (c))
Revenue	l l				
Ş	1 Gross receipts	239,300.	103,584.		342,884.
ا يم	Gloss roccipis	232,13334			
	2 Less: Charitable contributions	239 300.	103.584.		342,884.
	E LOGO. GITAL LEGIS GOTTING LA CONTRACTOR LA				
	3 Gross income (line 1 minus line 2)				
- 1	4 Cash prizes				
- 1					
σ	5 Noncash prizes				
nse	TA TA TORROSCOS CONTRACTOS CONTRA				
ĝ	6 Rent/facility costs				
Direct Expenses					
įį.	7 Food and beverages				
	8 Entertainment				2 70278
	9 Other direct expenses	5,528.			6,704.
	10 Direct expense summary. Add lines 4 through				( 6,704)
_	11 Net income summary. Combine line 3, column rt III   Gaming. Complete if the organization a	(d), and line 10	000 Part IV line 19 or r	anorted more than	-6.704.
Pa		nswered tes to rolli	1990, Fait IV, line 19, 01 I	eported more trian	
	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
e l		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue					
æ					
-	1 Gross revenue				
	2 Cash prizes				
ses	Z Casii piizes				
Expenses	3 Noncash prizes				
	C Honous prizes printing				
ect	4 Rent/facility costs				
Dire					
	5 Other direct expenses				
		Yes%	Yes%	Yes%	
	6 Volunteer labor	No	No	No	
	produce accounts and contraction and account of the contraction and account of the				
	7 Direct expense summary. Add lines 2 through	5 in column (d)			( )
_	8 Net gaming income summary. Combine line 1	, column d, and line 7		<u> </u>	
	Enter the state(s) in which the organization operat				Yes No
	Is the organization licensed to operate gaming act				, L Tes L NO
b	If "No," explain:				
	3				
		volvod oversended and	orminated during the terr	vear?	Yes No
	Were any of the organization's gaming licenses re			year:	163 1140
b	of "Yes," explain:				
	<del>-</del>				
0320	82 01-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

Coh.	edule G (Form 990 or 990-EZ) 2010 NATIONAL WOMEN'S HISTORY MUSEUM 54	-1801426	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
10	Is the organization operate garming destructed by the organization and grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	Manager	
12	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
٥	The organization's facility	13a	%
h	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
1-7			
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt	
	of gaming revenue retained by the third party ▶\$ ·		
C	olf "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
٠٠,	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	**********	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year > \$		
P	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colun	nns (iii) and (v), an	d Part III,
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor	mation (see instru	ictions).
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
			)
( T	) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS, INC.		
7-	,		
<u>(I</u>	) ADDRESS OF FUNDRAISER:		
32	5 CHESTNUT STREET, SUITE 700, PHILADELPHIA, PA 19106		
-			
<u>(I</u>	) NAME OF FUNDRAISER: AILEEN MOFFATT		
(I	) ADDRESS OF FUNDRAISER:		
	16 MASSACHUSETTS AVENUE SE WASHINGTON DC 20003	2 /Farm 000 or 00	O EZ) 0010

032083 01-13-11

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

2010

Open to Public Inspection

**Employer identification number** 

Name of the organization

Attach to Form 990. See Separate instructions.

54-1801426 NATIONAL WOMEN'S HISTORY MUSEUM Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant x Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? X 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) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X b Any related organization? If "Yes" to line 6a or 6b, describe in Part III, For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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 in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

1			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(O)	(Q)	(E)	(F)
300AN DRADLEY WAGES (II) 167,537, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
OOM BRADLEY WAGES         (1)         0		(	167 537	O	0	0	0		0
	JOAN BRADLEY WAGES	€ €	3	0	0.	.0	0		0
		ε							
		€ €							
		€							
		€							
		Ξ							
		▣							
		Ξ							
		8							
		€ (							
		3							
		≘ €							
		9							
		<b>E</b>							
		Ξ							
		€							
		€ €							
		9							
(0) (0) (0)		€							
(ii)		ε							
(ii)	14								
(0)		Ξ							
(0)	15	⊞							
(ii)		Θ							
	16	€							

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service	Employer identification number
Name of the organization  NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	•
INFORMATION THROUGH PROGRAMS AND ITS ONLINE CYBERMUSEUM AS IT PURSUES A	
PERMANENT BUILDING SITE ON THE NATIONAL MALL IN WASHINGTON, D.C.	
PROGRAM GROUTGES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAMS	
EXPENSES \$ 22,039. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
EAFENSES \$ 22,000. INCOME.	
EVENTS	
WEBSITE	
FORM 990, PART VI, SECTION B, LINE 11: BEFORE THE FORM 990 IS FILED, THE	
MUSEUM'S FINANCE COMMITTEE RECEIVES A COPY OF THE 990 FOR REVIEW. ALL	
QUESTIONS ARE DISCUSSED VIA EMAIL WITH ALL OF THE FINANCE COMMITTEE	
MEMBERS.	
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.	
FORM 990, PART VI, SECTION B, LINE 15: TWO INDEPENDENT MEMBERS OF THE	
EXECUTIVE COMMITTEE REVIEW THE CEO COMPENSATION. THE TREASURE, WHO IS ALSO	
INDEPENDENT, REVIEWS COMPENSATION OF OTHER KEY EMPLOYEES.	

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

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

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page Z
Name of the organization	Employer identification number 54-1801426
NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426
AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, WY, MS, MI, ME, MD, MA	
AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IK, ID, IE, IK, KO, KI, MI, MI, MI, MI, MI, MI, MI, MI, MI, M	
ND, NC, MT, MO, MN, TN, SD, SC, RI, PA, OR, OK, OH, NY, NV, NM, NH, NJ, NE, VT, VA, UT, TX, WV, WI,	
WA	
FORM 990 PART VI, SECTION C, LINE 19: THE NATIONAL WOMEN'S HISTORY MUSEUM	
MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS, AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH EMAIL, REGULAR	
STATEMENTS, AVAILABLE TO THE TOTAL	
MAIL, AND IN-HOUSE DOCUMENT INSPECTIONS.	

## -orm **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change NATIONAL WOMEN'S HISTORY MUSEUM Name change Doing Business As 54-1801426 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 205 S. WHITING ST. 254 703-461-1920 Amended City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica ALEXANDRIA, VA 22304-3693 H(a) Is this a group return pending F Name and address of principal officer: JOAN WAGES for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? JYes L I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or [ If "No," attach a list. (see instructions) J Website: ► WWW.NWHM.ORG H(c) Group exemption number ▶ K Form of organization; X Corporation Trust Association Other > L Year of formation: 1996 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 12 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2,332,906. 1,878,169. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. 0. 1,698. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,825. -4,060. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -67,786. 2,330,544. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,812,208. 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 415,815. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 573,099. 16a Professional fundraising fees (Part IX, column (A), line 11e) 84,637. 45,768. **b** Total fundraising expenses (Part IX, column (D), line 25) 818,766. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,247,439. 1,866,306. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,319,218. 1,011,326 19 Revenue less expenses. Subtract line 18 from line 12 -54,098.Beginning of Current Year **End of Year** 2,116,400. 2,073,721 20 Total assets (Part X, line 16) 170,773. 182,192 21 Total liabilities (Part X, line 26) Net / 1,891,529 Net assets or fund balances. Subtract line 21 from line 20 ... 1,945,627. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JOAN WAGES, PRESIDENT & CEO Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Paid HEATH M. CHAVIS P01272173 Preparer Firm's name MCQUADE BRENNAN, LLP Firm's EIN 52-1223909 Firm's address 1730 RHODE ISLAND AV, Use Only WASHINGTON, DC 20036 Phone no. (202) 296-3306 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$934 , 986 • including grants of \$) (Revenue \$)
40	PUBLIC AWARENESS
	TWO SPECIAL EVENTS WERE HELD, IN WASHINGTON, DC AND IN NEW YORK, TO
	MAKE THE PUBLIC AWARE OF THE NWHM EFFORTS FOR THE NATIONAL WOMEN'S
	HISTORY MUSEUM. IN ADDITION, OVER 1 MILLION LETTERS WERE MAILED TO EDUCATE THE PUBLIC ON NWHM PROGRAMS AND THE NEED FOR THE MUSEUM.
	EDUCATE THE PUBLIC ON NWHM PROGRAMS AND THE NEED FOR THE MUSEUM.
4b	(Code:) (Expenses \$ 190,086 • including grants of \$) (Revenue \$)
	GRANTS
	THE NWHM BENEFITED FROM TWO GRANTS; ONE UNDERWROTE THREE MEETINGS WITH
	SCHOLARS WHICH IN TURN DEVELOPED A FRAMEWORK FOR CREATING FUTURE MUSEUM
	PROGRAMS AND ESTABLISHED THE MUSEUMS NATIONAL SCHOLARS COMMITTEE AND
	SCHOLARS ADVISORY COUNCIL TO GUIDE THE MUSEUM'S PROGRAM DEVELOPMENT,
	THE SECOND PROVIDED FOR CERTAIN CAPITAL EQUIPMENT PURCHASES WHICH
	ALLOWS THE MUSEUM TO PROVIDE MORE INFORMATION TO OUR MEMBERS AND
	PROSPECTS.
	THOU TO THE TOTAL THE TOTA
_	(Code: ) (Expenses \$ 36,065 · including grants of \$ ) (Revenue \$ )
4c	
	PUBLICATIONS  THE NEW HAS EVEN NOTED INC. DISCREDIBLIES OF THE NEW HOUSE FROM A DIFFERENCE OF THE DIFFERENCE OF THE NEW HOUSE FROM A DIFFERENCE OF THE NEW HOUSE FROM A DIFFERENCE OF THE NEW HOUSE FROM A DIFFERENCE OF THE NEW H
	THE NWHM HAS EXPANDED ITS DISTRIBUTION OF THE NEWSLETTER A DIFFERENT
	POINT OF VIEW TO OVER 26,000 MUSEUM MEMBERS AND SUPPORTERS, THROUGH THE
	NEWSLETTER THE NWHM INFORMS ITS READERS OF UPDATES TO THE PROGRESS OF
	THE NWHM EFFORTS TO SECURE A PERMANENT PHYSICAL MUSEUM. THE NWHM SENDS
	MONTHLY MEMBER MAILINGS AND QUARTERLY NEWSLETTERS TO IT MEMBERS AS WELL
	AS A MONTHLY NEWSLETTER TO ITS COALITION MEMBERS.
4d	Other program services (Describe in Schedule O.)
TU	F3 00C
4-	(Expenses \$ 53,896 • including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,215,033 •
4e	Total program service expenses 21, 213, 033.

#### Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 3 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 Х 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Х 16 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 X 17 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 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV | Checklist of Required Schedules (continued)

#### Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35b 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 Х 36 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 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . X

-	Check if Schedule O contains a response to any question in this Part V	**********		********	V	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l 1a	35		Yes	No
b		1b	0			
С			ble gaming			
	(gambling) winnings to prize winners?			1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	**)**********************	10		
	filed for the calendar year ending with or within the year covered by this return	2a	12			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	iel	********	20		-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		l x
	KING THE ROLL E COSTO US COMMUNICATION AND A COSTO ASSESSMENT			3b	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity over a	30		-
	financial account in a foreign country (such as a bank account, securities account, or other financial	20000	nt/2	10		x
b	If "Yes," enter the name of the foreign country:	accou	m) f	4a		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Λ = = = = =				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			F		l x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	Testion O	000000000000000000000000000000000000000	5a		X
				5b		- 1
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	9.995 · · · 1556	pro-restance and the	5c		_
- Cu						x
h	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contribu			6a		^
_	· ·		ŭ	۸.		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	******	*****************	6b		-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ruinan n	rouided to the neuro		- V	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			7b	^	
·				_		x
ч	KINA III III III III III III III III III	$\Gamma = -1$	0.0000000000000000000000000000000000000	7c		
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		10	_		v
f				7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			7f	-	
				7g		
" B	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			7h	_	_
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			_	- 1	
9	·	any time	e during the year?	8		_
_	Sponsoring organizations maintaining donor advised funds.			_		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:		X	9b		_
,		۱ ا			- 1	
	Initiation fees and capital contributions included on Part VIII, line 12	10a			- 1	
-	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			- 1	
1	· · · · ·	. 1				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
<b>-</b>	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	4		12a	_	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			- 1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
	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.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	î	1			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c			$\rightarrow$	
c a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduk			14a 14b		Х

132005 01-23-12 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 in Schedule O. See instructions.

500	Check if Schedule O contains a response to any question in this Part VI			.,		X			
Sec	ction A. Governing Body and Management			Τ,	/ I	NI			
4.	Enter the number of victing members of the governing hady at the and of the tay year	1a	15		/es	No			
18	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing	la							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b		1b	13						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship								
_	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the			-	$\neg$				
_	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			1	$\neg$	X			
5									
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?		. 7	а		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or							
	persons other than the governing body?		7	b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:							
	The governing body?		8		X				
b	Each committee with authority to act on behalf of the governing body?		8	b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			-	-	X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)		٠,	-				
40-	Did the constitution have been been been been been as of the base of		46		es	No			
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such ch		10	a	-	1			
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	10	, l	- 1				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				x	_			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, before thing the form		-	+				
12a	The state of the s		12		x l				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			_	x				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				7				
	in Schedule O how this was done		12	c :	x				
13	Did the organization have a written whistleblower policy?			3		X			
14	Did the organization have a written document retention and destruction policy?			4		X			
15	Did the process for determining compensation of the following persons include a review and approva	l by independent							
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$								
	The organization's CEO, Executive Director, or top management official		15		X				
b	Other officers or key employees of the organization		15	b .	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.					v			
	taxable entity during the year?		16	a	+	<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		140						
Sec	exempt status with respect to such arrangements?		16	DI					
	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA	A.CO.CT.DC	DE.F	Ί (	7A	н			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T								
	for public inspection. Indicate how you made these available. Check all that apply.	(22000201(0)(0)00	,	4010					
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, cor	nflict of interest polic	y, and fir	nancia	al				
	statements available to the public during the tax year.	1, 3,10							
20	State the name, physical address, and telephone number of the person who possesses the books an	d records of the orga	anization:						
	JOAN WAGES - 703-461-1920								
***************************************	205 S. WHITING ST., NO. 254, ALEXANDRIA, VA 22304-	-3693							
132006 11-23-1	SEE SCHEDULE O FOR FULL LIST OF STATES		For	m 99	0 (2	011)			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r	or any related	org	aniza	atior	n cor	mpe	nsat	ted any current officer,	director, or trustee.	
(A)	(B)			(C) Position onot check more than one				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	า ≀than	one	Reportable	Reportable	Estimated
	hours per	box	k, unle icer ar	ess pe	erson	is bo	th an	compensation	compensation	amount of
	week (describe	-	Г				1	from	from related	other
	hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2/ 1000 (**1000)	organization
	organizations	trust	al tru		уве	эшы		(**=,**==******************************		and related
	in Schedule	ndividual trustee or director	nstitutional trustee	   jg	Key employee	Highest compensated employee	Je L			organizations
(1) JOAN BRADLEY WAGES	0)	Ē.	Inst	Officer	Key	Figure	Former			
(1) JOAN BRADLEY WAGES PRESIDENT & CEO	F7 00	١,,		۱,,				105 500		
(2) MICHELLE BERNARD	57.00	X	-	Х			_	187,500.	0.	6,000.
DIRECTOR	1.00	x						0		
(3) SALLY BUCKLES	1.00	<u> </u>				-		0.	0.	0.
TREASURER	2.00	x		х				0.	0.	_
(4) LINDA DENNY	2.00	A		Λ			-	· ·	0.	0.
VP MARKETING & SECRETARY	3.00	x		х	1			0.	0.	0.
(5) DR. GRETCHEN E. GREEN	3.00								0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(6) SUSAN B. HIRSCHMANN										
DIRECTOR	1.00	Х						0.	0.	0.
(7) MADELYN JENNINGS										
DIRECTOR	2.00	Х						0.	0.	0.
(8) JUDITH KAPLAN										
DIRECTOR	5.00	Х						0.	0.	0.
(9) CHERYL MCKISSACK										
DIRECTOR	1.00	Х						0.	0.	0.
(10) SHERI L. ORLOWITZ										
DIRECTOR	4.50	X						0 .	0.	0.
(11) ROBIN READ										
DIRECTOR	10.00	Х						0 •	0.	0.
(12) SUSAN P. SCANLAN										
DIRECTOR	0.80	Х	_	_				0.	0.	0.
(13) CAREY C. SHUART					- 1					
DIRECTOR	3.00	Х		4	_	_	_	0.	0.	0.
(14) ANN E. W. STONE	11 00									
SENIOR VICE PRESIDENT	11.00	Х	_	Х	_		_	0.	0.	0.
(15) WILMA VAUGHT, BRIG GEN USAF(RET) DIRECTOR	1 00	,,		- 1						
(16) SALLY A. SPAISMAN	1.00	Х	-	4	-	-	4	0.	0.	0.
DIR OF DEVELOPMENT	40 00					.,		120 165		-
DIK OF DEVELOPMENT	40.00	-	+	$\dashv$	-	Х	$\dashv$	139,167.	0.	0.
			_1	_						

132007 01-23-12

Form 990 (2011)

Form 990 (2011)

(A) Name and title	Average hours per week (C)  Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)					than is bot	h an		(E) Reportable compensation	(F) Estimated amount of other				
	(describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	org ar	npens from t ganiza nd rela	sation :he ation		
:														
1b Sub-total c Total from continuation sheets to Part VI	I, Section A					2 2		326,667. 0. 326,667.	0. 0.			000. 0. 000.		
d Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization							no r			L	0,1	2		
3 Did the organization list any former officer,								-			Yes	$\top$		
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	ition	n and	ot	her compensation from	the organization	3 4	х	X		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	rsati	ion f	rom	any	unr	elat			5		х		
Complete this table for your five highest countries the organization. Report compensation for the organization.										sation	from			
(A) Name and business L E MERIDIAN, 7400 FULLER			_	·m·	,			(B) Description of s	ervices (	(Compe	<b>C)</b> ensati	on		
110, SPRINGFIELD, VA 2215 ENVISION MARKETING		, سد		) I E				MARKETING		21	.7,1	855.		
P.O. BOX 4275, LYNCHBURG,	S, INC.							MARKETING			195,981.			
88 PINE STREET, NEW YORK,	, NI IU	, 0 :	,					PROGRAM DESI	GIY	т3	, т , .	360.		
Total number of independent contractors (in \$100,000 of compensation from the organization)		ot III	nite	03 נ	thos		tec	above) who received m	iore than	Form	990	(2011)		

	rt VI	I Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ce Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f  Business Code	1878169.	3		
Program Service Revenue	b c d e f	All other program service revenue  Total, Add lines 2a-2f				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties	1,825.			1,825
	С	(i) Real (ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  (i) Securities (ii) Other				
		Gain or (loss)	+			
Other Revenue		Net gain or (loss)  Gross income from fundraising events (not including \$ 309,221 of contributions reported on line 1c). See  Part IV, line 18 a 37,490				
Othe		Less: direct expenses b 105735.	60 245			-68,245
	9 a	Net income or (loss) from fundraising events  Gross income from gaming activities. See  Part IV, line 19	-68,245.			-00,243
	c 10 a b	Less: direct expenses  Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  b				
-		Miscellaneous Revenue  OTHER INCOME  Business Code 900099	459.			459
	b					
	q	All other revenue				
		Total. Add lines 11a-11d	459.			CF 222
132009 01-23-	12	Total revenue. See instructions.	1812208.	0.	0	-65,961 Form <b>990</b> (2011

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

-	Check if Schedule O contains a respor	se to any question in thi		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	405 500			
	trustees, and key employees	187,500.	143,616.	25,670.	18,214
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	222 222	- 171 00-		
7	Other salaries and wages	330,383.	174,097.	44,420.	111,866.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	6,000.	3,681.	812.	1,507.
9	Other employee benefits	13,217.	8,108.	1,789.	3,320.
10	Payroll taxes	35,999.	22,146.	4,786.	9,067.
11	Fees for services (non-employees):	4			
	Management	157,201.	36,241.	1,117.	119,843.
b	Legal	4,518.	118.		4,400.
С	Accounting	39,901.		39,901.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	45,768.			45,768.
f	Investment management fees				
g	Other				
12	Advertising and promotion	360,813.	293,659.	4,657.	62,497.
13	Office expenses	303,827.	187,339.	25,854.	90,634.
14	Information technology	10,172.	7,139.	2,585.	448.
15	Royalties				
16	Occupancy	43,818.	30,689.	5,420.	7,709.
17	Travel	28,565.	28,349.	206.	10.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,244.	30,993.	484.	3,767.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,987.	672.	3,315.	
23	Insurance	1,897.	500.	1,397.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EXHIBIT EXPENSE	150,623.	150,623.		
b	EVENT EXPENSE	97,669.	96,499.	1,065.	105.
c	MISCELLANEOUS	9,204.	564.	1,828.	6,812.
d		,		_, -,	- / 0 2 2 .
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,866,306.	1,215,033.	165,306.	485,967.
	Joint costs. Complete this line only if the organization		, , , , , ,		/
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	01-23-12				Form 990 (2011)

132010 01-23-12

Pai	rt X	Balance Sheet	r		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	15,600.	1	718,193
	2	Savings and temporary cash investments	995,445.	2	501,186
	3	Pledges and grants receivable, net	855,018.	3	584,838
	4	Accounts receivable, net	4,041.	4	200
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
:	7	Notes and loans receivable, net		7	
Clace	8	Inventories for sale or use	9,692.	8	9,713
	9	Prepaid expenses and deferred charges	9,344.	9	3,239
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 67,426 28,676	Y		
	b		9,658.	10c	38,750
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
-	14	Intangible assets		14	
-	15	Other assets. See Part IV, line 11	217,602.	15	217,602
4	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,116,400.	16	2,073,721
	17	Accounts payable and accrued expenses	78,666.	17	31,125
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
П	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II			
. 1		of Schedule L		22	
-		Secured mortgages and notes payable to unrelated third parties		23	
1		Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	92,107.		151,067
- 1	06	Schedule D	170,773.	25 26	182,192.
+		Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here	170,775.	26	102,172
		lines 27 through 29, and lines 33 and 34.			
		<b>.</b>	1,090,609.	27	1,292,707
!		Unrestricted net assets Temporarily restricted net assets	855,018.	28	598,822.
		Permanently restricted net assets	03370201	29	330,022.
	20	Organizations that do not follow SFAS 117, check here  and		20	
		complete lines 30 through 34.			
1		Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
		Retained earnings, endowment, accumulated income, or other funds		32	
		Total net assets or fund balances	1,945,627.	33	1,891,529.
		LOSGI FIOS GOODED OF THEIR DURANTODO	, , / •	~ ~	-11

Form **990** (2011)

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

За

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL WOMEN'S HISTORY MUSEUM

Employer identification number 54-1801426

	ırt I	neason	TOT I GIOTIO OTTO	rity Status (All organiz	zations mu	ist comple	te this pai	t.) See ins	tructions.						
The	organ	ization is not	a private foundatior	because it is: (For lines	1 through	11, check	only one l	oox.)							
1		A church, co	nvention of church	es, or association of chur	ches desc	ribed in se	ection 170	)(b)(1)(A)(i	).						
2		A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach So	hedule E.)										
3				pital service organization	•		170(b)(1)	(Δ)(iii).							
4				operated in conjunction					)(b)(1)( <b>Δ</b> )(i	ii) Enter ti	he hosnita	l'e name			
7		city, and sta		operated in conjunction	Willia Tioc	pital acco	nbod iii di	2001011 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		потгоориа	i o namo,			
_				benefit of a college ever	nive selby e	wasal av av				المام مرانات					
5		•		benefit of a college or u	riiversity o	wried or of	perated by	y a govern	mentai un	it describe	ea in				
			<b>(b)(1)(A)(iv).</b> (Comp	•											
6		A federal, sta	ate, or local governr	nent or governmental uni	it describe	d in <b>sectio</b>	on 170(b)(	1)(A)(v).							
7	X	An organizat	ion that normally re	ceives a substantial part	of its supp	ort from a	governm	ental unit o	or from the	general p	oublic desc	cribed in			
		section 170	( <b>b)(1)(A)(vi).</b> (Compl	ete Part II.)											
8	Ш	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)									
9		An organizat	ion that normally re	ceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, r	nembershi	p fees, an	d gross re	ceipts from			
		activities rela	ated to its exempt fu	inctions - subject to certa	ain excepti	ons, and (	2) no more	e than 33	1/3% of its	support	from gross	investment			
				taxable income (less sec							_				
			509(a)(2). (Complet			,			,			,			
10				perated exclusively to te	et for publ	ic safety 5	See sectio	nn 509(a)(a	4)						
11		•	•	perated exclusively for the		•			•	y out the	nurnoege (	of one or			
• •		•	•	ations described in secti						•	•				
								2). See <b>se</b>	ction 509(	a)(3). One	ck the box	t triat			
				g organization and compl		e III - Func		A 1			Type III - 0	Oll			
		a Type		,,	0.		,	0		ıd 🗀	<i>,</i> ,				
е				at the organization is not											
			•	than one or more publicly		•				$\theta(a)(1) \text{ or } s$	section 509	9(a)(2).			
f		If the organiz	ation received a wr	tten determination from t	f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III										
		supporting organization, check this box													
g											940000000	🗀			
										sons?	\$500000000	<u> </u>			
		Since Augus (i) A perso	t 17, 2006, has the n who directly or inc	organization accepted ar directly controls, either al	ny gift or c	ontributior ether with	from any	of the foll	owing per in (ii) and (	sons? iii) below,		Yes No			
		Since Augus (i) A perso	t 17, 2006, has the n who directly or inc	organization accepted ar	ny gift or c	ontributior ether with	from any	of the foll	owing per in (ii) and (	sons? iii) below,	11g(i)	Yes No			
		Since Augus (i) A perso	t 17, 2006, has the n who directly or inc erning body of the s	organization accepted ar directly controls, either al supported organization?	ny gift or c lone or tog	ontributior ether with	from any persons	of the foll	owing per in (ii) and (	sons? iii) below,		Yes No			
		Since Augus  (i) A perso the gove  (ii) A family	t 17, 2006, has the n who directly or inc erning body of the s member of a perso	organization accepted ar directly controls, either al supported organization? n described in (i) above?	ny gift or c	ontributior ether with	n from any persons o	of the foll described	owing per in (ii) and (	sons? iii) below,	11g(ii)				
h		Since Augus (i) A perso the gove (ii) A family (iii) A 35% of	t 17, 2006, has the n who directly or inc erning body of the s member of a perso controlled entity of a	organization accepted ar directly controls, either al supported organization? in described in (i) above? a person described in (i) o	ny gift or c lone or tog or (ii) above	ontribution ether with	n from any persons o	of the foll described	owing per in (ii) and (	sons? iii) below,	11g(ii)				
h		Since Augus (i) A perso the gove (ii) A family (iii) A 35% of	t 17, 2006, has the n who directly or inc erning body of the s member of a perso controlled entity of a	organization accepted ar directly controls, either al supported organization? n described in (i) above?	ny gift or c lone or tog or (ii) above	ontribution ether with	n from any persons o	of the foll described	owing per in (ii) and (	sons? iii) below,	11g(ii)				
	Nama	Since Augus  (i) A perso the gove  (ii) A family  (iii) A 35% of  Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ar directly controls, either al supported organization? in described in (i) above? a person described in (i) o	ny gift or c lone or tog or (ii) above ganization	ontribution ether with e? (s).	persons o	of the foll described	owing pering (ii) and (iii)	sons? iii) below,	11g(ii) 11g(iii)	<b>3</b>			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or inc erning body of the s member of a perso controlled entity of a	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? In about the supported organization	ny gift or colone or togor (ii) above ganization	ontribution ether with	persons (	of the foll described	owing pering (ii) and (iii)	sons? iii) below,	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gove  (ii) A family  (iii) A 35% of  Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? In about the supported organization (described on lines 1-9	ny gift or c lone or tog or (ii) above ganization (iv) Is the c in col. (i) li	ontribution ether with e? (s).	(v) Did yo	of the foll described	owing per	sons? iii) below, the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	<b>3</b>			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? In about the supported organization (described on lines 1-9	ny gift or c lone or tog or (ii) above ganization (iv) Is the c in col. (i) li	ontribution ether with e? (s). organization sted in your	(v) Did yo	of the foll described u notify the tion in col.	owing perin (ii) and (	sons? iii) below, the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			
		Since Augus  (i) A perso the gov.  (ii) A family  (iii) A 35% of Provide the f	t 17, 2006, has the n who directly or incerning body of the samember of a persocontrolled entity of a collowing information	organization accepted ardirectly controls, either alsupported organization? In described in (i) above? A person described in (i) a about the supported or (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization (iv) Is the control of the color	ontribution ether with e? (s). organization sted in your document?	(v) Did yo organizal	u notify the following the cion in col.	owing persin (ii) and (  (vi) Is organizatic (i) organiz	the on in col. ed in the	11g(ii) 11g(iii) (vii) Ar	nount of			

 $\mbox{\sc LHA}$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 Section A. Public Support

## Schedule A (Form 990 or 990-EZ) 2011 NATIONAL WOMEN'S HISTORY MUSEUM 54-18014 | 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.)

Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	606,819.	588,593.	1,039,468.	2,332,906.	1,915,659.	6,483,445.
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	606,819.	588,593.	1,039,468.	2,332,906.	1,915,659.	6,483,445.
	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)						1,471,213.
6	Public support, Subtract line 5 from line 4.						5,012,232.
_	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	606,819.	588,593.	1,039,468.	2,332,906.	1,915,659.	6,483,445.
8	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,798.	3,914.	5,342.	1,698.	1,825.	16,577.
9	Net income from unrelated business						
Ü	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				l l		
	assets (Explain in Part IV.)				2,644.	459.	3,103.
11	Total support. Add lines 7 through 10						6,503,125.
12		etc (see instruction	ons)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
_	Public support percentage for 2011 (I			olumn (fl)		14	77.07 %
15	Public support percentage from 2010	Schedule A. Part	II. line 14	(//		15	79.94 %
16a	33 1/3% support test - 2011. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this box	
	stop here. The organization qualifies						
h	33 1/3% support test - 2010. If the d						
~	and stop here. The organization quality						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-			
h	10% -facts-and-circumstances test	•			5000000		3836363636
D	more, and if the organization meets th						=: r <del>=</del> r
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
10	THAT I DUNGANON II ING O'GANZANO	TOTAL PICT OFFICER &	20.10111110 10, 100			dule A (Form 990	
							-,

## Schedule A (Form 990 or 990 EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	low, please com	ipiete Part II.)					
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1 Gifts, grants, contributions, and	(a) 2007	(b) 2000	(6) 2009	(u) 2010	(e) 2011	(i) Total	
membership fees received. (Do not include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that							
are not an unrelated trade or bus- iness under section 513							
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			1				
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6.) Section B. Total Support					<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9 Amounts from line 6	(-)	.,,-,,		,			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
<b>b</b> Unrelated business taxable income							
(less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13 Total support (Add lines 9, 10c, 11, and 12.)							
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,	
check this box and stop here						<u>▶</u>	
Section C. Computation of Public					r r		
15 Public support percentage for 2011 (lin					15	%	
6 Public support percentage from 2010 S					16	%	
Section D. Computation of Invest					T.T		
, =	Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f))						
18 Investment income percentage from 20					18	%	
19a 33 1/3% support tests - 2011. If the o						.   1	
more than 33 1/3%, check this box and b 33 1/3% support tests - 2010. If the o	rganization did n	ot check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and	
line 18 is not more than 33 1/3%, chec							
O Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	is box and see in	structions		

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

NATIONAL WOMEN'S HISTORY MUSEUM 54-1801426 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

#### NATIONAL WOMEN'S HISTORY MUSEUM

54-1801426

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$113,184.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$300,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Employer identification number

#### NATIONAL WOMEN'S HISTORY MUSEUM

54-1801426

	ncash Property (see instructions). Use duplicate copies of Pa		
(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
-			
		\$	o
(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
		 \$	
(2)		(1)	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12-			
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$\$	990, 990-EZ, or 990-PF)

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Employer identification number Name of organization 54-1801426 NATIONAL WOMEN'S HISTORY MUSEUM Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to 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" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

NATION		AL WOMEN'S HISTOR	Emp	54-1801426			
Part I-A	Complete if the or	ganization is exempt un	der section 501(c	) or is a section 527 o			
2 Politica	l expenditures	ization's direct and indirect politi	************************************				
Part I-B		ganization is exempt und					
2 Enter th	ne amount of any excise tax	x incurred by the organization un x incurred by organization manaç on 4955 tax, did it file Form 4720	gers under section 495	55 <b>▶</b> \$			
4a Was a d	correction made?				Yes No		
b If "Yes,	describe in Part IV.	ganization is exempt und	der section 501/c	excent section 501	(c)(3)		
<ul> <li>2 Enter the exempt</li> <li>3 Total exempt</li> <li>4 Did the</li> <li>5 Enter the made page</li> </ul>	te amount of the filing organ function activities tempt function expenditure filing organization file <b>Form</b> e names, addresses and e ayments. For each organiza	ed by the filing organization for senization's funds contributed to one of the filing	ther organizations for standard on Form 1120-POI  and on Form 1120-POI  IN) of all section 527 p id from the filing organ	section 527  L,  \$ L,  solitical organizations to whicization's funds. Also enter the	Yes No		
		additional space is needed, pro			(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0		

LHA

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

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

# 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total			
2a Lobbying nontaxable amount	92,004.	119,589.	207,592.	243,315.	662,500.			
b Lobbying ceiling amount (150% of line 2a, column(e))				N .	993,750.			
c Total lobbying expenditures	5,429.	5,000.		16,947.	27,376.			
d Grassroots nontaxable amount				60,829.	60,829.			
e Grassroots ceiling amount (150% of line 2d, column (e))					91,244.			
f Grassroots lobbying expenditures	4,539.				4,539.			

Schedule C (Form 990 or 990-EZ) 2011

## Schedule C (Form 990 or 990-EZ) 2011 NATIONAL WOMEN'S HISTORY MUSEUM 54-180142 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 e	h "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)		
of the lobbying activity.				Amo	ount		
1	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:  Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
6	Media advertisements?  Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes?						
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	CH						
J	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred under section 4912						
	The state of the s						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or se	ction			
	501(c)(6).	)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cuon			
				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?		2				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	የ (b) Part	III-A, lin	e 3, is		
	answered "Yes."						
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)						
	expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
	Carryover from last year						
С	Total		Control of the contro				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		0.00				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical					
	expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
Par	t IV   Supplemental Information						
Com	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa art for any additional information.	rt II-A; and	Part II-B, lir	ne 1. Also, d	complete		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

NATIONAL WOMEN'S HISTORY MUSEUM

Employer identification number 54-1801426

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
·	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organizat		
3.	Preservation of land for public use (e.g., recreation or	1 1	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	1 Todorvation of a so	
	Complete lines 2a through 2d if the organization held a quali	ified consentation contribution in the form	n of a conservation easement on the last
2		med conscivation contribution in the form	mora donocivation deserment en the less
	day of the tax year.		Held at the End of the Tax Year
_	Takel number of concentration accomments		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic st Number of conservation easements included in (c) acquired		100-1000
d			1 - 1
•	listed in the National Register  Number of conservation easements modified, transferred, re		7/3
3		steased, extinguished, or terminated by the	no organization daming the tax
	year ▶ Number of states where property subject to conservation ea	asoment is located	
4	Does the organization have a written policy regarding the pe		f
5	violations, and enforcement of the conservation easements		
_	Staff and volunteer hours devoted to monitoring, inspecting		
6	Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) abo		
8	and section 170(h)(4)(B)(ii)?		1 1
	In Part XIV, describe how the organization reports conservat		CHE COLOR OF STORY
9	include, if applicable, the text of the footnote to the organization		
		tion 3 interioral statements that describe	o the organization o decounting for
Pai	conservation easements. t III   Organizations Maintaining Collections of	of Art. Historical Treasures, or	Other Similar Assets.
1 CI	Complete if the organization answered "Yes" to Form		
10	If the organization elected, as permitted under SFAS 116 (A		ement and balance sheet works of art.
Id	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public service, provide, in Part XIV.
	the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the footnote to its financial statements the financial statements the footnote the financial statements the financial statements the financial statement is statement.		
h	If the organization elected, as permitted under SFAS 116 (A)		nt and balance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, e		
		ducation, or research in faither alloc of p	ablic convices, provide the remaining announce
	relating to these items:		<b>▶</b> \$
	(i) Revenues included in Form 990, Part VIII, line 1	***************************************	\$ 217.602.
_			
2	If the organization received or held works of art, historical tre		nai gain, provide
	the following amounts required to be reported under SFAS		•
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

ii) related organizations					
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?					
anization's endowment	funds.		20020 00 1120		
<b>t.</b> See Form 990, Part X	, line 10.				
(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value	
	ed as required on Scheo anization's endowment t. See Form 990, Part X (a) Cost or other	ed as required on Schedule R? anization's endowment funds.  t. See Form 990, Part X, line 10.  (a) Cost or other  (b) Cost or other	ed as required on Schedule R? anization's endowment funds.  t. See Form 990, Part X, line 10.  (a) Cost or other (b) Cost or other (c) Accumulated	ed as required on Schedule R?  anization's endowment funds.  t. See Form 990, Part X, line 10.  (a) Cost or other (b) Cost or other (c) Accumulated (d) Book	

d Equipment 51,196. 19,195. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 38,750.

Schedule D (Form 990) 2011

6,749.

9,481.

c Leasehold improvements

16,230.

FIN 48 (ASC 740). 2. FIN 48 (ASC 740).

Schedule D (Form 990) 2011

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 151

151,067.

-	edule D (Form 990) 2011 NATIONAL WOMEN'S HISTORY MUSEUM		54	-1801426 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	icial S	Stateme	CADALICA CONTRACTOR CO
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,812,208.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,866,306.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-54,098.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-54,098.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Reve	T. (1) (1) (1) (1)	the same of the same of the same of	
1	Total revenue, gains, and other support per audited financial statements		1	2,090,312.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	4	70 0	-	
b		72,3	69.	
C	Recoveries of prior year grants 2c			
d	The control of the co			170 260
e	Add lines 2a through 2d	099161.006	2e	
3	Subtract line 2e from line 1		3	1,917,943.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	VE 7	25	
		5,7		105 525
	Add lines 4a and 4b			
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe		5	1,812,208.
1	Total expenses and losses per audited financial statements	100000000		2,144,410.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2,3	60	
a		4,5	09.	
b	Prior year adjustments 2b			
c d	Other losses         2c           Other (Describe in Part XIV.)         2d         10	5,7	3.5	
				278,104.
3	Add lines 2a through 2d			1,866,306.
4	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	1,000,300.
- <del>T</del>	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)	_	_	
			<del></del>	0.
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	1,866,306.
	t XIV Supplemental Information		] 3	1,000,300.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lin	nes 1h and	d 2h: Part V line /: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			The state of the s
	TII, LINE 4: THE ARTIFACTS IN THE COLLECTIONS ON			
OFF	ICE AND ON THE NATIONAL WOMEN'S HISTORY MUSEUM CYBE	RMUS	SEUM 1	EDUCATE THE
PUE	LIC ON THE ROLES WOMEN PLAYED IN THE PAST. BOOKS LE	TTE	RS ANI	D
PHC	TOGRAPHS HELP THE PUBLIC UNDERSTAND WHAT WOMEN HAD	TO I	OT OC	SECURE THE
FRE	EDOMS WOMEN ENJOY TODAY.			
PAR	T X, LINE 2: THE MUSEUM ADOPTED THE PROVISIONS OF A	SC 5	740-10	n
- 4111	,	50 /	±0 T(	
(FO	RMERLY FASB INTERPRETATION NO 48, ACCOUNTING FOR UN	CERT	TAINT	Y IN INCOME
				edule D (Form 990) 2011

Part XIV Supplemental Information (continued)

TAXES, FIN48). ASC 740-10 REQUIRES THAT A TAX POSITION BE RECOGNIZED ON A
"MORE-LIKELY-THAN-NOT" THRESHOLD. UNDER THIS GUIDANCE, THE MUSEUM MAY

RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS

MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM

SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREAT

THAT 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE

GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES

DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES,

AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE MUSEUM'S TAX POSITIONS AND CONCLUDED THAT THE MUSEUM HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

GENERALLY, THE MUSEUM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -105,735.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 105,735.

### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Employer identification number

L WOMEN'S HISTORY	MUS	EUM		54-1801	
• Complete if the organization answe t.	ered "Y	'es" to	Form 990, Part IV, I		filers are not
e X Solicita  f Solicita  g X Special  or oral agreement with any individual  art VII) or entity in connection with p	tion of tion of fundra I (includerofess	non-go governising of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or X Yes	No be
(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CONSULTS ON SOLICITATIONS	Yes	No			
TO FOUNDATIONS & GRANTS		х	50,000.	32,014.	17,986.
CONSULTING SERVICES ON SOLICIATIONS		х	10,000.	26,049.	-16,049.
			60 000	58 063	1,937,
on is registered or licensed to solicit	contril	oution			
DE.DC.FL.GA.HI.ID	IL.	IN,	IA,KS,KY,I	A, ME, MD, MA	,MI,MN,MS
	complete if the organization answer.  The complete if the organization answer.  The complete if the organization answer.  The complete if the organization and it is a consultation of the complete it is a consultation.  The consultation is a consultation of the consu	complete if the organization answered "Yet."  sed funds through any of the following active	complete if the organization answered "Yes" to te.  Sed funds through any of the following activities.  Example Solicitation of non-gradients of Solicitation of govern gardy Special fundraising or oral agreement with any individual (including orart VII) or entity in connection with professional frividuals or entities (fundraisers) pursuant to agree organization.  (iii) Activity  Consults on solicitations  To foundations & Grants  Consulting Services on Solicitations  X  Consulting Services on Solicitations  To registered or licensed to solicit contributions  To registered or licensed to solicit contributions  To registered or licensed to solicit contributions	t. sed funds through any of the following activities. Check all that apply e X Solicitation of non-government grants f Solicitation of government grants g X Special fundraising events  or oral agreement with any individual (including officers, directors, true art VII) or entity in connection with professional fundraising services inviduals or entities (fundraisers) pursuant to agreements under which organization.  (ii) Activity (iii) Did fundraiser have custody or control of cont	Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ to Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ to Complete if the organization of non-government grants is a subject of control of government grants is g X Special fundraising events  or oral agreement with any individual (including officers, directors, trustees or cart VII) or entity in connection with professional fundraising services?  In activity (iii) Did (iiii) Did (iv) Gross receipts from activity consults on solicitations or control or control of contributions?  CONSULTS ON SOLICITATIONS TO FOUNDATIONS & GRANTS  CONSULTING SERVICES ON SOLICITATIONS X 10,000. 32,014.  CONSULTING SERVICES ON X 10,000. 266,049.

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

Pa		le G (Form 990 or 990-EZ) 2011 NAT LONA  Fundraising Events. Complete if to  of fundraising event contributions and g	he organization answered	I "Yes" to Form 990, Part	IV, line 18, or reported r	more than \$15,000		
		of fundraising event contributions and g	(a) Event #1 DE PIZAN DINNER	(b) Event #2 SHINE ON	(c) Other events	(d) Total events (add col. (a) through col. (c))		
P			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	227,050.	100,000.	19,661.	346,711.		
	2	Less: Charitable contributions	189,560.	100,000.	19,661.	309,221.		
_	3	Gross income (line 1 minus line 2)	37,490.			37,490.		
	4	Cash prizes						
ses	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	26,528.		1,000.	27,528.		
	7	Food and beverages	44,382.		14,702.	59,084.		
	8	Entertainment	8,309.			8,309. 10,814.		
	9	Other direct expenses	7 500		437.	10,814.		
	10	Direct expense summary. Add lines 4 throu	gh 9 in column (d)		A	( 105,735) -68,245.		
-	11 Net income summary. Combine line 3, column (d), and line 10  Part III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than							
Pa	ırt	\$15,000 on Form 990-EZ, line 6a.	answered yes to Form	1990, Part IV, line 19, or 1	eported more triair			
-		\$15,000 ON FORM 990-E2, line oa.	( ) 5:	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))		
eve	ŀ							
	1	Gross revenue						
es	2	Cash prizes	) <del></del>					
Direct Expenses	3	Noncash prizes	-			183		
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes % No	Yes % No			
	7	Direct expense summary. Add lines 2 throu	<del>,</del>			()		
		WATER THE			<b>&gt;</b>			
	9 Enter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," explain:							
		ere any of the organization's gaming licenses 'Yes," explain:		erminated during the tax	year?	Yes No		
	_							
	-							
1320	82 0	1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 2011		

Sch	edule G (Form 990 or 990-EZ) 2011 NATIONAL WOMEN'S HISTORY MUSEUM 54-1	8014	426	Page 3
11	Does the organization operate gaming activities with nonmembers?		es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	ړ ك.	es (	└── No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
k	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	\_ \	es/	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party >\$			
(	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of partices provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions: In the organization required under state law to make charitable distributions from the gaming proceeds to			
á	retain the state gaming license?		Yes	☐ No
	e Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	.00		
ľ	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v)	), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ı (see ir	nstruc	ctions).
	THE STATE OF THE S	ο.		
$\underline{sc}$	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	.0:		
-				
<u>(I</u>	) NAME OF FUNDRAISER: SCHULTZ & WILLIAM			
,_	A TORONTO OF THE PROPERTY AND THE CONTROL # 700 PUTLADELDHIA	<b>D</b>	Δ	19106
<u>(I</u>	) ADDRESS OF FUNDRAISER: 325 CHESTNUT ST., # 700, PHILADELPHIA	L, E		17100
-		-		
(I	) NAME OF FUNDRAISER: CATHLEEN CLINTON			
		0.0	025	
<u>(I</u>	) ADDRESS OF FUNDRAISER: 1140 23RD ST., # 606, WASHINGTON, DC	20	037	
_				

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

Attach to Form 990. See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL WOMEN'S HISTORY MUSEUM

Employer identification number 54-1801426

Pai	TI Questions Regarding Compensation		Yes	No
			. 50	
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
5	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  Housing allowance or residence for personal use			
1	The color of order of personal regidence			
ď	Travel to companion			
	Tax indefinitional and gross up paymone			
	Discretionary spending account			
	the second of th			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	2		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	to establish the compensation of the organization's			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			1
	Receive a severance payment or change-of-control payment?	4a	Х	
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ū	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) and 501(c)(4) organizations must complete lines 5-9.			
-	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of:			
	The organization?	5a		X
	Any related organization?	5b		X
D	If "Yes" to line 5a or 5b, describe in Part III.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
	contingent on the net earnings of:	6a		X
	The organization?	6b		X
b	Any related organization?			T
	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any normal payments	7		X
	not described in lines 5 and 6? If "Yes," describe in Part III	-		T
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9	1	
_	Regulations section 53.4958-6(c)?	_	n 990	0 2011
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule	J (For	n 99	90

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

NATIONAL WOMEN'S HISTORY MUSEUM

Schedule J (Form 990) 2011

For each individual whose compensation must be reported in 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 are not 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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(2)	(Q)	(E)	(F)
(A) Name	-1.	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	Θ	175,000.	12,500.	0	6,000.	0	193,500.	.0
1 JOAN BRADLEY WAGES	€	0	0	0	0	0	0	.0
	Θ							
2	€							
	Θ							
8	€							
	€			**				
4	€							
	Ξ							
5	Ξ					,		
	Θ							
9	€							
	Ξ							
7	<b>E</b>							
	8							
8	Œ							
	(i)							
6	(ii)							
	ε							
10	(ii)							
	(I)							
11	Ξ							
	Ξ							
12	<b>(E)</b>							
	Ξ							
13	(ii)							
	(i)							
14	€							
	Ξ							
15	⊞							
	Ξ							
16	Œ							
				(			Schedu	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 NATIONAL WOMEN'S HISTORY MUSEUM    Part III   Sundamental Information	54-1801426	Page 3
Complete this part to 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.	or Part II. Also complete this part for any	
PART I, LINE 4A: SALLY SPAISMAN WAS PAID A SEVERANCE OF \$13,333.		
	Schedule J (Form 990) 2011	90) 2011

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

NATIONAL WOMEN'S HISTORY MUSEUM

Employer identification number 54-1801426

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NATIONAL WOMEN'S HISTORY MUSEUM (THE MUSEUM) WAS FOUNDED IN 1996 AS
A NONPARTISAN, NOT-FOR-PROFIT EDUCATIONAL INSTITUTION DEDICATED TO
AFFIRMING THE VALUE OF KNOWING WOMEN'S HISTORY, ILLUMINATING THE ROLE
OF WOMEN IN TRANSFORMING SOCIETY AND ENCOURAGING ALL PEOPLE, WOMEN AND
MEN, TO PARTICIPATE IN DEMOCRATIC DIALOGUE ABOUT OUR FUTURE AS THE
MUSEUM PURSUES LEGISLATION GRANTING A PERMANENT BUILDING SITE AT THE
NATIONAL MALL IN WASHINGTON, D.C.
NATIONAL MADE IN WASHINGTON, D.C.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NATIONAL WOMEN'S HISTORY MUSEUM (THE MUSEUM) WAS FOUNDED IN 1996 AS
A NONPARTISAN, NOT-FOR-PROFIT EDUCATIONAL INSTITUTION DEDICATED TO
AFFIRMING THE VALUE OF KNOWING WOMEN'S HISTORY, ILLUMINATING THE ROLE
OF WOMEN IN TRANSFORMING SOCIETY AND ENCOURAGING ALL PEOPLE, WOMEN AND
MEN, TO PARTICIPATE IN DEMOCRATIC DIALOGUE ABOUT OUR FUTURE AS THE
MUSEUM PURSUES LEGISLATION GRANTING A PERMANENT BUILDING SITE AT THE
NATIONAL MALL IN WASHINGTON, D.C.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BUILDING
EXPENSES \$ 36,747. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
EDUCATION
REDESIGNED THE MUSEUM'S WEBSITE TO MAKE ITS WEALTH OF INFORMATION
AVAILABLE THROUGH SEARCH FEATURES, EXPAND THE ONLINE EXHIBITS, AND
EXPAND THE TEACHER'S LESSON PLANS, RESOURCES AND WEB PODCASTS.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

FORM 990, PART VI, SECTION C, LINE 19: THE NATIONAL WOMEN'S HISTORY MUSEUM MAKES THE GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH EMAIL REGULAR MAIL AND IN-HOUSE DOCUMENT INSPECTIONS.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF AUDIT

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT Schedule O (Form 990 or 990-EZ) (2011) Form **8868** 

(Rev. January 2012)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return



► File a separate application for each return.

					$\triangleright$ $[X]$		
If you are filing for an Automatic 3-Month Extension, complete	only Par	t I and check this box	his form)	*****************	LAI		
If you are filing for an Additional (Not Automatic) 3-Month Exte	ension, co	omplete only Part II (on page 2 of the	v filed Form	8868			
Do not complete Part II unless you have already been granted at	n automat	o	e to file (6 r	nonths for a co	orporation		
Electronic filing (e-file). You can electronically file Form 8868 if you	ou need a	3-month automatic extension of this	e Form 886	8 to request a	n extension		
equired to file Form 990-T), or an additional (not automatic) 3-mon	th extensi	on of time. You can electronically in	ranefare As	sociated With	Certain		
of time to file any of the forms listed in Part I or Part II with the exce	eption of i	-orm 8870, information herdin for t	n the electr	onic filing of th	is form.		
Personal Benefit Contracts, which must be sent to the IRS in pape	er tormat (	see instructions). For more details o	11 1110 010011	01110 1111119 01 11			
risit www.irs.gov/efile and click on e-file for Charities & Nonprofits.  Part I Automatic 3-Month Extension of Time.	Only s	ubmit original (no copies nee	eded).				
Part I Automatic 3-Month Extension of Time	etic 6 mo	oth extension - check this box and (	complete				
A corporation required to file Form 990-T and requesting an autom							
Part I only All other corporations (including 1120-C filers), partnerships, REMI	Co and tr	usts must use Form 7004 to reques	t an extensi	on of time			
All other corporations (including 1120-C filers), partnerships, NEWN to file income tax returns.	Os, and ti	asto made doo i o					
the state of the same in other s	rtions		Employer i	dentification n	umber (EIN) or		
Type or Name of exempt organization or other filer, see instructions.							
NATIONAL WOMEN'S HISTORY MU	MITER		X	54-1801	426		
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security num							
due date for Number, street, and found is safe to 11 2 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1						
eturn, see	reign add	ress, see instructions.					
ALEXANDRIA, VA 22304-3693							
					F. F. 1		
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
Enter the Return code for the return that this application to the							
Audion	Return	Application			Return		
Application	Code	Is For		Code			
For	Form 990-T (corporation)			07			
rm 990	02	Form 1041-A			08		
Form 990-BL	01	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
TOANT MACHE			0=1=00=	0000	2.602		
• The books are in the care of ► 205 S. WHITING	ST.,	NO. 254 - ALEXAND	RIA,	VA 22304	1-3693		
$\tau_{\text{classicated}} = 703 - 461 - 1920$		FAX No.			, —		
fire as along of business	s in the Ur	nited States, check this box					
	Croup Ev	amption Number I(ativ)	11 11115 15 101	tile wildie gio	up, check this		
If it is for part of the group, check this box	and atta	ach a list with the names and Elivs of	n all membe	ers the extensi	on is for.		
and a subspace of months for a corporation	reauired	to the Form 330-1) extension or time	5 union				
AUGUST 15, 2012 , to file the exemp	t organiza	ation return for the organization nam	ed above.	The extension			
is for the organization's return for:							
calendar year 2011 or							
tax year beginning	, ar	nd ending					
			F. L				
2 If the tax year entered in line 1 is for less than 12 months, or	check reas	son: Initial return	Final retur	11			
Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			0.		
nonrefundable credits. See instructions.			3a	\$	0.		
h If this application is for Form 990-PF, 990-T, 4720, or 6069.	, enter any	refundable credits and	01		0.		
entimated tay navments made. Include any prior year over	payment a	allowed as a credit.	3b	\$	0.		
Balance due, Subtract line 3b from line 3a. Include your p	ayment w	ith this form, it required,			0.		
E I I T- Devenent Cuntom	Saa metr	uctions	3c	\$			
Caution. If you are going to make an electronic fund withdrawal	with this f	orm 8868, see Form 8453-EO and	-orm 8879-	EO for paymer	en (Deut 1 0010)		
LHA For Privacy Act and Paperwork Reduction Act Notice	, see Inst	ructions.		rorm 88	<b>68</b> (Rev. 1-2012)		

Internal Revenue Service

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

A For the 2012 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change NATIONAL WOMEN'S HISTORY MUSEUM Name change Doing Business As 54-1801426 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 205 S. WHITING ST 254 703-461-1920 Amended return City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-tion pending 1,748,262. ALEXANDRIA, VA 22304-3693 H(a) Is this a group return F Name and address of principal officer:JOAN B WAGES for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► www.nwhm.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1996 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 13 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 12 5 Total number of volunteers (estimate if necessary) 11 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 60 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Revenue 1,878,169 1,733,703. Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,989. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -67.786-164,833. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 1,812,208 1,571,859. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ...... 0. 0 591,707. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 9,011. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0 821,586. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0 1,422,304. Revenue less expenses. Subtract line 18 from line 12 1,812,208 149,555. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,073,721 2,141,693. Total liabilities (Part X, line 26) 182,192 100,609. Net assets or fund balances. Subtract line 21 from line 20 1,891,529. 2,041,084. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here JOAN B WAGES, PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid YONG ZHANG, CPA 07 P01249785 Preparer Firm's name MCGLADREY LLP Firm's EIN 42-0714325 Use Only Firm's address 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205 Phone no. 703-336-6400 May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

4d	Other program service	es (Describe in Schedule O.)
	In .	140 CEO 1 1 1 1 2

(Expenses \$ 149,650 including grants of \$

4e Total program service expenses ► 1,064,643.

) (Revenue \$

Form **990** (2012)

TECHNOLOGY".

## Form 990 (2012) NATIONAL WOMEN'S H Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		200000000	
а	Part VI	11a	х	
h	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
4.5	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1-10		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	Ť		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Х
þ	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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?	20		l v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	· · · · · · · · · · · · · · · · · · ·	27		v
20	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 in Schedule O for Part VI, lines 11b and 19?	20	"	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

orm	990 (2012) NATIONAL WOMEN'S HISTORY MUSEUM		54-1801426		P	age 5
Par						
	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	34			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	gaming			
•	(gambling) winnings to prize winners?			1c	x	
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	11			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
ь	If "Yes," enter the name of the foreign country:		many metry and			
Ī	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts	3.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		<u> </u>
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 pro	vided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	9000000111111	TEA	7b	х	_
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requi	red			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	9 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the sup	porting		ļ	-
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	-	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501 (c)(7) organizations. Enter:	المدا				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		$\dashv$		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106		┨		
11	Section 501(c)(12) organizations. Enter:	أعماأ				
а	Gross income from members or shareholders	11a		$\dashv$		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	145				
	amounts due or received from them.)	10412		12a	40000000	
12a		12b		120		
_	Too, office the amount of tax exempt interest reserves of assistant assistan	120		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		4
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
	organization is licensed to issue qualified fleatin plans			<del></del>	4000000	40000

14a

14b

x

c Enter the amount of reserves on hand \_\_\_\_\_\_\_\_13c

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

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

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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			х								
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 13											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х								
6												
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		х								
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	0.0000000000000000000000000000000000000								
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 in Schedule O	9		x								
Sec	tion 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		х								
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		11a	х									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x									
Ь		12b	х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	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	DH915590								
b	Other officers or key employees of the organization	15b	х									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		х								
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 ▶SEE SCHEDULE O											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le									
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	cial									
	statements available to the public during the tax year.											
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:										
	JOAN WAGES - 703-461-1920	,										

22304-3693

ALEXANDRIA

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiza  (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	<b>)</b> than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	-				Trus	lee)	from	from related	other
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC)	compensation
	related	% O O	trustee			sate		(W-2/1099-MISC)	(***2/1099*141130)	from the organization
	organizations	trustee	al Eug		88	ошрег		(** 2) 1000 (**100)		and related
	below	Individual 1	Institutional t	   =	Key employee	estco	运			organizations
	line)	igi	Insti	Officer	Ke	Highest compensated employee	Former			
(1) CAREY C. SHUART	4.50									
INTERIM CHAIR		х		х				0.	0.	0,
(2) DR. GRETCHEN E. GREEN	8.00									
VICE CHAIRPERSON		Х		X	_			0.	0.	0,
(3) ALICIA B. MASSE	2,00									
TREASURER		Х		х	_			0.	0.	0.
(4) ANN E. W. STONE	6.00									
SECRETARY		X		х	_			0.	0.	0.
(5) LINDA DENNY	21.00									
DIRECTOR		X	_					0.	0.	0.
(6) CHERYL MILLER	2.00	1								
DIRECTOR		Х		_	_			0.	0.	0.
(7) JUDITH KAPLAN	11.00	1								
DIRECTOR		Х		_	_			0,	0.	0,
(8) MARCIA MACARTHUR	2.00									
DIRECTOR		Х						0.	0.	0
(9) SUSAN SCANLAN	1.50	-								
DIRECTOR		x	-	_	_	-		0.	0.	0,
(10) WILMA VAUGHT	1.00	ł								_
DIRECTOR (11) POPTY PROP		х	-	_	_	-		0.	0.	0
(11) ROBIN READ	20.00	١							-	_
DIRECTOR (12) CHERYL MCKISSACK	1.00	X	-				-	0.	0.	0
DIRECTOR	1.00	x								
(13) JOAN BRADLEY WAGES	50.00	^	$\vdash$	-				0.	0.	0,
PRESIDENT & CEO	30.00	x		x				175,000.	0.	10,985.
(14) CATHLEEN CLINTON	40.00	Ĥ		^			-	175,000.	- 0.	10,965
DIRECTOR OR DEVELOPMENT	10.00	1				x		140,100.	0.	5,488.
						A		140,100.	0.	5,400.
		1								
-										
		1								
									-	
		1								
		$\overline{}$	_	_		-	-			

Par	t VII Section A. Officers, Directors, Trus (A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director log op op op op	not c	Posi heck ss pe	ition more rson irecto		one h an tee)	( <b>D)</b> Reportable compensation from the	es (continued)  (E)  Reportable compensation from related organizations (W-2/1099-MISC	5)	(F) Estimated amount of other compensation from the organization and related organizations	
E													
-													
	Sub-total						. •		315,100		0.	16,473	
-	Total from continuation sheets to Part \ Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization							ho r	315,100 eceived more than \$10		0.	16,473	
3 4 5	Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$18 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	such individua sum of reportal 50,000? If "Yes accrue compe	l ole c , " co ensa	omp	ens lete fron	atio Sch	on an nedu ny un	d ot le J relat	her compensation from for such individual ted organization or indiv	the organization		Yes No	
1	Complete this table for your five highest of the organization. Report compensation for (A)  Name and busines	r the calendar								year.		(C) Compensation	
	RK LYTLE GEDULDIG & CRANFORD, 100							LOBBYING		102,5			
_													
2	Total number of independent contractors \$100,000 of compensation from the organ	2	not	limit	ed t	o th	ose 1	liste	d above) who received	more than			

Par	t VI							<del>/</del>
		Check if Schedule O conta	ains a response	to any question in	n this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under
						revenue	revenue	sections 512, 513, or 514
इध	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
A B		Fundraising events		22,472.	1000 CO			
E E	•	d Related organizations	1d					
in's	•	Government grants (contribution	ons) 1e					
후	f	f All other contributions, gifts, grant	s, and					
퉏취		similar amounts not included abov	/e <b>1f</b>	1,711,231.				
E P	-	Noncash contributions included in lines				0.0000 0.0000 0.00000		
Q <u>g</u>		h Total. Add lines 1a-1f		The second secon	1,733,703.			
	_			Business Code				
Ş	2 6	( <del></del>						
Program Service Revenue		b						
E S		c d						
Pga		d e						
P.		f All other program service rever	nue					
		g Total. Add lines 2a-2f				911		
	3	Investment income (including	dividends, inter	est, and		2 A		
		other similar amounts)		<b>▶</b>	2,989.			2,989.
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨				
	5	Royalties	·	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6	a Gross rents						
		<b>b</b> Less: rental expenses		-	96.00 20.00 20.00			
		c Rental income or (loss)						
		d Net rental income or (loss)		1				
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		-				
		b Less: cost or other basis						
		and sales expenses  c Gain or (loss)						
		d Net gain or (loss)		<b></b>			000000000000000000000000000000000000000	
	l i	a Gross income from fundraising						
Other Revenue	ľ	including \$ 22						
eve		contributions reported on line						
ř.		Part IV, line 18	*	10,976.				
the		b Less: direct expenses						
O		c Net income or (loss) from fund	draising events	<b>&gt;</b>	-165,427.			-165,427.
	9	a Gross income from gaming ac						
		Part IV, line 19						
		<b>b</b> Less: direct expenses						
		c Net income or (loss) from gam						
	10	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	a OTHER INCOME	10	900099	594			594
		b						
		d All other revenue						
		e Total. Add lines 11a-11d			594			
	10	Total revenue. See instructions			1.571.859	. 0	. 0	-161,844

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

tinclude amounts reported on lines 6b, 19b, and 10b of Part VIII.  Tants and other assistance to governments and ganizations in the United States. See Part IV, line 21 trants and other assistance to individuals in the United States. See Part IV, line 22 trants and other assistance to governments, arganizations, and individuals outside the united States. See Part IV, lines 15 and 16 transported to or for members to ompensation of current officers, directors, sustees, and key employees transported to the original of the or	(A) Total expenses  185,985.	Program service expenses	Management and general expenses  33,322.	(D) Fundraising expenses
ganizations in the United States. See Part IV, line 21 rants and other assistance to individuals in the United States. See Part IV, line 22 rants and other assistance to governments, reganizations, and individuals outside the mited States. See Part IV, lines 15 and 16 the enefits paid to or for members tompensation of current officers, directors, the pustes, and key employees tompensation not included above, to disqualified the ersons (as defined under section 4958(f)(1)) and the ersons described in section 4958(c)(3)(B) ther salaries and wages tension plan accruals and contributions (include		147,781.	33,322.	4,882.
rants and other assistance to individuals in the United States. See Part IV, line 22 trants and other assistance to governments, organizations, and individuals outside the united States. See Part IV, lines 15 and 16 transported to or for members to ompensation of current officers, directors, oustees, and key employees transported to the organization not included above, to disqualified transported to the organization and the o		147,781.	33,322.	4,882.
rants and other assistance to governments, reganizations, and individuals outside the nited States. See Part IV, lines 15 and 16 menefits paid to or for members compensation of current officers, directors, sustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) mension plan accruals and contributions (include		147,781.	33,322.	4,882.
rants and other assistance to governments, rganizations, and individuals outside the nited States. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include		147,781.	33,322.	4,882.
rganizations, and individuals outside the nited States. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include		147,781.	33,322.	4,882.
nited States. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include		147,781.	33,322.	4,882.
enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include		147,781.	33,322.	4,882.
ompensation of current officers, directors, ustees, and key employees ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include		147,781.	33,322.	4,882.
ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)  ther salaries and wages ension plan accruals and contributions (include		147,781.	33,322.	4,882.
ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)		147,781.	33,322.	4,882.
ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)	336,076.			
ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include	336,076.			
ther salaries and wagesension plan accruals and contributions (include	336,076.			
ension plan accruals and contributions (include	336,076.			
		188,767.	70,480.	76,829.
ection 401(k) and 403(b) employer contributions)				
care is t(ii) and rec(e) emproyer continuously				
ther employee benefits	25,322.	6,428.	17,724.	1,170
ayroll taxes	44,324.	30,964.	7,039.	6,321.
anagement	19,339.	16,923.	522.	1,894.
egal	66,794.		61,594.	5,200.
ccounting	47,943.		47,943.	
obbying	103,259.	103,011.	248.	
rofessional fundraising services. See Part IV, line 17	9,011.			9,011.
vestment management fees				
ther. (If line 11g amount exceeds 10% of line 25,				
olumn (A) amount, list line 11g expenses on Sch O.)				
dvertising and promotion	334,536.	233,736.	45,606.	55,194.
ffice expenses	25,241.	7,669.	11,706.	5,866.
formation technology	7,761.	5,429.	1,984.	348.
oyalties				
ccupancy	38,653.	25,700.		7,504.
ravel	6,214.	1,890.	3,904.	420.
ayments of travel or entertainment expenses				
or any federal, state, or local public officials				
onferences, conventions, and meetings	8,735.	5,957.	2,742.	36,
100	2,500.	500.	2,000.	
pove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A)				
VENT COSTS	152,759.	152,759.		
XHIBIT	89,750.	89,750.		
RINTING & POSTAGE	49,054.	43,757.	3,017.	2,280
UNDRAISING EVENT ON LI	-176,403.			-176,403.
Il other expenses	33,915.	3,622.	22,731.	7,562.
otal functional expenses. Add lines 1 through 24e	1,422,304.	1,064,643.	349,547.	8,114
nint costs. Complete this line only if the organization				
ported in column (B) joint costs from a combined				
neck here X if following SOP 98-2 (ASC 958-720)	208,292.	192,318.	0.	15,974. Form <b>990</b> (2012)
	ayroll taxes  bees for services (non-employees):  lanagement  begal  ccounting  obbying  rofessional fundraising services. See Part IV, line 17  avestment management fees  ther. (If line 11g amount exceeds 10% of line 25, oblumn (A) amount, list line 11g expenses on Sch O.)  dvertising and promotion  office expenses  formation technology  oyalties  ccupancy  ravel  ayments of travel or entertainment expenses  or any federal, state, or local public officials  conferences, conventions, and meetings  atterest  ayments to affiliates  experciation, depletion, and amortization  asurance  ther expenses. Itemize expenses not covered  cove. (List miscellaneous expenses in line 24e. If line  4e amount exceeds 10% of line 25, column (A)  mount, list line 24e expenses on Schedule O.)  VENT COSTS  XHIBIT  RINTING & POSTAGE  UNDRAISING EVENT ON LI  Il other expenses  otal functional expenses. Add lines 1 through 24e  pint costs. Complete this line only if the organization  apported in column (B) joint costs from a combined  ducational campaign and fundraising solicitation.  heack here   X If following SOP 98-2 (ASC 958-720)	ayroll taxes  dees for services (non-employees):  lanagement  degal  decounting  counting  dobbying  dobby	ayroll taxes 44,324. 30,964. ses for services (non-employees): lanagement 19,339. 16,923. egal 66,794. scounting 47,943. sobbying 103,259. 103,011. softessional fundraising services. See Part IV, line 17 yestment management fees ther. (if line 11g amount exceeds 10% of line 25, blumin (A) amount, list line 11g expenses on Sch 0.) divertising and promotion 334,536. 233,736. sformation technology 7,761. 5,429. oyalties sorting and promotion 334,536. 25,700. ravel 6,214. 1,890. ayaments of travel or entertainment expenses or any federal, state, or local public officials conferences, conventions, and meetings 8,735. 5,957. sterest ayaments to affiliates expenses not covered over expenses. Itemize expenses not covered over expenses. Itemize expenses on Schedule 0.) surrance 2,500. 500. there expenses in line 24e. If line 44e amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule 0.) ventr costs 33,915. 3,622. third costs. Complete this line only if the organization profied in column (B) joint costs from a combined ducational campaign and fundraising solicitation. thesk news X If following SOP 98-2 (ASC 958-720) 208,292. 192,318.	ayroll taxes   44,324, 30,964, 7,039   see for services (non-employees):

**Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 765,324. 718,193, 1 Cash - non-interest-bearing 2 704,931. 501,186. Savings and temporary cash investments 584,838. 3 392,441. 3 Pledges and grants receivable, net 200. 4 1,449. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L **Assets** 7 Notes and loans receivable, net 9,835. Inventories for sale or use \_\_\_\_\_ 9,713. 8 3,239. 9 22.898. Prepaid expenses and deferred charges .... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 67 426 b Less: accumulated depreciation \_\_\_\_\_\_10b 38,750. 27,213. 10c 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 217,602. 217,602. 15 15 Other assets. See Part IV, line 11 2 073 721. 2,141,693. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 31,125. 17 27,902. 18 18 Grants payable \_\_\_\_\_ 19 19 Deferred revenue \_\_\_\_\_ Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D \_iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties ..... 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 72,707. 151,067. 25 \_\_\_\_\_ 100,609. Total liabilities. Add lines 17 through 25 182,192. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,292,707 1,616,948. Unrestricted net assets 27 598,822. 28 424,136. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ \_\_\_ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds .......... 2,041,084. 1,891,529 33 33 Total net assets or fund balances 2,141,693. 2,073,721. 34 Total liabilities and net assets/fund balances

Form 990 (2012)

Form	990 (2012) NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426		Pag	16 12
	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	571	859.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	422	304.
3	Revenue less expenses. Subtract line 2 from line 1	3	149,555		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	891	529.
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	041	084.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				LX.
		r	***********	Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	•		2a	(0000000000	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2012)

12-10-12

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ocuror.			NATIONAL W	OMEN'S HISTORY MUSE	EUM					54	-1801426		
1000000	ırt I			rity Status (All organiza					ructions.				
The	organ			because it is: (For lines 1									
1		A church, con	vention of churche	es, or association of churc	ches descr	ribed in <b>se</b> d	ction 170(	b)(1)(A)(i).					
2		A school desc	cribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sch	hedule E.)								
3		A hospital or a	a cooperative hosp	ital service organization c	described i	in section	170(b)(1)(	A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hos	pital descri	bed in <b>se</b>	ction 170	(b)(1)(A)(iii	<b>).</b> Enter t	the hospita	l's nan	ne,
		city, and state											
5		An organization	on operated for the	benefit of a college or un	niversity ov	wned or op	erated by	a governn	nental unit	describ	ed in		
			<b>b)(1)(A)(iv).</b> (Compl										
6				nent or governmental unit									
7	Х	An organization	on that normally red	ceives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public des	cribed	in
		section 170(l	o)(1)(A)(vi). (Comple	ete Part II.)									
8				section 170(b)(1)(A)(vi). (									
9	$\Box$			ceives: (1) more than 33 1									
				ınctions - subject to certa									
		income and u	nrelated business	taxable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired b	y the orga	nization	after June	30, 19	75.
			<b>509(a)(2).</b> (Complet										
10	Щ			perated exclusively to te									
11	Ш			perated exclusively for th									or
				ations described in section				). See <b>sec</b>	ction 509(a	a)(3). Ch	eck the bo	x that	
		F		organization and comple								11	
		a Type I				nctionally i					n-functiona		
€	الا			at the organization is not									
				than one or more publicly						(a)(1) or	section 50	9(a)(Z)	•
- 1	f.	_		itten determination from t									
				this box									
ę	3			organization accepted ar								Yes	No
				directly controls, either al									140
				supported organization?									
			•	on described in (i) above? a person described in (i) (									
	_			a person described in (i) on about the supported or					************		[119]	Z.	
ľ	ו	Provide the to	ollowing information	n about the supported of	garnzation	(5).							
			410. = 111	(III) = . (	(iv) Is the	organization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amou	nt of m	natanı
(i		of supported anization	(ii) EIN	(III) Type of organization (described on lines 1-9		isted in your		ion in col.	organizatio	on in col.	1 '	pport	Jiiotary
	org	amzauon		above or IRC section	governing	document?	(i) of you	r support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
_						1							
_												-	
Tat	in!		E::	**************************************	9 <b>4</b> 000000000000000000000000000000000000	<b>4</b> 000000000000000000000000000000000000	\$55600000000000000000000000000000000000	4:0000000000000000000000000000000000000	400000000000000000000000000000000000000	<b>4</b> 000000000000000000000000000000000000	3		

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

#### 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	588,593.	1,039,468.	2,332,906.	1,915,659.	1,733,703.	7,610,329.
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	588,593.	1,039,468.	2,332,906.	1,915,659.	1,733,703.	7,610,329.
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)						1,803,614.
6	Public support. Subtract line 5 from line 4.						5,806,715.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	588,593.	1,039,468.	2,332,906.	1,915,659.	1,733,703.	7,610,329.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,914.	5,342.	1,698.	1,825.	2,989.	15,768.
9	Net income from unrelated business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	=,000	2,020,	-,,,,,	20,,000
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			1			
	assets (Explain in Part IV.)			2,644.	459.	594.	3,697.
11	Total support. Add lines 7 through 10			2,011.	133.	372.	7,629,794.
12		etc (eee instruction	ne)			12	10,976.
	First five years. If the Form 990 is for			I fourth or fifth to			10,570.
	organization, check this box and stop						
Sec	ction C. Computation of Publ					341111111111111111111111111111111111111	
	Public support percentage for 2012 (I			olumn (fl)		14	76,11 %
15			-	Aug. 200 4 C. 200 C. 200 C. 200 C.		15	77.07 %
	33 1/3% support test - 2012. If the o					<b></b>	
	stop here. The organization qualifies	-					
ŀ	33 1/3% support test - 2011. If the o						
•	and stop here. The organization qual	-					
17:	10% -facts-and-circumstances tes						
170	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"						
L	10% -facts-and-circumstances tes						
		•				·	U 70 UI
	more, and if the organization meets the				•		
10	organization meets the "facts-and-circ			· ·			
10	Private foundation. If the organization	III UIU IIOL CHECK a	DOX OII IIIIE 13, 168	. 100. 1/a. or 1/b		adule A /Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	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						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	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						
	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support			20			
Cal	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
- 1	b Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo						
	check this box and stop here			********************			
Se	ction C. Computation of Publ						
15							%
16						16	%
	ction D. Computation of Inve					-r	
17	Investment income percentage for 20						%
18		2011 Schedule A	, Part III, line 17			18	<u>%</u>
19	a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	331/3%, and line	17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> Th	e organization qua	alifies as a publicly	supported organi	zation .,z	
	b 33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s	<b>stop here.</b> The org	ganization qualifies	s as a publicly sup	ported <mark>organizat</mark> ior	·
20	Private foundation. If the organization						

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

Organization type (check one):         Filers of:       Section:         Form 990 or 990-EZ       x 501(c)(3) (enter number) organization         4947(a)(1) nonexempt charitable trust not treated as a private foundation         527 political organization         Form 990-PF       501(c)(3) exempt private foundation         4947(a)(1) nonexempt charitable trust treated as a private foundation						
Form 990 or 990-EZ  x 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 <b>not</b> treated as a private foundation  527 political organization  501(c)(3) exempt private foundation						
527 political organization  Form 990-PF 501(c)(3) exempt private foundation						
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 <b>General Rule</b> or a <b>Special Rule</b> .  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule  General Rule	. See instructions.					
General Rule  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mor contributor. Complete Parts I and II.	ney or property) from any one					
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regules 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the groof the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educative prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
<b>Caution.</b> An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B but it <b>must</b> 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 Part I, certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization

Employer identification number

NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hame, address, and En 14	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u></u>	\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

NATIONAL WOMEN'S HISTORY MUSEUM

54-1801426

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		_	
		\$	
(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
		\$	3
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	3	\$	) <del>.</del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	=======================================
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
	-		

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Employer identification number Name of organization 54-1801426 NATIONAL WOMEN'S HISTORY MUSEUM Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizat	ons: Complete Part III.			
Nam	ne of organization			Emplo	yer identification number
	NATIONAL WO	MEN'S HISTORY MUSEUM			54-1801426
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organization Political expenditures  Volunteer hours		mana sa	<b>&gt;</b> \$	
Pε	art I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1	Estable amount of any avoice toy	nourred by the ergenization unc	der section 4955	\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				7/25
	art I-C Complete if the org				
	Enter the amount directly expended				
2	Enter the amount of the filing organ				
	exempt function activities		manistration of the second	<b>&gt;</b> \$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-,	
	line 17b			<b>&gt;</b> \$	——————————————————————————————————————
4	Did the filing organization file Form	1120-POL for this year?		.,	Yes No
5	Enter the names, addresses and en	nployer identification number (El	IN) of all section 527 p	olitical organizations to whic	h the filing organization
	made payments. For each organiza	tion listed, enter the amount pai	id from the filing organi	ization's funds. Also enter th	e amount of political
	contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to	a separate political org	ganization, such as a separa + IV	te segregated fulld of a
-			1		(-) Assessed additional
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter 0.
_					
-					
_					
			-		
-					
-					
			1	11	I I

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

54-1801426

## 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)).

each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(	0)
the lobbying activity.	Yes	1	No	Am	ount
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:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
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?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i	\$00000000000000000000000000000000000000				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912	£0000000000000000000000000000000000000				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<ul> <li>ID000000000000000000000000000000000000</li></ul>				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c	)(5),	or se	ection	
				Yes	No
Were substantially all (90% or more) dues received nondeductible by members?			1		
[5] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			1 2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	tion 501(c	:)(5),	2 3 or se	ection t III-A, li	ne 3, i
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B  Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	tion 501(c d "No," C	)(5), )R (b	2 3 or se	ection t III-A, li	ne 3, i
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	tion 501(c d "No," C	:)(5), DR (b	2 3 or se ) Par 1 2a 2b 2c 3	t III-A, li	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	tion 501(c d "No," C	:)(5), DR (b	2 3 or se ) Par 1 2a 2b 2c 3	t III-A, li	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	tion 501(c d "No," C	:)(5), DR (b	2 3 or se ) Par 1 2a 2b 2c 3	t III-A, li	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	tion 501(c d "No," C	:)(5), DR (b	2 3 or se ) Par 1 2a 2b 2c 3	t III-A, li	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

Employer identification number

	NATIONAL WOMEN'S HISTORY MUSI		54-1801426
Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	8.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	(C)	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
***************************************	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the orga	inization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Processors
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
	conservation easements.		NI 0: 11 A
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
V	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		<b>N</b> . 4
	(i) Revenues included in 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 treat		al gain, provide
	the following amounts required to be reported under SFAS 11		<b>N</b> .
а	Revenues included in Form 990, Part VIII, line 1		<b>.</b> .
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):  a		t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simil	ar Asse	ts(conti	nued)	
Check all that apoly):												s
a					•							
b Scholarly research e Other  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 sold to raise funds rather than to be maintained as part of the organization collection? Yes X No Part XV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Arx XV. Ine 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part XV. Ine 21.  b If "Yes, explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  e Distributions during the year  1	а		d		Loan or exc	hange progra	ams					
c	b		е	***								
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 solid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c												
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV			ollections and explai	n how th	ev further t	he organization	on's exer	not purp	ose in Par	t XIII.		
to be seld to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Compete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   line 21.    Table												
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, outsodian or other intermediary for contributions or other assets not included on Form 990, Part X?	_									Yes	x	No
reported an amount on Form 990, Part X, line 21.  1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	201.03000										2 / 10
on Form 990, Part X?	lumina.	***********			g	.,, .,, .,, ., ., .,			, , .			
on Form 990, Part X?	1a			diary for	contribution	ns or other as	sets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   Ital				•						Yes	Γ.	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 10.  Part V	b					****************	***********		SECOND CO.	00	-	
C   Beginning balance   1   C	~	Too, oxplain the arrangement in Factorin	and complete the re							Amoun	+	
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  2b Did the organization include an amount on Form 990, Part X, line 21?  2c Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (for the	c	Reginning balance						10		7 11110011		
e Distributions during the year  f Ending balance												
f Ending balance												
Did the organization include an amount on Form 990, Part X, line 21?    Yes   No   No   Y'es' 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" to Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V   Endowment Earnings, gains, and losses								-		Yes		No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back												j
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) F		20000000000										-
1a Beginning of year balance	1000000000	00000000000				T			vears back	(e) Fou	r vears	hack
b Contributions Net investment earnings, gains, and losses d Grants or scholarships Net investment earnings, gains, and losses d Grants or scholarships	1a	Beginning of year balance	(a) Carront your	(5)	1101 7001	(o) ino you	O Duon	(a) 111100	youro buon	(0,100	youro	Duon
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
e Other expenditures for facilities and programs  1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	•											
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment												
a Board designated or quasi-endowment ▶			ront waar and halans	o (lino 1	a column /	all hold on:				L		
b Permanent endowment  % c Temporarily restricted endowment  % The percentages in 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: (i) unrelated organizations			-	0/ 0/	g, column (	a)) Held as.						
c Temporarily restricted endowment ▶												
The percentages in 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:  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment  14,101, 11,270, 2,831, e Other  53,325, 28,943, 24,382,												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iiiii) related organizations (iiiiii) related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C											
by:	0-			بطاه مجلفت	ملداميا معمام		بالمستحك لسميا					
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment  14,101, 11,270, 2,831, e Other 53,325, 28,943, 24,382,	38		ession of the organiz	ation the	at are neid a	and administe	red for tr	ie organi.	zation		Vaa	Na
(ii) related organizations										200	162	INO
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  14,101.  11,270.  2,831.  e Other  53,325.  28,943.  24,382.												-
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  14,101.  11,270.  2,831.  e Other	_											_
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  Land  b Buildings  c Leasehold improvements  d Equipment  e Other  October S13,325, S13	D											J.
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Equipment  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Equipment  (h) Equipment	Da.										_	
basis (investment)         basis (other)         depreciation           1a Land         Buildings         C Leasehold improvements         C Leasehold improvements         Incompany of the company of the	me!						/-\ A -			( N D	1	
b Buildings       C Leasehold improvements         c Leasehold improvements       Image: Control of the control		Description of property			, , ,					( <b>a</b> ) Boo	k valu	е
b Buildings       C Leasehold improvements         c Leasehold improvements       Image: Control of the control	1a	Land										
c Leasehold improvements     14,101.     11,270.     2,831.       e Other     53,325.     28,943.     24,382.												
d Equipment 14,101. 11,270. 2,831. e Other 53,325. 28,943. 24,382.	С											77
e Other 53,325, 28,943. 24,382.						14,101.		11	270.		2	831.
			200									
	Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c).)			<b>&gt;</b>			-

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See		12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		-	
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			B 199
Part VIII Investments - Program Related. Se		e 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			***************************************
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			1999 (1999) 1999 (1999)
Part IX Other Assets. See Form 990, Part X, line			(b) Destructus
(a) [	Description		(b) Book value
(1) COLLECTIONS			217,602.
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			217.602
Total. (Column (b) must equal Form 990, Part X, col. (B) line		***************************************	217,602.
Part X Other Liabilities. See Form 990, Part X, I	ine 25.	(b) Book value	
1. (a) Description of liability		(b) BOOK Value	
(1) Federal income taxes		50 505	
(2) REFUNDABLE ADVANCE		60,525.	
(3) DEFERRED COMPENSATION		12,182.	
(4)			
(5)			
(6)			
(7)			200 (200) 200 (200)
(8)			100000 100000 1000000
(9)			2000
(10)			
(11)	051	70 707	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	72,707.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

THE MUSEUM FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY

Schedule D (Form 990) 2012

#### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2012

votest//	The state of the s				Employer Ide	entification numb
NATIONAL WOME	N'S HISTORY MUSEUM				54-1801426	i
Part I Fundraising Activities. Correquired to complete this part.						Z filers are not
1 Indicate whether the organization raised	funds through any of the fol	lowing act	tivities	. Check all that apply	V.	
a Mail solicitations	e 🔲 Sol	icitation o	f non-g	government grants	<b>2</b> 00	
b Internet and email solicitations				rnment grants		
c Phone solicitations		ecial fundr				
d In-person solicitations						
2 a Did the organization have a written or or	al agreement with any indivi	dual (inclu	iding c	officers, directors, tru	istees or	
key employees listed in Form 990, Part	VII) or entity in connection w	ith profess	ional	fundraising services	2	No 🗔 No
b If "Yes," list the ten highest paid individu	uals or entities (fundraisers) ¡	oursuant t	o agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the org	janization.				·	dec.
(i) Name and address of individual		(iii)	) Did	God Cuasa was sixte	(v) Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have	raiser custody ntrol of	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by
		contrib	outions?	nom donvity	listed in col. (i)	organization
		Yes	No			
				*		
-						
Total				ľ		
3 List all states in which the organization is r or licensing.	egistered or licensed to solid	it contribu	utions	or has been notified	it is exempt from re	gistration
or neoricing.						
HA Paperwork Reduction Act Notice, see the	ne Instructions for Form 99	0 or 990-	 EZ.		Schedule G (Form	990 or 990-EZ) 2012

		DE PIZAN DINNER		NONE	(d) Total events (add col. (a) through
e		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1 Gross receipts	33,448		(comments)	33,44
	2 Less: Contributions	22,472	•		22,47
	3 Gross income (line 1 minus line 2)	10,976	•		10.07
	4 Cash prizes				10,97
ž.	5 Noncash prizes				
חובתר דעליםוופפי	6 Rent/facility costs	54,642.			54,642
1 200 1	7 Food and beverages				
•	8 Entertainment				
l	9 Other direct expenses	121 761			
	10 Direct expense summary. Add lines 4 through	ih 9 in column (d)	4		121,76:
30	11 Net income summary. Combine line 3, columnart III Gaming. Complete if the organization	nn (d) and line 10		No.	176,40
		(a) Bingo	(b) Pull tabs/instant	(a) Otto	(d) Total gaming (add
	1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1 Gross revenue 2 Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	777	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	2 Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	Cash prizes     Noncash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo  Yes%  No		(c) Other gaming  Yes %  No	(d) Total gaming (add col. (a) through col. (c)
	2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	Yes% No	bingo/progressive bingo  Yes%  No	Yes%	(d) Total gaming (add col. (a) through col. (c)
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through	Yes% No	Yes % [	Yes%No	(d) Total gaming (add col. (a) through col. (c
	2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through  8 Net gaming income summary. Combine line 1  Enter the state(s) in which the organization operation.	Yes% No  5 in column (d) , column d, and line 7	Yes % No	Yes % No	col. (a) through col. (c
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1	Yes%  No  5 in column (d)  , column d, and line 7  es gaming activities:  tivities in each of these st	Yes % [	Yes % No	col. (a) through col. (c
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1 Enter the state(s) in which the organization operates the organization licensed to operate gaming accompanies.	Yes% No  5 in column (d) , column d, and line 7 es gaming activities: tivities in each of these st	Yes % [ No	Yes% No	( Yes No

Generale G (Form 990 or 990-EZ) 2012 NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426 Page :
11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust.	54-1801426 Page
to definition charitable garning?	ined
a The organization's facility	1 1
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	[13b]
property the organization's garning/special events books an	d records:
Name	
Address	
5a Does the organization have a contract with a third party from whom the organization receives gaming revenu	
b if "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	
5 Section of by the third bally 5	ie amount
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ►	
6 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b Enter the amount of distributions required and another to	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spontage of the state	pent in the
swin exempt activities duffing the tax year	
the second complete this part to provide the explanations required by Day 1.15.	, columns (iii) and (v), and Part III.
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	al information (see instructions).
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	-

#### **SCHEDULE J** (Form 990)

#### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990.

NATIONAL WOMEN'S HISTORY MUSEUM

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

See separate instructions.

**Employer identification number** 

54-1801426

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. x Compensation committee Written employment contract Compensation survey or study Independent compensation consultant x Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х Receive a severance payment or change-of-control payment? ...... 4a X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 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) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a a The organization? X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: х 6a a The organization? **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III Х 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 54-1801426 Schedule J (Form 990) 2012

For each individual whose compensation must be reported in 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 are not 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	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benetits	(a)-(j)(a)	reported as deferred in prior Form 990
(1) JOAN BRADLEY WAGES	8	175,000.	0	0	6,000	4,985,	185,985,	0
PRESIDENT & CEO	€	0	0	0		0		
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232112				33			Schedu	Schedule J (Form 990) 2012

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

**Employer identification number** Name of the organization NATIONAL WOMEN'S HISTORY MUSEUM 54-1801426 FORM 990, PART I, LINE 1 THE NATIONAL WOMEN'S HISTORY MUSEUM EDUCATES, INSPIRES, EMPOWERS, AND SHAPES THE FUTURE BY INTEGRATING WOMEN'S DISTINCTIVE HISTORY INTO THE CULTURE AND HISTORY OF THE UNITED STATES FORM 990 PART III LINE 4D OTHER PROGRAM SERVICES: OTHER PROGRAMS INCLUDE LECTURE SERIES AT THE WILSON CENTER TO BRING TOGETHER WOMEN'S HISTORY SCHOLARS TO SPEAK ABOUT THEIR RESEARCH ON WOMEN'S HISTORY. EXPENSES \$ 149,650. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 4: SECTION 4, BOARD OF DIRECTORS, WAS AMENDED THAT 1) THE CORPORATION MAINTAINS AND REVIEWS A COMPREHENSIVE DESCRIPTION OF BOARD MEMBER ROLES AND RESPONSIBILITIES, 2) THAT THE ELECTION OF DIRECTORS SHALL BE BY VOTE OF THE BOARD OF DIRECTORS, 3) BOARD MEMBERS CAN SERVE UP TO TWO CONSECUTIVE TERMS BEFORE ONE YEAR SABBATICAL AND REAPPLYING FOR MEMBERSHIP, 4) REMOVAL OF A DIRECTOR REQUIRES TWO THIRDS OF THE DIRECTORS VOTE, 5) A DIRECTOR WHO LEAVES THE BOARD MAY BE APPOINTED TO SERVE ON A COMMITTEE, 6) EACH BOARD MEMBER MUST COMMIT TO GIVING OR RAISING \$25,000 ANNUALLY. SECTION 5, NOMINATION AND ELECTION OF BOARD OF DIRECTORS, WAS AMENDED THAT THE GOVERNANCE COMMITTEE ANNUALLY PRESENTS NOMINATIONS FOR DIRECTORS, AND FILLS VACANCIES DURING THE YEAR.

Name of the organization NATIONAL WOMEN'S HISTORY MUSEUM	54-1801426
SECTION 6.02 MEETINGS. A MINIMUM OF TWO ADDITIONAL REGULAR MEETINGS OF	
THE BOARD OF DIRECTORS SHALL BE SCHEDULED BY THE CHAIR AND ADDITIONAL	
SPECIAL MEETINGS MAY BE CALLED BY THE CHAIR.	
SECTION 7, OFFICERS, WAS AMENDED THAT 1) THE OFFICERS OF THE CORPORATION	
SHALL BE CHAIR, VICE -CHAIR(S), SECRETARY, AND TREASURER, 2) OFFICERS ARE	
ELECTED FOR TWO YEAR TERMS, 3) WHEN AN OFFICER'S TERM ENDS SHE/HE MAY	
REMAIN A DIRECTOR WITH A NEW THREE YEAR TERM, 4) THE POSITION OF CHAIR IS	
CREATED WITH GENERAL CHARGE AND SUPERVISION OF THE AFFAIRS OF THE	
CORPORATION, 5) THE POSITION OF VICE-CHAIR IS CREATED WITH GENERAL CHARGE	
TO SUPPORT THE CHAIR, BOARD MEMBERS AND THE STAFF AND TO RECRUIT NEW	
LEADERSHIP, 6) THE SECRETARY SHALL SERVE ON THE EXECUTIVE COMMITTEE AND	
SHALL ENSURE THAT THE BOOKS, DOCUMENTS AND PAPERS OF THE CORPORATION ARE	
PROPERLY MAINTAINED, 7) THE TREASURER SHALL SERVE ON THE EXECUTIVE	
COMMITTEE AND AS CHAIR OF THE FINANCE COMMITTEE AND REPORT FINANCIAL	
OPERATIONS TO THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS, TREASURER	
SHALL ENSURE ALL DOCUMENTS REPORTS AND TAX RETURNS THAT IMPACT THE	-
501(C)(3) TAX STATUS ARE FILE TIMELY AND ARE AVAILABLE FOR REVIEW, 8)	-
REMOVAL OF AN OFFICER REQUIRES TWO THIRDS VOTE OF THE DIRECTORS.	***
SECTION 8, STANDING BOARD COMMITTEES, CREATES STANDING BOARD COMMITTEES: 1)	
EXECUTIVE COMMITTEE WHO SHALL CONDUCT THE BUSINESS OF THE CORPORATION AND	,
OVERSEE THE EMPLOYMENT OF THE PRESIDENT & CEO, 2) DEVELOPMENT COMMITTEE	
WHO SHALL GUIDE THE CREATION, SUPPORT AND OVERSEE ALL FUNDRAISING EFFORTS,	
3) BUILDING COMMITTEE WHO SHALL IDENTIFY, SECURE, RENOVATE AND OPERATE A	
PERMANENT PHYSICAL FACILITY IN WASHINGTON, DC FOR THE NATIONAL WOMEN'S	
HISTORY MUSEUM, 4) FINANCE COMMITTEE WHO SHALL OVERSEE THE FISCAL MATTERS	
OF THE CORPORATION INCLUDING INTERNAL CONTROLS AND POLICIES AND PROCEDURES,	

Name of the organization  NATIONAL WOMEN'S HISTORY MUSEUM	Employer identification number 54-1801426
5) AUDIT COMMITTEE WHO SHALL RECOMMEND A FIRM OF INDEPENDENT PUBLIC	
ACCOUNTANTS TO EXAMINE AND AUDIT THE ACCOUNTS OF THE CORPORATION AND , 6)	
COMMUNICATIONS/MARKETING COMMITTEE WHO SHALL ADVISE ON MARKETING SUPPORT,	
WEBSITE E-COMMUNICATIONS AND TECHNOLOGY, 7) PROGRAM COMMITTEE WHO SHALL	
ADVISE ON THE DEVELOPMENT, EXCLUSIVE OF THE PROGRAM CONTENT, OF ALL	
EDUCATIONAL PROGRAMS OF THE MUSEUM IN ORDER TO PROMOTE THE UNDERSTANDING OF	
WOMEN'S HISTORY AND HOW IT RELATES TO CURRENT SOCIETY.	
SECTION 9, ADVISORY COUNCIL, CREATES A FOUNDING BOARD WHICH SHALL COMPRISE	
OF FORMER BOARD MEMBERS. THE FOUNDING BOARD SHALL HAVE NO FIDUCIARY DUTIES.	
IT SHALL ASSIST THE GOVERNING BOARD IN RAISING AWARENESS OF THE	
CORPORATION'S MISSION.	
SECTION 15, AMENDMENTS, WAS AMENDED TO REQUIRE TWO THIRDS VOTE OF THE BOARD	
OF DIRECTORS TO MAKE, ALTER, AMEND AND REPEAL THE BYLAWS OR ARTICLES OF	
INCORPORATION OF THE CORPORATION, IN WHOLE OR IN PART PROVIDED IT WOULD IN	
NO WAY ADVERSELY AFFECT THE CORPORATION'S QUALIFICATION UNDER SECTION	
501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986.	
FORM 990, PART VI, SECTION B, LINE 11: BEFORE THE FORM 990 IS FILED, THE	
MUSEUM'S FINANCE COMMITTEE AND THE BOARD MEMBERS, RECEIVE A COPY OF THE 990	
FOR REVIEW. ALL QUESTIONS ARE DISCUSSED VIA EMAIL WITH ALL OF THE FINANCE	
COMMITTEE MEMBERS.	
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	