

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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

**A** For the **2020** calendar year, or tax year beginning **10/01, 2020**, and ending **09/30, 2021**

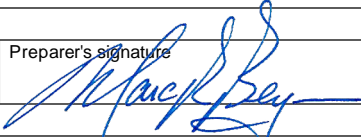
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM		<b>D</b> Employer identification number 52-1309391
	Doing Business As		<b>E</b> Telephone number (202) 488-2667
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 241,812,928.
	100 RAOUL WALLENBERG PLACE, S.W. City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20024		
<b>F</b> Name and address of principal officer: SARA J. BLOOMFIELD SAME AS "C" ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: WWW.USHMM.ORG		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ U.S. GOVT	<b>L</b> Year of formation: 1980	<b>M</b> State of legal domicile: DC	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	65.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	65.
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	485.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	349.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-43,628.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 113,330,482.	<b>Current Year</b> 136,645,486.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,837,904.	37,313,561.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,372,671.	1,402,129.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,541,057.	175,361,176.
	<b>COPY FOR PUBLIC INSPECTION</b>		
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	613,800.	354,800.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	67,049,880.	66,529,752.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	2,186,989.	1,714,626.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,794,972.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	60,620,123.	68,871,786.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	130,470,792.	137,470,964.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-3,929,735.	37,890,212.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 745,785,331.	<b>End of Year</b> 858,243,703.
	<b>21</b> Total liabilities (Part X, line 26)	102,827,108.	106,393,443.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	642,958,223.	751,850,260.

## 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.

<b>Sign Here</b>	Signature of officer SARA J. BLOOMFIELD	Date			
	Type or print name and title DIRECTOR				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARC BERGER	Preparer's signature 	Date 3/29/2022	Check <input type="checkbox"/> if self-employed	PTIN P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102	Phone no. 703-893-0600			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**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?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 102,512,132. including grants of \$ 354,800. ) (Revenue \$ 1,420,875. )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 102,512,132.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-21 with various questions regarding organizational activities and reporting requirements.

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II. . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 485		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	X	
<b>4a</b>	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)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b> _____		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b> _____		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b> _____		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b> _____		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b> _____		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b> _____		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <b>13b</b> _____		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b> _____		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (65), 1b (65), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARA J. BLOOMFIELD DIRECTOR	40.00 0.			X			548,552.	0.	166,413.	
(2) JORDAN TANNENBAUM CHIEF DEVELOPMENT OFFICER	40.00 0.				X		418,560.	0.	49,180.	
(3) MICHELLE TYCHER STEIN CHIEF MKTG & COMM. OFFICER	40.00 0.					X	402,979.	0.	34,490.	
(4) ERAN GASKO DEP. CHIEF DEV OFFICER	40.00 0.					X	318,443.	0.	55,742.	
(5) JILL WEINBERG DIR. MIDWEST REGION	40.00 0.					X	293,652.	0.	48,626.	
(6) ANDREA BARCHAS DIR. NORTHEAST REGION	40.00 0.					X	287,091.	0.	41,413.	
(7) JILL BARKAN SENIOR PHILANTHROPY OFFICER	40.00 0.					X	257,806.	0.	53,912.	
(8) ANGLEE AGARWAL GENERAL COUNSEL	40.00 0.					X	234,817.	0.	33,775.	
(9) TANELL COLEMAN CHIEF MUSEUM OPER. OFFICER	40.00 0.					X	214,200.	0.	15,160.	
(10) SARAH OGILVIE CHIEF PROGRAM OFFICER	40.00 0.					X	206,980.	0.	22,131.	
(11) JONATHAN CARVER CHIEF FINANCIAL OFFICER	40.00 0.					X	177,371.	0.	26,463.	
(12) JESSICA VIGGIANO DIR. COUNCIL RELATIONS	40.00 0.					X	119,244.	0.	14,354.	
(13) HOWARD M. LORBER CHAIRMAN, COUNCIL	7.00 0.	X		X			0.	0.	0.	
(14) ALLAN M. HOLT VICE CHAIRMAIN, COUNCIL	4.00 0.	X		X			0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) DANIEL BENJAMIN COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
16) ADAM E. BEREN COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
17) TOM A. BERNSTEIN CHAIRMAN EMERITUS, COUNCIL	2.00 0.	X					0.	0.	0.	
18) JOSHUA B. BOLTEN VICE CHAIRMAN EMERITUS, COUNCIL	2.00 0.	X					0.	0.	0.	
19) MICHAEL S. BOSWORTH COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
20) SONIA M. BRESLOW COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
21) JONATHAN W. BURKAN COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
22) ANDREW M. COHN COUNCIL MEMBER	2.00 0.	X					0.	0.	0.	
23) SAM M. DEVINKI COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
24) JEFFREY P. FEINGOLD COUNCIL MEMBER (UNTIL 10/7/21)	1.00 0.	X					0.	0.	0.	
25) HELENE FELDMAN COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							3,479,695.	0.	561,659.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							3,479,695.	0.	561,659.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 199**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 49**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) LOREN R. FLAUM COUNCIL MEMBER (FROM 11/10/20)	1.00 0.	X						0.	0.	0.
( 27) ARI FLEISCHER COUNCIL MEMBER	1.00 0.	X						0.	0.	0.
( 28) RAFFI M. FREEDMAN-GURSPAN COUNCIL MEMBER	1.00 0.	X						0.	0.	0.
( 29) ANDREW H. GIULIANI COUNCIL MEMBER (FROM 1/16/21)	1.00 0.	X						0.	0.	0.
( 30) MICHAEL S. GLASSNER COUNCIL MEMBER (FROM 1/16/21)	1.00 0.	X						0.	0.	0.
( 31) MARK GOLDFEDER COUNCIL MEMBER (FROM 1/13/21)	1.00 0.	X						0.	0.	0.
( 32) MENACHEM MENDEL GOLDSTEIN COUNCIL MEMBER	1.00 0.	X						0.	0.	0.
( 33) SAMUEL N. GORDON COUNCIL MEMBER	1.00 0.	X						0.	0.	0.
( 34) RICHARD A. GRESELL COUNCIL MEMBER (FROM 1/11/21)	1.00 0.	X						0.	0.	0.
( 35) JEREMY HALPERN COUNCIL MEMBER	1.00 0.	X						0.	0.	0.
( 36) DANIEL HUFF COUNCIL MEMBER (FROM 1/16/21)	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 199

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) MURRAY J. LAULICHT ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 38) JONATHAN S. LAVINE ----- COUNCIL MEMBER (UNTIL 12/17/21)	1.00 ----- 0.	X						0.	0.	0.
( 39) EDWARD P. LAZARUS ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 40) SUSAN G. LEVINE ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 41) ALAN D. LISTHAUS ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 42) NICHOLAS F. LUNA ----- COUNCIL MEMBER (FROM 1/16/21)	1.00 ----- 0.	X						0.	0.	0.
( 43) ADELE MALPASS ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 44) SIGAL PEARL MANDELKER ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 45) DAVID M. MARCHICK ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 46) FREDERICK R. MARCUS ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 47) JOHN T. MCNABB, II ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 199

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) ELI HENRY MILLER ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 49) JEFFREY MILLER ----- COUNCIL MEMBER (FROM 1/16/21)	1.00 ----- 0.	X					0.	0.	0.	
( 50) MAX L. MILLER ----- COUNCIL MEMBER (FROM 1/16/21)	1.00 ----- 0.	X					0.	0.	0.	
( 51) MARTIN OLINER ----- COUNCIL MEMBER (FROM 1/16/21)	1.00 ----- 0.	X					0.	0.	0.	
( 52) JEFFREY PECK ----- COUNCIL MEMBER (FROM 6/10/21)	1.00 ----- 0.	X					0.	0.	0.	
( 53) JIMMY RESNICK ----- COUNCIL MEMBER (FROM 1/16/21)	1.00 ----- 0.	X					0.	0.	0.	
( 54) BENJAMIN J. RHODES ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 55) CURTIS D. ROBINSON ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 56) MENACHEM Z. ROSENSAFT ----- COUNCIL MEMBER (UNTIL 12/17/21)	1.00 ----- 0.	X					0.	0.	0.	
( 57) MAUREEN SCHULMAN ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 58) BETTY PANTIRER SCHWARTZ ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 199

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) IRVIN N. SHAPELL ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 60) WILLIAM H. STERN ----- COUNCIL MEMBER (FROM 11/10/20)	1.00 ----- 0.	X					0.	0.	0.	
( 61) HOWARD D. UNGER ----- COUNCIL MEMBER	2.00 ----- 0.	X					0.	0.	0.	
( 62) MITCHELL WEBBER ----- COUNCIL MEMBER (FROM 1/16/21)	1.00 ----- 0.	X					0.	0.	0.	
( 63) JEREMY M. WEINSTEIN ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 64) RONALD N. WEISER ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 65) BRADLEY D. WINE ----- COUNCIL MEMBER	2.00 ----- 0.	X					0.	0.	0.	
( 66) JAY WINIK ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 67) FRED S. ZEIDMAN ----- CHAIRMAN EMERITUS, COUNCIL	1.00 ----- 0.	X					0.	0.	0.	
( 68) THE HON. BENJAMIN L. CARDIN ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 69) THE HONORABLE TED DEUTCH ----- COUNCIL MEMBER	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 199

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
( 70 ) THE HONORABLE DAVID KUSTOFF ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.	
( 71 ) THE HONORABLE BRENDA LAWRENCE ----- COUNCIL MEMBER (FROM 3/4/21)	1.00 ----- 0.	X						0.	0.	0.	
( 72 ) THE HONORABLE JACKY ROSEN ----- COUNCIL MEMBER (FROM 3/23/21)	1.00 ----- 0.	X						0.	0.	0.	
( 73 ) THE HONORABLE MARCO RUBIO ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.	
( 74 ) THE HONORABLE BERNARD SANDERS ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.	
( 75 ) THE HONORABLE BRAD SCHNEIDER ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.	
( 76 ) THE HONORABLE TIM SCOTT ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.	
( 77 ) THE HONORABLE LEE ZELDIN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.	
<b>1b Sub-total</b> . . . . .								0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .											

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 199

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	13,819,603.				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	7,725,240.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	59,572,524.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	55,528,119.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 6,794,040.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			136,645,486.			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			10,885,818.	-43,628.	10,929,446.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
			<b>6a</b>					
			<b>6b</b>					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .			0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			<b>7a</b>		92,694,527.			
			<b>7b</b>		66,266,784.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>		26,427,743.			
	<b>d</b>	Net gain or (loss) . . . . .			26,427,743.		26,427,743.	
<b>8a</b>	Gross income from fundraising events (not including \$ 7,725,240. of contributions reported on line 1c). See Part IV, line 18 . . . . .							
		<b>8a</b>		0.				
		<b>8b</b>		19,091.				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events. . . . .			-19,091.		-19,091.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .							
		<b>9a</b>		0.				
		<b>9b</b>		0.				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities. . . . .			0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
		<b>10a</b>		312,525.				
		<b>10b</b>		165,877.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory. . . . .			146,648.	146,648.			
<b>Miscellaneous Revenue</b>	<b>11a</b>	IMPUTED INCOME	Business Code	900099	1,116,790.	1,116,790.		
	<b>b</b>	CAFE	Business Code	900099	345.		345.	
	<b>c</b>	OTHER	Business Code	900099	157,437.	157,437.		
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			1,274,572.			
	<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			175,361,176.	1,420,875.	-43,628.	37,338,443.

**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).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	337,100.	337,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	17,700.	17,700.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,247,199.	1,699,034.	207,943.	340,222.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	48,360,925.	36,564,109.	4,475,049.	7,321,767.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	7,020,647.	5,563,436.	655,984.	801,227.
9 Other employee benefits . . . . .	6,196,845.	4,978,868.	401,334.	816,643.
10 Payroll taxes . . . . .	2,704,136.	2,108,386.	244,062.	351,688.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	144,024.	24,513.	116,211.	3,300.
c Accounting . . . . .	685,498.		685,498.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17 . . . . .	1,714,626.			1,714,626.
f Investment management fees . . . . .	1,960,073.		1,718,225.	241,848.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 2</b> . . . . .	42,789,697.	32,221,782.	5,888,819.	4,679,096.
12 Advertising and promotion . . . . .	1,893,821.	1,600,763.	3,418.	289,640.
13 Office expenses . . . . .	981,853.	780,571.	66,032.	135,250.
14 Information technology . . . . .	2,149,686.	1,935,931.	207,378.	6,377.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	5,544,366.	4,977,048.	49,408.	517,910.
17 Travel . . . . .	299,480.	265,827.	14,767.	18,886.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	43,571.	34,450.	56.	9,065.
20 Interest . . . . .	679,133.	679,133.		
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	8,930,820.	6,586,117.	2,199,703.	145,000.
23 Insurance . . . . .	390,697.	221,644.	169,053.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>EQUIPMENT</b> . . . . .	1,218,032.	1,150,236.	60,914.	6,882.
b <b>POSTAGE</b> . . . . .	774,720.	379,169.	6.	395,545.
c <b>COLLECTION</b> . . . . .	386,315.	386,315.		
d _____ . . . . .				
e All other expenses _____ . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	137,470,964.	102,512,132.	17,163,860.	17,794,972.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	51,826,403.	<b>1</b>	57,258,924.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	52,656,524.	<b>3</b>	54,706,588.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 236,589,117.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 135,979,745.	108,082,371.	<b>10c</b> 100,609,372.
	<b>11</b> Investments - publicly traded securities . . . . .	391,478,895.	<b>11</b>	430,129,324.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	139,587,832.	<b>12</b>	213,413,336.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,153,306.	<b>15</b>	2,126,159.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	745,785,331.	<b>16</b>	858,243,703.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	11,446,229.	<b>17</b>	14,974,230.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	91,380,879.	<b>25</b>	91,419,213.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	102,827,108.	<b>26</b>	106,393,443.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	186,305,091.	<b>27</b>	213,853,829.
	<b>28</b> Net assets with donor restrictions . . . . .	456,653,132.	<b>28</b>	537,996,431.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	642,958,223.	<b>32</b>	751,850,260.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	745,785,331.	<b>33</b>	858,243,703.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	175,361,176.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	137,470,964.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	37,890,212.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	642,958,223.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	70,582,178.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	419,647.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	751,850,260.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> 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? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . .		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	145,554,542.	132,151,005.	134,109,186.	113,330,482.	136,645,486.	661,790,701.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	145,554,542.	132,151,005.	134,109,186.	113,330,482.	136,645,486.	661,790,701.
<b>5</b> 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). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4						661,790,701.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	145,554,542.	132,151,005.	134,109,186.	113,330,482.	136,645,486.	661,790,701.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	6,956,833.	9,148,492.	10,042,319.	10,302,655.	10,929,446.	47,379,745.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0.	113,437.	0.	0.	0.	113,437.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	96,411.	121,429.	122,965.	37,745.	345.	378,895.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						709,662,778.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	15,168,985.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	93.25%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.89%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> 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 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in line 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . . .			
b	Excess from 2017 . . . . .			
c	Excess from 2018 . . . . .			
d	Excess from 2019 . . . . .			
e	Excess from 2020 . . . . .			



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

SCHEDULE A, PARTS I AND II:

ALTHOUGH THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM IS A FEDERAL GOVERNMENTAL UNIT DESCRIBED IN BOX 6, IT HAS COMPLETED THE PART II PUBLIC SUPPORT SCHEDULE SO THAT IT QUALIFIES FOR THE SPECIAL RULE CONTRIBUTION REPORTING ON SCHEDULE B.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
CAFE	96,411.	121,429.	122,965.	37,745.	345.	378,895.
TOTALS	<u>96,411.</u>	<u>121,429.</u>	<u>122,965.</u>	<u>37,745.</u>	<u>345.</u>	<u>378,895.</u>

**Schedule of Contributors**

**2020**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  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
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM**

**Employer identification number**  
52-1309391

**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	N/A	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 4,674,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 4,548,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	VARIOUS SECURITIES	\$ 3,950,465.	09/02/2021
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number  
52-1309391

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

**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's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	495,919,898.	472,505,301.	432,546,760.	389,127,076.	326,704,178.
<b>b</b> Contributions . . . . .	15,211,862.	11,407,878.	33,772,133.	11,068,816.	26,205,538.
<b>c</b> Net investment earnings, gains, and losses . . . . .	98,901,231.	27,484,677.	7,790,303.	33,658,411.	43,277,021.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	9,287,329.	13,730,071.			6,000,000.
<b>f</b> Administrative expenses . . . . .	1,960,073.	1,747,887.	1,603,895.	1,307,543.	1,059,661.
<b>g</b> End of year balance . . . . .	598,785,589.	495,919,898.	472,505,301.	432,546,760.	389,127,076.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 26.6600 %
- b** Permanent endowment ▶ 73.3400 %
- c** Term endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations . . . . .	<b>3a(i)</b>	X
<b>(ii)</b> Related organizations . . . . .	<b>3a(ii)</b>	X
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		4,647,930.		4,647,930.
<b>b</b> Buildings . . . . .		175,733,049.	91,896,721.	83,836,328.
<b>c</b> Leasehold improvements . . . . .		124,798.	124,798.	
<b>d</b> Equipment . . . . .		13,295,560.	8,528,049.	4,767,511.
<b>e</b> Other . . . . .		42,787,780.	35,430,177.	7,357,603.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				100,609,372.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) FIXED INCOME MUTUAL FUNDS	9,174,474.	FMV
(B) HIGH YIELD CORPORATE BOND FUND	14,885,589.	FMV
(C) BANK LOAN FUND	15,863,241.	FMV
(D) EQUITY LONG/SHORT HEDGE FUNDS	49,220,577.	FMV
(E) PRIVATE FUNDS	39,038,140.	FMV
(F) EVENT DRIVEN HEDGE FUNDS	25,005,021.	FMV
(G) MULTI-STRATEGY MUTUAL FUNDS	60,226,294.	FMV
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	213,413,336.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNEXPENDED APPROPRIATIONS	39,514,848.
(3) TERM LOAN	33,857,886.
(4) CHARITABLE GIFT ANNUITY LIABIL	17,516,065.
(5) INTEREST RATE SWAP	530,414.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	91,419,213.

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



<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.</b>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		<b>1</b> 244,274,098.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	<b>2a</b> 70,582,178.	
b	Donated services and use of facilities	<b>2b</b> 105,849.	
c	Recoveries of prior year grants	<b>2c</b>	
d	Other (Describe in Part XIII.)	<b>2d</b>	
e	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b> 70,688,027.
3	Subtract line <b>2e</b> from line 1		<b>3</b> 173,586,071.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 1,960,073.	
b	Other (Describe in Part XIII.)	<b>4b</b> -184,968.	
c	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b> 1,775,105.
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b> 175,361,176.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		<b>1</b> 135,801,708.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	<b>2a</b> 105,849.	
b	Prior year adjustments	<b>2b</b>	
c	Other losses	<b>2c</b>	
d	Other (Describe in Part XIII.)	<b>2d</b> 184,968.	
e	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b> 290,817.
3	Subtract line <b>2e</b> from line 1		<b>3</b> 135,510,891.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 1,960,073.	
b	Other (Describe in Part XIII.)	<b>4b</b>	
c	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b> 1,960,073.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b> 137,470,964.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

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**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4:

THE MUSEUM ACQUIRES ITS COLLECTIONS, WHICH INCLUDE WORKS OF ART, ARTIFACTS, ARCHIVES, FILM AND VIDEO, ORAL HISTORY, AND HISTORICAL TREASURES, BY PURCHASE OR BY DONATION. ALL COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH. THE MUSEUM'S COLLECTION MANAGEMENT POLICY INCLUDES GUIDANCE ON THE PRESERVATION, CARE, AND MAINTENANCE OF THE COLLECTIONS AND PROCEDURES RELATED TO THE ACCESSION/DEACCESSION OF COLLECTION ITEMS. THE MISSION AND PURPOSE OF THE MUSEUM'S COLLECTIONS IS TO PRESERVE FOR FUTURE GENERATIONS THE PHOTOGRAPHIC, DOCUMENTARY, AND ARTIFACTUAL RECORD OF THIS FATEFUL PERIOD IN JEWISH AND WORLD HISTORY.

SCHEDULE D, PART V, LINE 4:

THE MUSEUM'S ENDOWMENT CONSISTS OF 88 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT SERVES AS A PERPETUAL FUNDING SOURCE FOR THE MUSEUM.

SCHEDULE D, PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM INCOME TAXATION, EXCEPT FOR ITS UNRELATED BUSINESS INCOME, UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ITS STATUS AS AN INDEPENDENT ESTABLISHMENT OF THE FEDERAL GOVERNMENT. THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED.

UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ACCOUNTING STANDARDS CODIFICATION (ASC)

**Part XIII Supplemental Information** (continued)

740-10, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE MUSEUM DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE MUSEUM HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE MUSEUM HAS FILED INTERNAL REVENUE SERVICE (IRS) FORM 990 AND 990-T TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE MUSEUM BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018. FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

## SCHEDULE D, PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD FOR MUSEUM	(\$ 165,877)
SPECIAL EVENTS COSTS	(\$ 19,091)
	-----
TOTAL TO SCHEDULE D, PART XI, LINE 4B	(\$ 184,968)

## SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD FOR MUSEUM	\$ 165,877
SPECIAL EVENTS COSTS	\$ 19,091
	-----
TOTAL TO SCHEDULE D, PART XII, LINE 2D	\$ 184,968

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		120,815,811.
(2) EUROPE	0.	0.	PROGRAM SERVICES	GRANTS	5,700.
(3) NORTH AMERICA	0.	0.	PROGRAM SERVICES	GRANTS	12,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					120,833,511.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					120,833,511.

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

Schedule F (Form 990) 2020

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
<b>(1)</b> FRED AND MARIA DEVINKI MEMORIAL FELLOW	EUROPE/ICELAND/GREENLAND	1.	5,700.	WIRE			
<b>(2)</b> ABRAMSON SGRA ENDOWMENT	NORTH AMERICA	1.	12,000.	WIRE			
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							
<b>(13)</b>							
<b>(14)</b>							
<b>(15)</b>							
<b>(16)</b>							
<b>(17)</b>							
<b>(18)</b>							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE F, PART I, LINE 2:

SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR AWARDS ARE GRANTED ON A  
COMPETITIVE BASIS TO SUPPORT SIGNIFICANT RESEARCH AND WRITING ABOUT THE  
HOLOCAUST. THE MUSEUM WELCOMES PROPOSALS FROM SCHOLARS IN ALL RELEVANT  
DISCIPLINES INCLUDING HISTORY, POLITICAL SCIENCE, LITERATURE, JEWISH  
STUDIES, PHILOSOPHY, RELIGION, PSYCHOLOGY, COMPARATIVE GENOCIDE STUDIES,  
LAW, AND OTHERS.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

**2a** 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?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				776,320.	1,714,626.	-938,306.

**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.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CHICAGO LUNCHEO	2021 NY DOR	8.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	2,633,770.	920,608.	4,170,863.	7,725,241.
	2	Less: Contributions	2,633,770.	920,608.	4,170,863.	7,725,241.
	3	Gross income (line 1 minus line 2)			0.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			14,944.	14,944.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				14,944.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-14,944.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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 provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, COLUMN (V): CONTRACTORS FOR FUNDRAISING  
 ACTIVITIES: THE CONSULTANTS AND TELEMARKETERS LISTED ADVISE AND ASSIST  
 THE MUSEUM IN FUNDRAISING AND MARKETING STRATEGY. THE MUSEUM DOES NOT TIE  
 DONATIONS TO THE ADVICE GIVEN FOR THESE CONSULTING AND TELEMARKETING  
 SERVICES.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b 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 ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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 provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 3:

LICENSING FOR FUNDRAISING ACTIVITIES:

AS AN INDEPENDENT ESTABLISHMENT OF THE UNITED STATES GOVERNMENT, AND PURSUANT TO THE SUPREMACY CLAUSE OF THE U.S. CONSTITUTION, THE MUSEUM IS NOT SUBJECT TO STATE OR DISTRICT OF COLUMBIA REGULATION OF THE MUSEUM'S FUNDRAISING ACTIVITY; THUS, THE MUSEUM CAN PERFORM FUNDRAISING ACTIVITIES IN ANY STATE.

## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
CHAPMAN CUBINE & HUSSEY I  2000 15TH STREET NORTH, SUITE 550 ARLINGTON VA 22201	CONSULTING		X		1,119,124.	-1,119,124.
LAUTMAN MASKA NEILL & CO.  1730 RHODE ISLAND AVENUE, NW, SUITE 301 WASHINGTON DC 20036	CONSULTING		X		234,471.	-234,471.
INFOGROUP  200 PEMBERWICK ROAD GREENWHICH CT 06830	CONSULTING		X		199,298.	-199,298.
CAROL STULBERG  16307 CELINDA PLACE ENCINO CA 91436	FUNDRAISER	X		776,320.	109,733.	666,587.
HARVEST FRC, INC.  82 COLONIAL DRIVE NEWTON PA 18940	CONSULTING		X		52,000.	-52,000.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ABRAMSON SGRA ENDOWMENT	2.	24,000.			
2 ALEXANDER GRASS MEMORIAL FELLOWSHIP	1.	16,000.			
3 BEN AND ZELDA COHEN FELLOWSHIP	1.	12,000.			
4 FRED AND MARIA DEVINKI MEMORIAL FELLOWSHIP	2.	40,000.			
5 GUNZENBERGER-REICHMAN FAMILY FELLOW	1.	18,500.			
6 INA LEVINE INVITATIONAL SCHOLAR	2.	57,700.			
7 JACK, JOSEPH AND MORTON MANDEL CENTER	1.	60,000.			

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 JUDITH B. AND BURTON P. RESNICK POSTDOC FELLOW	1.	24,000.			
2 PEARL RESNICK POSTDOCTORAL FELLOWSHIP	1.	20,700.			
3 SOSLAND FELLOWSHIP	2.	25,700.			
4 WILLIAM J. LOWENBERG MEMORIAL FELLOW ON AMERICA	1.	20,000.			
5 YETTA AND JACOB GELMAN FELLOW ON THE HOLOCAUST	1.	18,500.			
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2: USE OF GRANT FUNDS IN THE US:

SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR AWARDS ARE GRANTED ON A COMPETITIVE BASIS TO SUPPORT SIGNIFICANT RESEARCH AND WRITING ABOUT THE HOLOCAUST. THE MUSEUM WELCOMES PROPOSALS FROM SCHOLARS IN ALL RELEVANT DISCIPLINES INCLUDING HISTORY, POLITICAL SCIENCE, LITERATURE, JEWISH STUDIES, PHILOSOPHY, RELIGION, PSYCHOLOGY, COMPARATIVE GENOCIDE STUDIES, LAW, AND OTHERS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on 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? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on 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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARA J. BLOOMFIELD DIRECTOR	(i)	544,440.	0.	4,112.	159,200.	7,213.	714,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JONATHAN CARVER CHIEF FINANCIAL OFFICER	(i)	147,219.	30,000.	152.	17,308.	9,155.	203,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANGLEE AGARWAL GENERAL COUNSEL	(i)	216,629.	18,000.	188.	26,562.	7,213.	268,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JORDAN TANNENBAUM CHIEF DEVELOPMENT OFFICER	(i)	379,222.	35,868.	3,470.	34,200.	14,980.	467,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 TANELL COLEMAN CHIEF MUSEUM OPER. OFFICER	(i)	214,200.	0.	0.	9,036.	6,124.	229,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SARAH OGILVIE CHIEF PROGRAM OFFICER	(i)	206,980.	0.	0.	9,036.	13,095.	229,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MICHELLE TYCHER STEIN CHIEF MKTG & COMM. OFFICER	(i)	369,931.	30,000.	3,048.	34,200.	290.	437,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ERAN GASKO DEP. CHIEF DEV OFFICER	(i)	317,411.	0.	1,032.	34,200.	21,542.	374,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JILL WEINBERG DIR. MIDWEST REGION	(i)	290,694.	0.	2,958.	34,200.	14,426.	342,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ANDREA BARCHAS DIR. NORTHEAST REGION	(i)	284,043.	0.	3,048.	34,200.	7,213.	328,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JILL BARKAN SENIOR PHILANTHROPY OFFICER	(i)	256,810.	0.	996.	32,273.	21,639.	311,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 1A:

THE MUSEUM DIRECTOR'S EMPLOYMENT CONTRACT PERMITS BUSINESS CLASS TRAVEL FOR FLIGHTS FOUR HOURS OR LONGER. FOR PLANES WITH ONLY TWO CLASSES OF SEATING, FIRST CLASS TRAVEL IS REIMBURSABLE FOR THESE LONGER FLIGHTS.

SCHEDULE J, PART I, LINE 4B:

THE U.S. HOLOCAUST MEMORIAL MUSEUM ESTABLISHED FOR SARA BLOOMFIELD A SECTION 457(B) PLAN AND A SECTION 457(F) PLAN ON JANUARY 1, 2014. THE EMPLOYER CONTRIBUTIONS UNDER THE 457(F) PLAN ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. AMOUNTS DEFERRED UNDER THE PLANS ARE REPORTED ON SCHEDULE J, PART II, COLUMN C.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	109 .	0 .	
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	123 .	6,794,040 .	SELLING PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 4 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

THE MUSEUM WORKS WITH CONTRACTORS WHO FACILITATE THE ACQUISITION OF ARTIFACTS, ART, PHOTOS AND DOCUMENTS WITHIN THE HOLOCAUST-SURVIVOR COMMUNITY. THIS INCLUDES IDENTIFYING, ESTABLISHING AND MAINTAINING WRITTEN, TELEPHONE, AND IN-PERSON CONTACT WITH POTENTIAL DONORS AND OTHER SOURCES OF ACQUISITIONS, ON-SITE VISITS AND FIELD WORK.

SCHEDULE M, LINE 33: PART I, LINE 1, COLUMN (C):

WORKS OF ART: IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE IS ASSIGNED TO THE COLLECTIONS IN THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECOGNIZED AS REDUCTIONS IN UNRESTRICTED NET ASSETS IN THE PERIOD OF ACQUISITION. PROCEEDS FROM DEACCESSIONS OF COLLECTION ITEMS ARE RECOGNIZED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS AND ARE DESIGNATED FOR FUTURE COLLECTION ACQUISITIONS.

SCHEDULE M, PART I, LINE 33:

REVENUES FROM NONCASH PROPERTIES: IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE IS ASSIGNED TO THE COLLECTIONS DONATED TO THE MUSEUM IN THE STATEMENT OF ACTIVITIES. THE AMOUNTS SHOWN IN PART I, COLUMN B REPRESENT THE NUMBERS OF CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF CONTRIBUTED ITEMS. IT IS IMPRACTICAL FOR THE MUSEUM TO QUANTIFY THE NUMBER AND TYPE OF DONATIONS IT RECEIVES FOR ITS COLLECTIONS. THE MUSEUM'S HOLDINGS INCLUDE: ART - PERIOD DRAWINGS, PRINTS, SCULPTURE, POSTERS, & OTHER CREATIVE WORKS; BOOKS & PAMPHLETS; BROADSIDES, ADVERTISEMENTS, & MAPS; FILM AND VIDEO - HISTORICAL FOOTAGE,

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

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AUDIO & VIDEO ORAL TESTIMONIES, MUSIC & SOUND RECORDINGS; ARCHITECTURAL FRAGMENTS, MODELS, MACHINERY, & TOOLS; MICROFILM & MICROFICHE OF GOVERNMENT DOCUMENTS & OTHER OFFICIAL RECORDS; PERSONAL EFFECTS, RITUAL OBJECTS, JEWELRY, MUSICAL INSTRUMENTS, & NUMISMATICS (CURRENCY); PERSONAL PAPERS - DOCUMENTS, CORRESPONDENCE, MEMORIES, SCRAPBOOKS, PHOTOGRAPHS, & PHOTO ALBUMS; AND TEXTILES - UNIFORMS, COSTUMES, CLOTHING, BADGES, ARMBANDS, FLAGS, & BANNERS.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

52-1309391

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

INDEPENDENT ESTABLISHMENT OF THE U.S. GOVERNMENT

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

CHARTERED BY A UNANIMOUS ACT OF CONGRESS, THE MUSEUM IS AMERICA'S  
NATIONAL INSTITUTION FOR THE DOCUMENTATION, STUDY, INTERPRETATION, AND  
EDUCATION OF HOLOCAUST HISTORY AND SERVES AS OUR COUNTRY'S MEMORIAL TO  
THE VICTIMS OF THE HOLOCAUST.

FORM 990, PART III, LINE 1, PROGRAM SERVICE ACCOMPLISHMENT:

DESCRIPTION OF THE ORGANIZATION'S MISSION: CHARTERED BY A UNANIMOUS ACT  
OF CONGRESS, THE MUSEUM IS AMERICA'S NATIONAL INSTITUTION FOR THE  
DOCUMENTATION, STUDY, INTERPRETATION, AND EDUCATION OF HOLOCAUST HISTORY  
AND SERVES AS OUR COUNTRY'S MEMORIAL TO THE VICTIMS OF THE HOLOCAUST.

THE HOLOCAUST WAS THE STATE-SPONSORED, SYSTEMATIC PERSECUTION AND  
ANNIHILATION OF EUROPEAN JEWS BY NAZI GERMANY AND ITS COLLABORATORS  
BETWEEN 1933 AND 1945. JEWS WERE THE PRIMARY VICTIMS - SIX MILLION WERE  
MURDERED. THE NAZIS ALSO TARGETED ROMA, PEOPLE WITH DISABILITIES, POLES,  
SOVIET PRISONERS OF WAR, GAY MEN, JEHOVAH'S WITNESS, AND OTHERS FOR  
RACIAL OR POLITICAL REASONS.

THE MUSEUM'S PRIMARY MISSION IS TO ADVANCE AND DISSEMINATE KNOWLEDGE  
ABOUT THIS UNPRECEDENTED TRAGEDY, TO PRESERVE THE MEMORY OF THOSE WHO

Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
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SUFFERED, AND TO ENCOURAGE PEOPLE TO REFLECT UPON THE QUESTIONS RAISED BY THE EVENTS OF THE HOLOCAUST AS WELL AS THEIR OWN RESPONSIBILITIES AS CITIZENS OF A DEMOCRACY. THE MUSEUM STRIVES TO HELP PEOPLE FROM ALL WALKS OF LIFE UNDERSTAND NOT ONLY WHAT HAPPENED IN THE HOLOCAUST, BUT WHY AND WHAT MADE IT POSSIBLE. HOLOCAUST HISTORY PROVIDES POWERFUL LESSONS IN THE FRAGILITY OF SOCIETIES, THE NATURE OF HATE, AND THE CONSEQUENCES OF INDIFFERENCE. WITH THE RISE IN RECENT DECADES OF ANTISEMITISM, RACISM AND HOLOCAUST DENIAL AND DISTORTION IN THE US, THE LANDS WHERE THE HOLOCAUST HAPPENED, AND ELSEWHERE, THESE LESSONS ARE PARTICULARLY RELEVANT TO OUR TIMES.

SINCE ITS DEDICATION IN 1993, THE MUSEUM HAS WELCOMED 46 MILLION VISITORS, INCLUDING MORE THAN 100 HEADS OF STATE AND TWELVE MILLION SCHOOL-AGE CHILDREN. OUR WEBSITE, ONE OF THE WORLD'S LEADING ONLINE AUTHORITIES ON THE HOLOCAUST, IS AVAILABLE IN 17 LANGUAGES AND IN 2021 WAS VISITED BY 20.5 MILLION PEOPLE REPRESENTING 238 COUNTRIES AND TERRITORIES.

THE MUSEUM'S WILLIAM LEVINE FAMILY INSTITUTE FOR HOLOCAUST EDUCATION IS A WORLD LEADER IN TEACHING THIS HISTORY TO NEW GENERATIONS THROUGH: ONSITE, TRAVELING, AND ONLINE EXHIBITIONS; THE CREATIONS OF MULTIMEDIA EDUCATIONAL RESOURCES FOR TEACHERS AND STUDENTS, INCLUDING THE WORLD'S DEFINITIVE ONLINE HOLOCAUST ENCYCLOPEDIA; AND A VARIETY OF IN-PERSON AND VIRTUAL PROGRAMS FOR STUDENTS, EDUCATORS, AND THE GENERAL PUBLIC. THESE PROGRAMS AND RESOURCES HELP PEOPLE UNDERSTAND THE CAUSES AND CONSEQUENCES



Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
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OF THE HOLOCAUST AND PROMOTE CRITICAL THINKING. THE MUSEUM ALSO WORKS CLOSELY WITH KEY SEGMENTS OF SOCIETY WHO ARE RESPONSIBLE FOR SAFEGUARDING DEMOCRACY, SUCH AS LAW ENFORCEMENT, THE MILITARY, AND THE JUDICIARY. BY STUDYING THE ROLE OF THEIR OWN PROFESSION BEFORE AND DURING THE HOLOCAUST, THESE LEADERS GAIN INSIGHT INTO THEIR OWN RESPONSIBILITIES TODAY.

OUR NATIONAL INSTITUTE FOR HOLOCAUST DOCUMENTATION HOLDS THE WORLD'S MOST COMPREHENSIVE COLLECTION OF HOLOCAUST - RELATED MATERIAL IN OUR NEWLY CONSTRUCTED DAVID AND FELA SHAPELL FAMILY COLLECTIONS, CONSERVATION AND RESEARCH CENTER. BUILDING, PRESERVING AND MAKING THE COLLECTION FULLY ACCESSIBLE IS ESSENTIAL FOR OUR GOAL OF ADVANCING ACADEMIC RESEARCH, EDUCATION, AND PUBLIC AWARENESS. COLLECTING REMAINS A PRIORITY AS THE MUSEUM IS IN A RACE AGAINST TIME WITH A RAPIDLY CLOSING WINDOW OF OPPORTUNITY TO ACQUIRE FRAGILE, AT-RISK MATERIALS.

SECURING THE LONG-TERM GROWTH AND CONTINUED VITALITY OF HOLOCAUST SCHOLARSHIP IS THE PURPOSE OF OUR JACK, JOSEPH, AND MORTON MANDEL CENTER FOR ADVANCED HOLOCAUST STUDIES. THE MANDEL CENTER HOSTS VISITING FELLOWS FROM ALL OVER THE WORLD TO DO ORIGINAL RESEARCH IN OUR COLLECTIONS AND PRODUCES A RANGE OF PUBLICATIONS AND PROGRAMS FOR FACULTY AND STUDENTS AS WELL AS EMERGING AND EXPERIENCED SCHOLARS IN ORDER TO HELP GENERATE NEW KNOWLEDGE ABOUT THE HOLOCAUST AND STRENGTHEN THE FIELD OF HOLOCAUST SCHOLARSHIP.

Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
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THE SIMON-SKOJDT CENTER FOR THE PREVENTION OF GENOCIDE STRIVES TO DO FOR VICTIMS OF GENOCIDE TODAY WHAT WAS NOT DONE FOR THE JEWS OF EUROPE. IT WORKS TO MAKE THE PREVENTION OF GENOCIDE AND RELATED CRIMES AGAINST HUMANITY A NATIONAL AND INTERNATIONAL PRIORITY THROUGH RESEARCH, EDUCATION, AND OUTREACH TO THE PUBLIC AND POLICY MAKERS. THE CENTER, WHICH SERVES AS A TRUSTED RESOURCE AND PARTNER TO A RANGE OF GOVERNMENT OFFICIALS IN BOTH THE EXECUTIVE AND LEGISLATIVE BRANCHES, HAS FOCUSED IN RECENT YEARS ON: THE SYRIAN REGIME'S CRIMES AGAINST ITS CITIZENS; THE BURMESE MILITARY'S GENOCIDE AND CONTINUING CRIMES AGAINST HUMANITY OF THAT COUNTRY'S ROHINGYA MINORITY AND THE CHINESE GOVERNMENT'S CRIMES AGAINST HUMANITY AND POSSIBLE GENOCIDE OF ITS UIGHUR MINORITY.

WITH UNIQUE POWER AND AUTHENTICITY, THE MUSEUM REACHES MILLIONS OF PEOPLE EACH YEAR INSPIRING A DEEPER UNDERSTANDING THAT THE UNTHINKABLE IS ALWAYS POSSIBLE AND THAT INDIVIDUALS HAVE MORE POWER THAN THEY REALIZE.

FORM 990, PART III, LINE 4A:

DESCRIPTION OF PROGRAM SERVICES: A FEDERALLY CHARTERED, NONPARTISAN EDUCATIONAL INSTITUTION, THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM SERVES AS AMERICA'S NATIONAL MEMORIAL TO THE VICTIMS OF THE HOLOCAUST AND IS DEDICATED TO ENSURING THE PERMANENCE OF HOLOCAUST MEMORY, UNDERSTANDING AND RELEVANCE. THROUGH THE POWER OF HOLOCAUST HISTORY, THE MUSEUM CHALLENGES LEADERS AND INDIVIDUALS TO THINK CRITICALLY ABOUT THEIR ROLE IN SOCIETY AND TO CONFRONT ANTISEMITISM AND OTHER FORMS OF HATE, PREVENT GENOCIDE, AND PROMOTE HUMAN DIGNITY.

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

ALLAN HOLT AND DAVID MARCHICK HAVE A BUSINESS RELATIONSHIP.

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

THE FORM 990 IS PREPARED BY THE MUSEUM'S INDEPENDENT AUDITOR, BDO USA, UNDER THE DIRECTION OF THE MUSEUM'S CHIEF FINANCIAL OFFICER. THE DRAFT 990 IS REVIEWED INTERNALLY BY THE MUSEUM'S INTERNAL AUDITOR, ITS GENERAL COUNSEL, ITS CHIEF FINANCIAL OFFICER, AND THE MUSEUM DIRECTOR. A HARD COPY OF THE DRAFT FORM 990 IS THEN MAILED TO EACH COUNCIL MEMBER WITH A COVER LETTER STATING THE DATE THE FORM WILL BE FILED WITH THE IRS.

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

EACH COUNCIL MEMBER IS GIVEN A COPY OF THE CONFLICTS OF INTEREST AND ETHICS POLICY AND THEY ARE REQUIRED TO SIGN AN ANNUAL COMPLIANCE STATEMENT THAT CONFIRMS THEY HAVE READ THE POLICY AND AGREE TO COMPLY WITH ITS PROVISIONS. THE COUNCIL'S GENERAL COUNSEL ASCERTAINS THAT EACH COUNCIL MEMBER HAS SIGNED AND SUBMITTED AN ANNUAL COMPLIANCE STATEMENT AND REPORTS TO THE EXECUTIVE COMMITTEE AND THE AUDIT COMMITTEE ON WHETHER ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE DISCLOSED THEREIN. KEY STAFF MEMBERS, OFFICE HEADS, CONTRACTING OFFICIALS, AND OTHER STAFF MEMBERS WHO HAVE FIDUCIARY RESPONSIBILITY AND ARE SELECTED BY THE MUSEUM'S GENERAL COUNSEL ARE REQUIRED TO ANNUALLY COMPLETE AND SUBMIT A CONFIDENTIAL FINANCIAL DISCLOSURE REPORT. THE REPORTS ARE REVIEWED BY THE MUSEUM'S GENERAL COUNSEL FOR ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND, WHERE FOUND, CORRECTIVE MEASURES WILL BE REQUIRED.

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FORM 990, PART VI, SECTION B, LINES 15A & 15B:

LINE 15A: THE DIRECTOR OF THE MUSEUM IS THE CHIEF EXECUTIVE OFFICER OF THE MUSEUM. THE DIRECTOR IS APPOINTED BY THE CHAIRPERSON OF THE UNITED STATES HOLOCAUST MEMORIAL COUNCIL, SUBJECT TO CONFIRMATION OF THE COUNCIL. IN 2007, AN OUTSIDE CONSULTING FIRM WAS RETAINED TO ASSIST THE COUNCIL IN DETERMINING THE APPROPRIATE COMPENSATION LEVEL OF THE DIRECTOR. ON THE BASIS OF THE REPORT ISSUED BY THE CONSULTING FIRM, EFFECTIVE ON JANUARY 1, 2007, THE COUNCIL ENTERED INTO A SEVEN-YEAR EMPLOYMENT AGREEMENT WITH THE DIRECTOR. THE DIRECTOR'S COMPENSATION WAS SET AT A LEVEL EQUAL TO APPROXIMATELY THE 75TH PERCENTILE OF THE COMPENSATION FOR CHIEF EXECUTIVE OFFICERS OF COMPARABLE ORGANIZATIONS. UPON EXPIRATION OF THAT EMPLOYMENT AGREEMENT, EFFECTIVE ON JANUARY 1, 2014, THE MUSEUM ENTERED INTO A NEW EMPLOYMENT AGREEMENT WITH A SEVEN-YEAR TERM, WITH AN OPTION GIVEN TO THE MUSEUM TO EXTEND THE TERM FOR AN ADDITIONAL TWO YEARS. THE ANNUALIZED BASE COMPENSATION IN THE NEW EMPLOYMENT AGREEMENT WAS SET AT A LEVEL THAT REPRESENTED A 5.55% INCREASE OVER THE ANNUALIZED BASE COMPENSATION OF THE DIRECTOR FOR THE FIRST YEAR OF THE PRIOR EMPLOYMENT AGREEMENT, WHICH HAD BEEN SET IN 2007 ON THE BASIS OF INFORMATION PROVIDED BY AN INDEPENDENT OUTSIDE CONSULTANT. THE NEW EMPLOYMENT AGREEMENT PROVIDES THAT THE DIRECTOR'S ANNUALIZED BASE COMPENSATION DOES NOT INCREASE DURING THE TERM OF THE NEW EMPLOYMENT AGREEMENT. THE AGREEMENT WAS, HOWEVER, AMENDED IN 2019 TO ALLOW FOR APPLICABLE COLA INCREASES. ANY INCREASES IN COMPENSATION TO THE DIRECTOR ARE SOLELY AT THE DISCRETION OF THE COUNCIL. THE NEW EMPLOYMENT AGREEMENT ALSO PROVIDES FOR AN INCREASE IN THE CAP ON PAYMENTS TO THE DIRECTOR PURSUANT TO THE ONE OF TWO NON-QUALIFIED DEFERRED COMPENSATION PLANS THAT

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HAD BEEN ESTABLISHED UNDER THE PRIOR EMPLOYMENT AGREEMENT. THE NEW EMPLOYMENT AGREEMENT WAS NEGOTIATED AT ARMS-LENGTH BETWEEN THE DIRECTOR AND A SELECT GROUP OF COUNCIL MEMBERS, ASSISTED BY THE COUNCIL'S GENERAL COUNSEL. THE NEW EMPLOYMENT AGREEMENT WAS APPROVED BY THE COUNCILS' EXECUTIVE COMMITTEE.

LINE 15B: THE PROCESS FOR DETERMINING OFFICERS' COMPENSATION: TO ESTABLISH THE CHIEF DEVELOPMENT OFFICER'S COMPENSATION, THE MUSEUM RETAINED THE SERVICES OF A CONSULTING FIRM TO REVIEW THE COMPETITIVENESS IN THE PRIVATE FUNDRAISING INDUSTRY FOR THE DEVELOPMENT STAFF COMPENSATION STRUCTURE. THE CONSULTANT COLLECTED AND ANALYZED DATA FROM OTHER COMPARABLE ORGANIZATIONS. THEY CONCLUDED THAT THE CHIEF DEVELOPMENT OFFICER'S COMPENSATION WAS BELOW THE AVERAGE COMPENSATION OF THE COMPARABLE ORGANIZATIONS. BASED ON THE CONCLUSION, A CONFERENCE CALL WAS HELD WITH THE CO-CHAIRS OF THE DEVELOPMENT COMMITTEE, CHAIR OF THE COUNCIL, AND THE DIRECTOR. THE DECISION WAS MADE TO SET THE COMPENSATION AT THE AVERAGE COMPENSATION LEVEL. THE CHIEF DEVELOPMENT OFFICER'S CURRENT WRITTEN EMPLOYMENT CONTRACT EFFECTIVE FOR THE REPORTING PERIOD HAS INCREASES APPLICABLE TO MUSEUM-WIDE COST OF LIVING ADJUSTMENTS AND ENDS DECEMBER 31, 2021. TO ESTABLISH THE CHIEF FINANCIAL OFFICER'S AS WELL AS THE CHIEF MARKETING OFFICER'S COMPENSATION THE MUSEUM USED MARKET RESEARCH, EXTERNAL AND INTERNAL BENCHMARKING AND OTHER RESOURCES. THE COMPENSATION OF BOTH THE CHIEF FINANCIAL OFFICER AS WELL AS THE CHIEF MARKETING OFFICER WAS APPROVED BY THE DIRECTOR AS WELL AS THE MUSEUM'S COUNCIL.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9:

CHANGE IN VALUE OF INTEREST RATE SWAP                      \$ 419,647

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CENTERRA GROUP, LLC 7121 FAIRWAY DRIVE, SUITE 201 PALM BEACH GARDENS, FL 33418	SECURITY SERVICES	8,853,825.
PRODUCTION SOLUTIONS 1953 GALLOWS ROAD VIENNA, VA 22182	FULFILLMENT SERVICES	3,000,645.
BROOKS & BROOKS SERVICES, INC. 5550 TUXEDO ROAD, SUITE D CHEVERLY, MD 20781	HOUSEKEEPING	1,904,611.
SERVICE FIRST CONSULTING, LLC 2306 GLEBE ROAD ARLINGTON, VA 22207	SUPPORT SERVICES	1,865,756.
1901 GROUP, LLC 2003 EDMUND HALLEY DRIVE, SUITE 101 RESTON, VA 20191	SUPPORT SERVICES	1,716,645.

ATTACHMENT 2

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ATTACHMENT 2 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
OTHER PROFESSIONAL FEES	15,568,325.	9,893,191.	1,816,014.	3,859,120.
OTHER SERVICE CONTRACT	12,800,237.	8,768,438.	3,611,229.	420,570.
SECURITY	10,371,648.	9,805,972.	304,625.	261,051.
JANITORIAL SERVICES	2,253,462.	2,247,862.	0.	5,600.
OTHER	1,242,289.	957,714.	156,441.	128,134.
STIPENDS	553,736.	548,605.	510.	4,621.
TOTALS	<u>42,789,697.</u>	<u>32,221,782.</u>	<u>5,888,819.</u>	<u>4,679,096.</u>