

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10/01, 2019**, and ending **09/30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM				D Employer identification number 52-1309391
	Doing business as				E Telephone number (202) 488-2667
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		G Gross receipts \$ 207,052,395.
	100 RAOUL WALLENBERG PLACE, S.W.				
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20024				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: SARA J. BLOOMFIELD SAME AS "C" ABOVE					
I 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	J Website: ▶ WWW.USHMM.ORG			H(c) Group exemption number ▶	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ U.S. GOVT		L Year of formation: 1980		M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	62.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	62.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	505.
	6 Total number of volunteers (estimate if necessary)	6	346.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-17,197.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-21,137.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	134,109,186.	113,330,482.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,505,886.	10,837,904.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,195,634.	2,372,671.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	164,810,706.	126,541,057.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	589,850.	613,800.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	63,702,035.	67,049,880.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,080,997.	4,509,218.	2,186,989.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	58,125,170.	60,620,123.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	126,926,273.	130,470,792.
19 Revenue less expenses. Subtract line 18 from line 12	37,884,433.	-3,929,735.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	724,549,508.	745,785,331.
	22 Net assets or fund balances. Subtract line 21 from line 20	93,418,987.	102,827,108.
		631,130,521.	642,958,223.

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.

Sign Here			08/24/2021	
	Signature of officer		Date	
Paid Preparer Use Only	SARA J. BLOOMFIELD		DIRECTOR	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
MARC BERGER		8/10/2021	<input type="checkbox"/> 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.

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 \$ 99,558,008. including grants of \$ 613,800.) (Revenue \$ 2,432,518.)

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 ▶ 99,558,008.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 505		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		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 (62), 1b (62), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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

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			641,945.	0.	170,882.	
(2) JORDAN TANNENBAUM CHIEF DEVELOPMENT OFFICER	40.00 0.				X		386,901.	0.	59,192.	
(3) ERAN GASKO DEP. CHIEF DEV OFFICER	40.00 0.					X	333,653.	0.	67,651.	
(4) JILL WEINBERG DIR. MIDWEST REGION	40.00 0.					X	304,632.	0.	55,708.	
(5) ANDREA BARCHAS DIR. NORTHEAST REGION	40.00 0.					X	303,197.	0.	46,495.	
(6) JILL BARKAN SENIOR PHILANTHROPY OFFICER	40.00 0.					X	267,537.	0.	65,789.	
(7) JOSEPH KRAUS CHIEF INFO. OFF. (UNTIL 8/19)	40.00 0.				X		285,149.	0.	43,006.	
(8) GEORGE HELLMAN ASSOC. DEP. CHIEF DEV. OFFICER	40.00 0.					X	248,975.	0.	51,573.	
(9) POLLY HEATH CFO (UNTIL 7/19)	40.00 0.			X			242,917.	0.	27,209.	
(10) SARAH OGILVIE CHIEF PROGRAM OFFICER	40.00 0.				X		204,229.	0.	55,629.	
(11) TANELL COLEMAN CHIEF MUSEUM OPER. OFFICER	40.00 0.				X		210,102.	0.	43,213.	
(12) ROBERT SCHELIN CFO (ACTING) (FROM 8/19)	40.00 0.			X			165,381.	0.	55,021.	
(13) RONALD CUFFE GENERAL COUNSEL (UNTIL 1/20)	40.00 0.				X		174,071.	0.	35,771.	
(14) JESSICA VIGGIANO DIRECTOR COUNCIL RELATIONS	40.00 0.			X			113,553.	0.	19,901.	

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) HOWARD M. LORBER CHAIRMAN, COUNCIL	7.00 0.	X		X				0.	0.	0.
16) ALLAN M. HOLT VICE CHAIRMAN, COUNCIL	4.00 0.	X		X				0.	0.	0.
17) WALTER RAY ALLEN, JR. COUNCIL MEMBER (UNTIL 3/10/20)	1.00 0.	X						0.	0.	0.
18) LAURENCE M. BAER COUNCIL MEMBER(UNTIL 11/13/19)	1.00 0.	X						0.	0.	0.
19) DANIEL BENJAMIN COUNCIL MEMBER	1.00 0.	X						0.	0.	0.
20) ADAM E. BEREN COUNCIL MEMBER (FROM 11/13/19)	1.00 0.	X						0.	0.	0.
21) TOM A. BERNSTEIN CHAIRMAN EMERITUS, COUNCIL	2.00 0.	X						0.	0.	0.
22) JOSHUA B. BOLTEN VICE CHAIR EMERITUS, COUNCIL	2.00 0.	X						0.	0.	0.
23) MICHAEL S. BOSWORTH COUNCIL MEMBER	1.00 0.	X						0.	0.	0.
24) SONIA M. BRESLOW COUNCIL MEMBER (FROM 11/13/19)	1.00 0.	X						0.	0.	0.
25) ETHEL C. BROOKS COUNCIL MEMBER (UNTIL 6/1/20)	1.00 0.	X						0.	0.	0.
1b Sub-total								3,882,242.	0.	797,040.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,882,242.	0.	797,040.

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 **88**

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) JONATHAN W. BURKAN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
27) ANDREW M. COHN ----- COUNCIL MEMBER	2.00 ----- 0.	X						0.	0.	0.
28) SARA DAREHSHORI ----- COUNCIL MEMBER(UNTIL 11/13/19)	1.00 ----- 0.	X						0.	0.	0.
29) SAM M. DEVINKI ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
30) NORMAN L. EISEN ----- COUNCIL MEMBER(UNTIL 11/13/19)	1.00 ----- 0.	X						0.	0.	0.
31) JEFFREY P. FEINGOLD ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
32) LEE A. FEINSTEIN ----- COUNCIL MEMBER	2.00 ----- 0.	X						0.	0.	0.
33) HELENE FELDMAN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
34) DAVID M. FLAUM ----- COUNCIL MEMBER (UNTIL 8/20/20)	1.00 ----- 0.	X						0.	0.	0.
35) ARI FLEISCHER ----- COUNCIL MEMBER (FROM 11/13/19)	1.00 ----- 0.	X						0.	0.	0.
36) RAFFI FREEDMAN-GURSPAN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 former 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

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) MENACHEM MENDEL GOLDSTEIN COUNCIL MEMBER (FROM 3/10/20)	1.00 0.	X					0.	0.	0.	
(38) JORDAN T. GOODMAN COUNCIL MEMBER (UNTIL 8/6/20)	1.00 0.	X					0.	0.	0.	
(39) SAMUEL N. GORDON COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
(40) JEREMY HALPERN COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
(41) SARAH K. HURWITZ COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
(42) PRISCILLA L. KERSTEN COUNCIL MEMBER(UNTIL 11/13/19)	1.00 0.	X					0.	0.	0.	
(43) MURRAY J. LAULICHT COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
(44) JONATHAN S. LAVINE COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
(45) EDWARD P. LAZARUS COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
(46) STUART A. LEVEY COUNCIL MEMBER (UNTIL 3/10/20)	1.00 0.	X					0.	0.	0.	
(47) ERIC A. LEVINE COUNCIL MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 former 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

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) SUSAN G. LEVINE ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(49) ALAN D. LISTHAUS ----- COUNCIL MEMBER (FROM 1/31/20)	1.00 ----- 0.	X						0.	0.	0.
(50) SUSAN E. LOWENBERG ----- COUNCIL MEMBER	2.00 ----- 0.	X						0.	0.	0.
(51) ADELE MALPASS ----- COUNCIL MEMBER (FROM 11/13/19)	1.00 ----- 0.	X						0.	0.	0.
(52) SIGAL PEARL MANDELKER ----- COUNCIL MEMBER (FROM 3/10/20)	1.00 ----- 0.	X						0.	0.	0.
(53) DAVID M. MARCHICK ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(54) FREDERICK R. MARCUS ----- COUNCIL MEMBER (FROM 11/13/19)	1.00 ----- 0.	X						0.	0.	0.
(55) JOHN T. MCNABB II ----- COUNCIL MEMBER (FROM 8/6/20)	1.00 ----- 0.	X						0.	0.	0.
(56) ELI HENRY MILLER ----- COUNCIL MEMBER (FROM 1/31/20)	1.00 ----- 0.	X						0.	0.	0.
(57) TAMAR NEWBERGER ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(58) DEBORAH A. OPPENHEIMER ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 former 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

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) ERIC P. ORTNER ----- COUNCIL MEMBER (UNTIL 3/10/20)	1.00 ----- 0.	X						0.	0.	0.
(60) MICHAEL P. POLSKY ----- COUNCIL MEMBER (UNTIL 1/31/20)	1.00 ----- 0.	X						0.	0.	0.
(61) MICHAEL H. POSNER ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(62) RICHARD S. PRICE ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(63) RONALD RATNER ----- COUNCIL MEMBER (UNTIL 1/31/20)	2.00 ----- 0.	X						0.	0.	0.
(64) BENJAMIN J. RHODES ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(65) CURTIS DARROW ROBINSON ----- COUNCIL MEMBER (FROM 3/10/20)	1.00 ----- 0.	X						0.	0.	0.
(66) MELISSA ROGERS ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(67) DANIEL J. ROSEN ----- COUNCIL MEMBER(UNTIL 11/13/19)	1.00 ----- 0.	X						0.	0.	0.
(68) MENACHEM Z. ROSENSAFT ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(69) ELLIOT J. SCHRAGE ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 former 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

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) MAUREEN SCHULMAN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(71) BETTY PANTIRER SCHWARTZ ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(72) IRVIN N. SHAPELL ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(73) CINDY SIMON SKJODT ----- COUNCIL MEMBER	2.00 ----- 0.	X						0.	0.	0.
(74) HOWARD D. UNGER ----- COUNCIL MEMBER	2.00 ----- 0.	X						0.	0.	0.
(75) CLEMANTINE WAMARIYA ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(76) ANDREW J. WEINSTEIN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(77) JEREMY M. WEINSTEIN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(78) RONALD N. WEISER ----- COUNCIL MEMBER (FROM 11/13/19)	1.00 ----- 0.	X						0.	0.	0.
(79) DANIEL G. WEISS ----- COUNCIL MEMBER (UNTIL 11/13/19)	1.00 ----- 0.	X						0.	0.	0.
(80) BRADLEY D. WINE ----- COUNCIL MEMBER	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 former 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

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(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			
(81) JAY WINIK ----- COUNCIL MEMBER (FROM 6/1/20)	1.00 ----- 0.	X						0.	0.	0.
(82) FRED S. ZEIDMAN ----- CHAIRMAN EMERITUS, COUNCIL	1.00 ----- 0.	X						0.	0.	0.
(83) THE HON. BENJAMIN L. CARDIN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(84) THE HONORABLE TED DEUTCH ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(85) THE HONORABLE DAVID KUSTOFF ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(86) THE HONORABLE JOHN LEWIS ----- COUNCIL MEMBER (UNTIL 7/17/20)	1.00 ----- 0.	X						0.	0.	0.
(87) THE HONORABLE MARCO RUBIO ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(88) THE HONORABLE BERNARD SANDERS ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(89) THE HONORABLE BRAD SCHNEIDER ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(90) THE HONORABLE TIM SCOTT ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
(91) THE HONORABLE LEE ZELDIN ----- COUNCIL MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 former 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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	12,525,424.				
	c	Fundraising events	1c	7,626,473.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	54,938,358.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	38,240,227.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 6,080,875.				
	h	Total. Add lines 1a-1f			113,330,482.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			10,285,458.	-17,197.	10,302,655.	
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			0.			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		80,066,428.			
			7b		79,513,982.			
	c	Gain or (loss)	7c		552,446.			
	d	Net gain or (loss)			552,446.		552,446.	
	8a	Gross income from fundraising events (not including \$ 7,626,473. of contributions reported on line 1c). See Part IV, line 18						
			8a		616,087.			
8b				713,679.				
c	Net income or (loss) from fundraising events.			-97,592.		-97,592.		
9a	Gross income from gaming activities. See Part IV, line 19							
		9a		0.				
		9b		0.				
c	Net income or (loss) from gaming activities.			0.				
10a	Gross sales of inventory, less returns and allowances							
		10a		704,968.				
		10b		283,677.				
c	Net income or (loss) from sales of inventory.			421,291.	421,291.			
Miscellaneous Revenue	11a	IMPUTED INCOME	Business Code	900099	1,133,300.	1,133,300.		
	b	CAFE	Business Code	900099	37,745.		37,745.	
	c	OTHER	Business Code	900099	877,927.	877,927.		
	d	All other revenue						
	e	Total. Add lines 11a-11d			2,048,972.			
12	Total revenue. See instructions			126,541,057.	2,432,518.	-17,197.	10,795,254.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	367,400.	367,400.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	246,400.	246,400.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,224,065.	275,084.	1,347,081.	2,601,900.
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	47,507,406.	37,407,562.	3,857,323.	6,242,521.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,797,397.	5,196,504.	624,352.	976,541.
9 Other employee benefits	6,098,077.	4,434,581.	704,965.	958,531.
10 Payroll taxes	2,422,935.	1,983,619.	69,105.	370,211.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	49,417.		49,417.	
c Accounting	233,526.		233,526.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	2,186,989.			2,186,989.
f Investment management fees	1,317,435.		997,422.	320,013.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	35,709,382.	30,704,859.	3,831,818.	1,172,705.
12 Advertising and promotion	235,461.	221,217.	305.	13,939.
13 Office expenses	2,441,085.	1,774,180.	19,693.	647,212.
14 Information technology	1,394,348.		1,394,348.	
15 Royalties	1,378.	372.	1,006.	
16 Occupancy	6,729,829.	5,769,746.	200,361.	759,722.
17 Travel	358,156.	300,439.	13,081.	44,636.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	129,971.	87,686.	8,729.	33,556.
20 Interest	454,187.	454,187.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	9,248,786.	8,182,015.	672,058.	394,713.
23 Insurance	163,022.	94,615.	68,407.	
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 EQUIPMENT	1,823,170.	1,344,227.	477,872.	1,071.
b POSTAGE	752,381.	681,965.		70,416.
c COLLECTION	42,650.	42,650.		
d ALLOCATION ADJUSTMENTS	-464,061.	-11,300.	260,918.	-713,679.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	130,470,792.	99,558,008.	14,831,787.	16,080,997.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	45,071,230.	1	51,826,403.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	64,810,763.	3	52,656,524.
	4 Accounts receivable, net.	0.	4	0.
	5 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.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 235,129,901.		
	b Less: accumulated depreciation	10b 127,047,530.	110,268,109.	10c 108,082,371.
	11 Investments - publicly traded securities.	374,465,965.	11	391,478,895.
	12 Investments - other securities. See Part IV, line 11	127,547,848.	12	139,587,832.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	2,385,593.	15	2,153,306.
16 Total assets. Add lines 1 through 15 (must equal line 33)	724,549,508.	16	745,785,331.	
Liabilities	17 Accounts payable and accrued expenses	11,694,799.	17	11,446,229.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	81,724,188.	25	91,380,879.
	26 Total liabilities. Add lines 17 through 25.	93,418,987.	26	102,827,108.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	173,907,769.	27	186,305,091.
	28 Net assets with donor restrictions.	457,222,752.	28	456,653,132.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	631,130,521.	32	642,958,223.
33 Total liabilities and net assets/fund balances	724,549,508.	33	745,785,331.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126,541,057.
2	Total expenses (must equal Part IX, column (A), line 25)	2	130,470,792.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,929,735.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	631,130,521.
5	Net unrealized gains (losses) on investments	5	16,220,806.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-463,369.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	642,958,223.

Part XII Financial Statements and Reporting

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

	Yes	No
1 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.		
2a 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 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	
c 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	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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

2019

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 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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,826,695.	145,554,542.	132,151,005.	134,109,186.	113,330,482.	676,971,910.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	151,826,695.	145,554,542.	132,151,005.	134,109,186.	113,330,482.	676,971,910.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						6,767,725.
6 Public support. Subtract line 5 from line 4						670,204,185.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	151,826,695.	145,554,542.	132,151,005.	134,109,186.	113,330,482.	676,971,910.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,518,812.	6,956,833.	9,148,492.	10,042,319.	10,302,655.	43,969,111.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	113,437.	0.	0.	113,437.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	93,245.	96,411.	121,429.	122,965.	37,745.	471,795.
11 Total support. Add lines 7 through 10						721,526,253.
12 Gross receipts from related activities, etc. (see instructions)					12	16,910,910.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	92.89%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	91.10%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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 stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2019. 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 stop here . 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 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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	2015	2016	2017	2018	2019	TOTAL
CAFE	93,245.	96,411.	121,429.	122,965.	37,745.	471,795.
TOTALS	<u>93,245.</u>	<u>96,411.</u>	<u>121,429.</u>	<u>122,965.</u>	<u>37,745.</u>	<u>471,795.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions regarding monitoring and reporting.

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 3 columns: Line number, Description, and Amount. Includes rows for reporting on art and historical treasures held for public exhibition, education, or research, and for reporting on art and historical treasures held for financial gain.

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

Schedule D (Form 990) 2019

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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
1a Beginning of year balance	472,505,301.	432,546,760.	389,127,076.	326,704,178.	285,144,422.
b Contributions	11,407,878.	33,772,133.	11,068,816.	26,205,538.	20,217,044.
c Net investment earnings, gains, and losses	27,484,677.	7,790,303.	33,658,411.	43,277,021.	22,475,251.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,730,071.			6,000,000.	
f Administrative expenses	1,747,887.	1,603,895.	1,307,543.	1,059,661.	1,132,539.
g End of year balance	495,919,898.	472,505,301.	432,546,760.	389,127,076.	326,704,178.

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

- a** Board designated or quasi-endowment ▶ 26.3600 %
- b** Permanent endowment ▶ 73.6400 %
- 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
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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
1a Land		4,597,930.		4,597,930.
b Buildings		175,300,383.	86,648,392.	88,651,991.
c Leasehold improvements		124,798.	124,798.	
d Equipment		12,352,494.	6,859,540.	5,492,954.
e Other		42,754,296.	33,414,800.	9,339,496.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				108,082,371.

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) MULTI-STRATEGY MUTUAL FUNDS	12,081,398.	FMV
(B) BANK LOAN FUND	14,637,146.	FMV
(C) EQUITY LONG/SHORT HEDGE FUNDS	15,858,284.	FMV
(D) EVENT DRIVEN HEDGE FUNDS	80,533,952.	FMV
(E) MULTI-STRATEGY HEDGE FUNDS	355,469.	FMV
(F) PRIVATE EQUITY	16,121,583.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	139,587,832.	

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)		
Total. (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)	
Total. (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	37,949,065.
(3) TERM LOAN	35,145,216.
(4) CHARITABLE GIFT ANNUITY LIABILITY	17,336,537.
(5) INTEREST RATE SWAP	950,061.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	91,380,879.

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

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 COLLECTION 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 82 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 2017. FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019, 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	(\$ 283,677)
SPECIAL EVENTS COSTS	(\$ 713,679)

TOTAL TO SCHEDULE D, PART XI, LINE 4B	(\$ 997,356)

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

COST OF GOODS SOLD FOR MUSEUM	\$ 283,677
SPECIAL EVENTS COSTS	\$ 713,679

TOTAL TO SCHEDULE D, PART XII, LINE 2D	\$ 997,356

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

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 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		86,377,199.
(2) EUROPE	0.	0.	PROGRAM SERVICES	GRANTS	183,600.
(3) NORTH AMERICA	0.	0.	PROGRAM SERVICES	GRANTS	8,000.
(4) SOUTH ASIA	0.	0.	PROGRAM SERVICES	GRANTS	54,800.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					86,623,599.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					86,623,599.

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

Schedule F (Form 990) 2019

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 tax-exempt 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)
(1) ROBERT A. SAVITT FELLOWSHIP	SOUTH ASIA	1.	23,700.	WIRE			
(2) PHYLLIS GREENBERG & RICHARD D. HEIDEMAN	SOUTH ASIA	1.	31,100.	WIRE			
(3) J.B. AND MAURICE C. SHAPIRO SENIOR SCHOL	EUROPE/ICELAND/GREENLAND	1.	21,000.	WIRE			
(4) FRED AND MARIA DEVINKI MEMORIAL FELLOW	EUROPE/ICELAND/GREENLAND	1.	30,800.	WIRE			
(5) DIANE AND HOWARD WOHL FELLOWSHIP	EUROPE/ICELAND/GREENLAND	1.	27,100.	WIRE			
(6) JUDITH B AND BURTON P. RESNICK POSTDOC.	EUROPE/ICELAND/GREENLAND	1.	29,600.	WIRE			
(7) FRED AND MARIA DEVINKI MEMORIAL FELLOW	EUROPE/ICELAND/GREENLAND	1.	8,600.	WIRE			
(8) WILLIAM J. LOWENBERG MEMORIAL FELLOWSHIP	EUROPE/ICELAND/GREENLAND	1.	12,300.	WIRE			
(9) CENTER FOR HOLOCAUST STUDIES	EUROPE/ICELAND/GREENLAND	1.	30,800.	WIRE			
(10) FRED AND MARIA DEVINKI MEMORIAL FELLOW	NORTH AMERICA	1.	8,000.	WIRE			
(11) ALEXANDER GRASS MEMORIAL FELLOWSHIP	EUROPE/ICELAND/GREENLAND	1.	23,400.	WIRE			
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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).

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.

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 (event type)	2020 DAY REMB (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,164,827.	1,370,429.	4,697,964.	8,233,220.
	2 Less: Contributions	2,164,827.	1,369,319.	4,090,452.	7,624,598.
	3 Gross income (line 1 minus line 2)		1,110.	607,512.	608,622.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,000.	18,600.	707,761.	731,361.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				731,361.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-122,739.

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))
Revenue	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	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 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 2000 15TH STREET NORTH, SUITE 550 ARLINGTON VA 22201	CONSULTING		X		1,170,828.	-1,170,828.
INFOGROUP 200 PEMBERWICK ROAD GREENWICH CT 06830	CONSULTING		X		248,285.	-248,285.
LAUTMAN MASKA NEILL & CO. 1730 RHODE ISLAND AVENUE, NW, SUITE 301 WASHINGTON DC 20036	CONSULTING		X		219,179.	-219,179.
CAROL STULBERG 16307 CELINDA PLACE ENCINO CA 91436	FUNDRAISER	X		854,135.	105,843.	748,292.
HARVEST FRC, INC. 82 COLONIAL DRIVE NEWTON PA 18940	CONSULTING		X		48,000.	-48,000.

CAMERON ANDREWS

CONSULTING

X

45,000.

-45,000.

115 PINE AVENUE, SUITE 625

LONG BEACH

CA 90802

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to 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)							

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

3 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) (2019)

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.	18,000.			
2 DIANE AND HOWARD WOHL FELLOWSHIP	1.	4,400.			
3 EDITH BIRNBAUM MILMAN MEMORIAL FELLOWSHIP	1.	15,300.			
4 FRED AND MARIA DEVINKI MEMORIAL FELLOWSHIP	2.	26,200.			
5 GUNZENBERGER-REICHMAN FAMILY FELLOW	1.	11,600.			
6 INA LEVINE INVITATIONAL SCHOLAR	2.	63,000.			
7 JUDITH B. AND BURTON P. RESNICK ANTI-SEMITISM STD	2.	51,800.			

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.	8,000.			
2 PEARL RESNICK POSTDOCTORAL FELLOWSHIP	1.	25,900.			
3 SOSLAND FELLOWSHIP	3.	74,500.			
4 THE FUND FOR THE STUDY OF THE HOLOCAUST IN LITH.	1.	30,100.			
5 WILLIAM J. LOWENBERG MEMORIAL FELLOW ON AMERICA	1.	33,800.			
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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the 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)	513,951.	100,000.	27,994.	158,600.	12,282.	812,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 POLLY HEATH CFO (UNTIL 7/19)	(i)	211,735.	15,000.	16,182.	25,651.	1,558.	270,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ROBERT SCHELIN CFO (ACTING) (FROM 8/19)	(i)	145,761.	10,000.	9,620.	31,749.	23,272.	220,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JORDAN TANNENBAUM CHIEF DEVELOPMENT OFFICER	(i)	323,781.	35,072.	28,048.	33,600.	25,592.	446,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOSEPH KRAUS CHIEF INFO. OFF. (UNTIL 8/19)	(i)	205,590.	6,000.	73,559.	19,343.	23,663.	328,155.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 TANELL COLEMAN CHIEF MUSEUM OPER. OFFICER	(i)	167,808.	23,074.	19,220.	33,731.	9,482.	253,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SARAH OGILVIE CHIEF PROGRAM OFFICER	(i)	147,913.	23,076.	33,240.	33,460.	22,169.	259,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 RONALD CUFFE GENERAL COUNSEL (UNTIL 1/20)	(i)	157,726.	8,500.	7,845.	12,335.	23,436.	209,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ERAN GASKO DEP. CHIEF DEV OFFICER	(i)	276,237.	31,384.	26,032.	33,600.	34,051.	401,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JILL WEINBERG DIR. MIDWEST REGION	(i)	257,715.	20,333.	26,584.	33,600.	22,108.	360,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ANDREA BARCHAS DIR. NORTHEAST REGION	(i)	247,324.	27,825.	28,048.	33,390.	13,105.	349,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JILL BARKAN SENIOR PHILANTHROPY OFFICER	(i)	232,060.	18,245.	17,232.	31,876.	33,913.	333,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 GEORGE HELLMAN ASSOC. DEP. CHIEF DEV. OFFICER	(i)	198,995.	23,515.	26,465.	27,987.	23,586.	300,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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 4A:

JOSEPH KRAUS RECEIVED SEVERANCE IN THE AMOUNT OF \$64,456. THE TERMS AND CONDITIONS OF THE ARRANGEMENT WERE CONSISTENT WITH INDUSTRY STANDARDS.

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 A SUBSTANTIAL RISK OF FORFEITURE. AMOUNTS DEFERRED UNDER THE PLANS ARE REPORTED ON SCHEDULE J, PART II, COLUMN C.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

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**Open to Public
Inspection**

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	303 .	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	163 .	6,080,875 .	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 IV, Donee Acknowledgement **29** 2 .

	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) 2019

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 FOOTNOTE: 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 NUMBER 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.

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, MEMOIRS, 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.

OMB No. 1545-0047

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**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 CONT:

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 WITNESSES, 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 2020 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 CREATION 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 OF THE

Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
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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, EXHIBITIONS, AND PUBLIC AWARENESS. THE MUSEUM IS FOCUSED ON MAKING THE COLLECTION FULLY ACCESSIBLE SO THAT IT IS AVAILABLE ANYTIME, ANYWHERE. COLLECTING IS ALSO A PRIORITY AS THE MUSEUM IS IN A RACE AGAINST TIME WITH A RAPIDLY CLOSING WINDOW OF OPPORTUNITY.

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-SKJODT 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 POLICYMAKERS. 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 CRIMES AGAINST THAT COUNTRY'S ROHINGYA MINORITY; AND CHINA'S TREATMENT OF ITS UIGHURS.

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: AS AMERICA'S NATIONAL MEMORIAL TO THE VICTIMS OF THE HOLOCAUST, THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM IS AN EDUCATIONAL INSTITUTION THAT ENSURES THE PERMANENT RELEVANCE OF THE HOLOCAUST FOR NEW GENERATIONS. THE MUSEUM HOPES THAT HOLOCAUST HISTORY WILL INSPIRE CITIZENS AND LEADERS TO CONFRONT HATRED, PREVENT GENOCIDE, AND PROMOTE HUMAN DIGNITY. FEDERAL SUPPORT GUARANTEES THE PERMANENCE OF THE MUSEUM'S PLACE ON THE NATIONAL MALL AND THE AMERICAN PEOPLE'S ACCESS TO THIS HISTORY. ITS EDUCATIONAL PROGRAMS AND GLOBAL IMPACT ARE MADE POSSIBLE BY GENEROUS DONORS NATIONWIDE.

Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
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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 HAVING FIDUCIARY RESPONSIBILITY AND 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 FOR 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, AMENDED IN 2019 THAT ALLOWS FOR AUTOMATIC COLA INCREASES; ANY INCREASES IN COMPENSATION TO THE DIRECTOR BEING 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 ONE OF TWO NON-QUALIFIED DEFERRED COMPENSATION PLANS THAT HAD BEEN ESTABLISHED UNDER

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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 COUNCIL'S 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 THIS 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 IN EFFECT FOR THIS 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.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

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STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9:

CHANGE IN VALUE OF INTEREST RATE SWAP (\$ 463,369)

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 6710 OXEN HILL ROAD, SUITE 200 OXEN HILL, MD 20745	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	1,716,665.

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>
SECURITY SERVICES	11,771,881.	11,771,406.	0.	475.
OTHER SERVICE CONTRACTS	9,954,976.	7,492,727.	2,045,182.	417,067.
PROFESSIONAL SERVICES	9,859,860.	8,311,706.	1,466,582.	81,572.
JANITORIAL SERVICES	2,307,026.	2,159,401.	137,061.	10,564.
STIPENDS AND HONORARIUM	162,894.	158,000.	0.	4,894.
BANK FEES	180,978.	19,660.	161,197.	121.
OTHER	1,471,767.	791,959.	21,796.	658,012.
TOTALS	<u>35,709,382.</u>	<u>30,704,859.</u>	<u>3,831,818.</u>	<u>1,172,705.</u>