** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public

ΑF	or the	$oldsymbol{e}$ 2021 calendar year, or tax year beginning $oldsymbol{JU}$	L 1, 2021 and	ending J	UN 30, 2022		
B (heck if pplicabl	C Name of organization			D Employer	identific	cation number
	_Addre	THE JEWISH MUSEUM					
	Name chang	Doing business as			13-61	46854	
	Initial return Final	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone		
	⊒return. termin ated	City or town, state or province, country, and 2	7IP or foreign postal code		G Gross receipts		62,254,082.
	□Amen	, , , , , , , , , , , , , , , , , , , ,	in or foreign postal code				
	_return Applic _tion		TA GOIII.D		H(a) Is this a		
	tion pendii	SAME AS C ABOVE	111 00022		for subor		
			4047(-)(4)		1		cluded? Yes No
				or 527	1		list. See instructions
		e: WWW.THEJEWISHMUSEUM.ORG			H(c) Group ex		•
	orm of	organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 19	52 N	1 State of legal domicile: NY
	_	Briefly describe the organization's mission or most	significant activities: THE MTS	SSION OF	THE JEWISH	MUSEUN	<u> </u>
Governance	'	IS TO COLLECT, PRESERVE, EXHIBIT AND I		001011 01	THE CENTER	1100101	<u>•</u>
nai	2	Check this box if the organization discor	tinued its operations or dispos	sed of more	than 25% of its	net ass	sets.
Ver	3	Number of voting members of the governing body (·			1 1	36
ၓ	4	Number of independent voting members of the gov	, , , , , , , , , , , , , , , , , , , ,			. —	35
		Total number of individuals employed in calendar ye					220
ţį		Total number of volunteers (estimate if necessary)				—	64
Activities &		Total unrelated business revenue from Part VIII, col					0.
Ą		Net unrelated business taxable income from Form 9					0.
		Net unrelated business taxable income from Forms	990-1, 1 art 1, iiile 11		Prior Year		Current Year
		Contributions and grants (Bort VIII line 1h)			12,088		14,775,960.
ne	l					,713.	1,438,184.
ē	ı				10,918		1,321,210.
Revenue		Investment income (Part VIII, column (A), lines 3, 4,					· · ·
	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-1,032	_	-1,024,699.
_		Total revenue - add lines 8 through 11 (must equal l			22,874		16,510,655.
	ı	Grants and similar amounts paid (Part IX, column (A				0.	0.
	I	Benefits paid to or for members (Part IX, column (A)			10.054	0.	0.
es	15	Salaries, other compensation, employee benefits (F			10,254		11,403,400.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			113	,202.	108,816.
ă X	b	Total fundraising expenses (Part IX, column (D), line			40.250		10.515.010
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			10,352		10,517,910.
	l	Total expenses. Add lines 13-17 (must equal Part IX			20,720	•	22,030,126.
		Revenue less expenses. Subtract line 18 from line 1	2		2,154		-5,519,471.
t Assets or				Ве	ginning of Currer		End of Year
set	20	Total assets (Part X, line 16)			170,221		130,147,969.
A A	21	Total liabilities (Part X, line 26)				,306.	6,025,519.
Net		Net assets or fund balances. Subtract line 21 from	ine 20		161,724	,126.	124,122,450.
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return,				-	knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	ich preparer	has any knowled	ge.	
		0: 1 (6)					
Sig	n	Signature of officer			Date		
Her	е	MARGARET SCHRAMM HORN, CHIEF OPER	ATING OFFICER				
		Type or print name and title		1.			
		Print/Type preparer's name	Preparer's signature	maretto	Date	Check if	PTIN
Paid			70,10,00	12011	5/12/23	self-employ	
-	arer	Firm's name GRANT THORNTON LLP			Firm's	EIN ▶	36-6055558
Use	Only	Firm's address > 757 THIRD AVENUE, 3RD FL	OOR				
		NEW YORK, NY 10017-2013			Phone	no.(21	2) 599-0100
Max	, +ha II	RS discuss this return with the preparer shown above	o2 Coo instructions				X Ves No

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE JEWISH MUSEUM 13-6146854 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1109 FIFTH AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10128 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) MARGARET SCHRAMM HORN The books are in the care of ▶ 1109 FIFTH AVENUE - NEW YORK, NY 10128 Telephone No. ▶ (212) 423-3200 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2021 JUN 30, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

LHA

Forn	n 990 (2021) THE JEWISH MUSEUM	13-6146854	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х Х
1	Briefly describe the organization's mission:		
	THE MISSION OF THE JEWISH MUSEUM IS TO COLLECT, PRESERVE, EXHIBIT AND		
	INTERPRET ART AND JEWISH CULTURE. SEE SCHEDULE O FOR MORE INFORMATION.		
	-		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	, , , , , , , , , , , , , , , , , , , ,	□va	s X No
	prior Form 990 or 990·EZ? If "Yes," describe these new services on Schedule O.	re:	5 <u></u> INU
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v _e	s X No
3	If "Yes," describe these changes on Schedule O.		3 [] 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses	2
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, the total expended, t	шпа
4a	(Code:) (Expenses \$ 9 ,510 ,784 . including grants of \$ 0 .) (Revenue	3,0	74,415.)
	MUSEUM PROGRAMS, GENERAL/OTHER:		
	THE JEWISH MUSEUM IS AN ART MUSEUM COMMITTED TO ILLUMINATING THE		
	COMPLEXITY AND VIBRANCY OF JEWISH CULTURE FOR A GLOBAL AUDIENCE.		
	THROUGH DISTINCTIVE EXHIBITIONS AND PROGRAMS THAT PRESENT THE WORK OF		
	DIVERSE ARTISTS AND THINKERS, WE SHARE IDEAS, PROVOKE DIALOGUE, AND		
	PROMOTE UNDERSTANDING. (CONTINUED ON SCHEDULE O)		
4b	(Code:) (Expenses \$ 5 , 538 , 945 . including grants of \$) (Revenue	e\$	0.
	ART MUSEUM CONSERVATION PROGRAMS:		
	ACQUISITION, STORAGE, CONSERVATION AND MAINTENANCE OF COLLECTION OF		
	JUDAICA OBJECTS, ART (SCULPTURE, PAINTINGS AND PHOTOGRAPHS), FILM		
	RELATED TO ART AND JEWISH CULTURE.		
_			
4c	(Code:) (Expenses \$	÷\$)
4d	Other program services (Describe on Schedule O.)		
	(Expanses \$ including grants of \$) (Revenue \$	1	

15,049,729.

4e Total program service expenses ▶

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13-6146854

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ٽ		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	, ,		х	
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		١
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	5:10	14a		х
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	7 30 0	14b	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ A
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form **990** (2021) 132003 12-09-21

Form		6146854	Р	age 4
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	rt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ne e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	•	25b		x
06	Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	I .		.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	I	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
33	If "Yes," complete Schedule R, Part V, line 2	l l		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
	and that is treated as a partition in the interior in tax purposes: If tes, complete scriedule in, Part VI	<u>U1</u>	1	

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V						į
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	125				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			10	Х		

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Form **990** (2021)

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Form	990 (2021) THE JEWISH MUSEUM 13-614685	4	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	, J		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	11 11 11 11 11 11 11 11 11 11 11 11 11	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<u></u>		

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NJ, NY			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
	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			
	MARGARET SCHRAMM HORN - (212) 423-3200 1109 FIFTH AVENUE NEW YORK NY 10128			

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(do		Pos	C) ition	l than o	nne	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson i	s both r/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CLAUDIA GOULD	40.00	_	_		<u>×</u>	1 0	-			
HELEN GOLDSMITH MENSCHEL DIRECTOR	0.00	•		х				550,277.	0.	34,946.
(2) DARSIE ALEXANDER - SR. DEP. DIR	40.00							,		
SUSAN & ELIHU ROSE CHIEF CURATOR	0.00				Х			265,877.	0.	30,637.
(3) DAVID RUBENSTEIN - DEP. DIR.	40.00									
OF FIN. & ADMIN. (THRU 01/2022)	0.00			х				272,380.	0.	467.
(4) MICHAEL STAFFORD - DIR. OF	40.00									
FACILITIES, SECURITY, & ENGINEERING	0.00					х		188,784.	0.	37,986.
(5) LINDA PADAWER - SR. DIR.	40.00									
OF SPECIAL EVENTS (THRU 12/2021)	0.00					Х		166,868.	0.	43,360.
(6) NELLY BENEDEK	40.00									
DEP. DIR., EDUCATION & PROGRAMS	0.00				Х			158,314.	0.	27,236.
(7) CINDY CAPLAN	40.00									
CHIEF COUNSEL & TALENT OFFICER	0.00					Х		167,866.	0.	16,531.
(8) SARAH SUPCOFF - DEPUTY DIR.,	40.00									
AUDIENCE DEVELOPMENT	0.00				Х			168,866.	0.	14,445.
(9) RUTH BEESCH - FORMER SR	0.00									
DEPUTY DIR. PROG. & STRAT. INIT.	0.00						Х	135,669.	0.	46,739.
(10) ALLISON CURRAN - DIR. OF	40.00									
INSTITUTIONAL & MAJOR GIFTS	0.00					Х		142,847.	0.	26,786.
(11) JONATHAN NIGH	40.00									
CHIEF DEV. OFFICER (THRU 07/2021)	0.00					Х		141,021.	0.	20,825.
(12) BRENT DICKMAN	40.00									
ACTING CFO (AS OF 12/2021)	0.00			Х				14,661.	0.	0.
(13) ROBERT A. PRUZAN	5.00			,,						_
CHAIRMAN COURTS W. COURTS	0.00	Х		Х				0.	0.	0.
(14) STEPHEN M. SCHERR	5.00			,,						_
PRESIDENT	0.00	Х	_	Х		_		0.	0.	0.
(15) SANDER LEVY	2.00								_	^
VICE PRESIDENT (16) GAIL A. BINDERMAN	0.00 2.00	Х	-	Х		\vdash		0.	0.	0.
VICE CHAIRMAN	0.00	Х		x				0.	0.	_
(17) BETTY LEVIN	2.00	^		^			-	0.	0.	0.
VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
132007 12-09-21	1 0.00			1 25			<u> </u>	1 0.	0.	Form 990 (2021)

132007 12-09-21 Form **990** (2021)

Form 990 (2021) THE JEWISH M	OSEOM								13-014003	4 Page 6
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	recto	r/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		99	ubeu		1099-NEC)	1099-14EC)	and related
	below	dual t	ntio na	_	nploy	st col	je 1	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(18) MAHNAZ MOINIAN	2.00									
VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
(19) MALCOLM LEVINE	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(20) HARRIET SCHLEIFER	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(21) JANE WILF	2.00									
ASSISTANT TREASURER	0.00	Х		Х				0.	0.	0.
(22) ANDREW E. LEWIN	2.00									
ASSISTANT SECRETARY	0.00	Х		Х				0.	0.	0.
(23) SHARI ARONSON	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(24) JONATHAN CRYSTAL	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(25) WENDY FISHER	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(26) NOMI P. GHEZ	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
1b Subtotal							>	2,373,430.	0.	299,958.
c Total from continuation sheets to Part VI							>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	2,373,430.	0.	299,958.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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

5 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)	(B)	(C)
Name and business address	Description of services	Compensation
FRESH MEADOW MECHANICAL CORP., 65-01 FRESH		
MEADOW LANE, FRESH MEADOWS, NY 11365	HVAC SERVICES	622,248.
ONLINE COMPUTERS AND COMMUNICATIONS LLC		
P.O. BOX 428, FLORHAM PARK, NJ 07932	IT SUPPORT	582,924.
DAVID STARK, INC., 219 36TH STREET, APT.		
3A, BROOKLYN, NY 11232	PRODUCTION SERVICES	339,046.
WEST NEW YORK RESTORATION OF CT, INC.		
1800 BOSTON ROAD, BRONX, NY 10460-4909	RESTORATION SERVICES	279,138.
MASTERPIECE INTERNATIONAL LIMITED, LTD		
39 BROADWAY, SUITE 1410, NEW YORK, NY 10006	COURIER SERVICES	233,865.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	13	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

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Form 990 THE JEWISH MUSEUM 13-6146854

Form 990 THE JEWISH	MUSEUM								13-61468	354
Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week	_				loyee		from the	from related organizations	other compensation
	(list any hours for	or director				Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related		stee			nsate		(** 27 1033 141100)		and related
	organizations	Individual trustee	Institutional trustee		oyee	ompe				organizations
	below	vidua	itutior	Je.	Key employee	hest c	Former			
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(27) ALICE GOTTESMAN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(28) DAVID ISRAEL	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(29) VIRGINIA KAMSKY	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(30) CAROL SCHAPIRO KEKST	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(31) JONATHAN KRANE	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(32) JEANETTE LERMAN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(33) GUSTAVE K. LIPMAN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(34) PHYLLIS MACK	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(35) AARON MALINSKY	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(36) JOSHUA NASH	1.00							_	_	_
BOARD MEMBER	0.00	Х						0.	0.	0
(37) STEVE NOVENSTEIN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(38) DAVID L. RESNICK	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(39) MICHAEL RUBINOFF	1.00									
BOARD MEMBER	0.00	Х	_			_		0.	0.	0
(40) DAVID SAMBUR	1.00								_	
BOARD MEMBER (41) DAVID E. SHAPIRO	1.00	Х						0.	0.	0
BOARD MEMBER	0.00							0.	0.	
(42) JOHN M. SHAPIRO	1.00	Х						0.	٠.	0
BOARD MEMBER	0.00	Х						0.	0.	0
(43) AMY ROSE SILVERMAN	1.00	Λ						0.	0.	0
BOARD MEMBER	0.00	Х						0.	0.	0
(44) JAMES A. STERN	1.00	Λ						0.	0.	0
BOARD MEMBER	0.00	Х						0.	0.	
(45) MARGARET STREICKER	1.00	Λ				\vdash		0.	0.	0
BOARD MEMBER	0.00	Х						0.	0.	0
(46) STEVEN TULIP	1.00	^				\vdash		0.	0.	0
BOARD MEMBER	0.00	Х						0.	0.	0
DOIND HERDER	1 0.00	47	ı	I	I	I	1	ı	٠.	ı

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ion Reportable compensation from from related organization (W-2/1099-MISC) Estimated part apply) Reportable compensation from related organizations (W-2/1099-MISC) from organization organication orga	unt of her ensation n the ization elated
(D) (E) (F) Reportable compensation from from the organization (W-2/1099-MISC) about the organization (W-2/1099-MISC) about the organization (W-2/1099-MISC) about the organization (W-2/1099-MISC) about the organization org	nated unt of her ensation n the ization elated zations
aafoldulus fays and response to the organization (W-2/1099-MISC) the organization (W-2/1099-MISC) (W-2/1099-MISC) compete from organization and response organization organ	ensation in the ization elated zations
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Form 990 (2021)
Part VIII Statement of Revenue

		Check if Schedule O contains	a response	or note to any line	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
ठ ठ	1	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	1 1					
ΩĔ		c Fundraising events		2,444,747.				
ifts Ir A		d Related organizations	1					
nis G		e Government grants (contributions		2,451,727.				
Sis		f All other contributions, gifts, grants, a						
je je		similar amounts not included above	1f	9,879,486.				
G		g Noncash contributions included in lines 1a-1f	··	205,683.				
Sugar		h Total. Add lines 1a-1f	. 	, 	14,775,960.			
				Business Code				
a l	2	a MEMBERSHIPS		712110	808,037.	808,037.		
ķ	_	b ADMISSIONS		712110	574,131.	574,131.		
Ser		c GROUP FEES/PROGRAM FEE		712110	35,435.	35,435.		
E S		d FILM PROCEEDS		712110	20,581.	20,581.		
Be		е			•	,		
Program Service Revenue		f All other program service revenue						
		g Total. Add lines 2a-2f		•	1,438,184.			
	3		dends, intere	st, and				
		other similar amounts)			308,458.			308,458.
	4							
	5				9,755.			9,755.
			(i) Real	(ii) Personal				
	6	a Gross rents 6a	17,162.					
		b Less: rental expenses 6b	410.					
		c Rental income or (loss) 6c	16,752.					
		d Net rental income or (loss)			16,752.			16,752.
) Securities	(ii) Other				
		assets other than inventory 7a 43	,830,550.					
		b Less: cost or other basis						
ē		and sales expenses 7b 42	,817,798.					
ther Revenue			,012,752.					
Rev		d Net gain or (loss)			1,012,752.			1,012,752.
ē		a Gross income from fundraising events						
₽		including \$2,444,74	7. of					
		contributions reported on line 1c).						
		Part IV, line 18	8a	117,850.				
		b Less: direct expenses		961,743.				
		c Net income or (loss) from fundrais	ing events		-843,893.			-843,893.
		a Gross income from gaming activit	-					
		Part IV, line 19	9a					
		b Less: direct expenses						
		c Net income or (loss) from gaming	activities					
	10	a Gross sales of inventory, less retu	rns					
		and allowances	10a	1,636,231.				
		b Less: cost of goods sold		1,963,476.				
		c Net income or (loss) from sales of	inventory	>	-327,245.	-327,245.		
,,				Business Code				
o or	11	a LOAN FEES		900099	108,585.			108,585.
Miscellaneous Revenue		b ALL OTHER REVENUE		712110	11,347.			11,347.
exe		c						
Mis		d All other revenue						
		e Total. Add lines 11a-11d			119,932.			
	12	Total revenue. See instructions		>	16,510,655.	1,110,939.	0.	623,756.

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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 respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	1,721,892.	1,231,165.	223,914.	266,813
	trustees, and key employees	1,721,052.	1,231,103.	220,311.	200,010
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
		7,408,715.	5,297,284.	963,424.	1,148,007
	Other salaries and wages	,,100,,150	5,257,254.	300,121.	_,,
	section 401(k) and 403(b) employer contributions)	404,742.	289,394.	52,632.	62,716
	Other employee benefits	1,167,847.	835,019.	151,866.	180,962
	Payroll taxes	700,204.	500,651.	91,054.	108,499
1	Fees for services (nonemployees):	, , , , , , , , , , , , , , , , , , , ,	333,552.	52,001.	200, 252
	Management				
	Legal	102,240.		102,240.	
	Accounting	143,393.		143,393.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	108,816.			108,816
	Investment management fees	561,565.		561,565.	
	Other. (If line 11g amount exceeds 10% of line 25,	,		, -	
_	column (A), amount, list line 11g expenses on Sch 0.)	1,867,259.	1,271,799.	484,394.	111,066
	Advertising and promotion	745,307.	561,857.	113,660.	69,790
	Office expenses	1,405,465.	1,067,854.	173,113.	164,498
	Information technology	377,699.	183,782.	189,289.	4,628
	Royalties	,	,	,	,
	Occupancy	521,893.	372,089.	87,789.	62,015
	Travel	177,363.	86,238.	14,144.	76,981
	Payments of travel or entertainment expenses	·	·	·	·
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	2,853.	154.	2,503.	196
	Interest	56,511.		56,511.	
	Payments to affiliates				
	Depreciation, depletion, and amortization	1,796,100.	1,279,544.	303,299.	213,257
.3	Insurance	357,501.	238,387.	99,764.	19,350
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	SHIPPING	855,213.	817,927.	6,421.	30,865
	ART ACQUISITION	316,100.	316,100.		-
С	STORAGE RENTAL	303,646.	298,297.	5,349.	
d	TEMP. HELP	298,033.	138,105.	77,611.	82,317
	All other expenses	629,769.	264,083.	237,237.	128,449
	Total functional expenses. Add lines 1 through 24e	22,030,126.	15,049,729.	4,141,172.	2,839,225
	Joint costs. Complete this line only if the organization		-		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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THE JEWISH MUSEUM

Form 990 (2021) Part X Balance Sheet

Par	ιΛ	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part XI			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,186.	1	8,180		
	2	Savings and temporary cash investments	6,127,799.	2	4,244,84		
	3	Pledges and grants receivable, net			1,674,382.	3	1,118,56
	4	Accounts receivable, net			628,704.	4	1,016,65
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	contributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
y.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			568,281.	8	572,11
As	9	B			984,272.	9	1,049,67
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	63,028,371.			
	b	Less: accumulated depreciation		46,581,875.	17,958,552.	10c	16,446,49
	11	Investments - publicly traded securities			64,040,390.	11	51,705,86
	12	Investments - other securities. See Part IV, lin			78,230,866.	12	53,985,56
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33)			170,221,432.	16	130,147,96
	17	Accounts payable and accrued expenses	3,295,023.	17	2,923,54		
	18	Grants payable		18			
	19	Deferred revenue			34,359.	19	42,74
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ړ	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
<u> </u>		controlled entity or family member of any of the		22			
֡֡֞֜֞֡֡֡֡֞֡֡֡֡֡֓	23	Secured mortgages and notes payable to unr			2,984,051.	23	2,984,05
	24	Unsecured notes and loans payable to unrela		24			
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	•				
		of Schedule D	,	.	2,183,873.	25	75,179
	26	Total liabilities. Add lines 17 through 25			8,497,306.	26	6,025,519
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			64,098,850.	27	50,591,490
Rai	28	Net assets with donor restrictions			97,625,276.	28	73,530,960
g		Organizations that do not follow FASB ASC					
ੂੋ ∣		and complete lines 29 through 33.	ŕ	, —			
ğ	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			161,724,126.	32	124,122,450
_	33	Total liabilities and net assets/fund balances			170,221,432.	33	130,147,969

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			655.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	,030,	126.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	,519,	471.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			126.
5	Net unrealized gains (losses) on investments	5	-32	,007,	205.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-75,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	124	,122,	450.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

THE JEWISH MUSEUM 13-6146854 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support	,, p	oo oompioto i airi ii	,						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and	(-,	(3)=====	(=, == : =	(-,	(=, ===	(-)			
	membership fees received. (Do not									
	include any "unusual grants.")	14,527,753.	22,095,297.	14,566,843.	12,063,173.	14,775,960.	78,029,02	26.		
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	14,527,753.	22,095,297.	14,566,843.	12,063,173.	14,775,960.	78,029,02	26.		
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)						12,318,20)5.		
	Public support. Subtract line 5 from line 4.						65,710,82	21.		
Sec	tion B. Total Support									
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	14,527,753.	22,095,297.	14,566,843.	12,063,173.	14,775,960.	78,029,02	26.		
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	989,722.	1,493,803.	1,399,163.	350,686.	335,375.	4,568,74	19.		
	Net income from unrelated business									
	activities, whether or not the				20 401		20.40	١1		
	business is regularly carried on				28,401.		28,40) <u> </u>		
	Other income. Do not include gain									
	or loss from the sale of capital	E07 417	225 002	246 500	17 000	227 702	1 224 76	- 1		
	assets (Explain in Part VI.)	507,417.	325,902.	246,580.	17,080.	237,782.	1,334,76			
	Total support. Add lines 7 through 10	-1- /				40	83,960,93 14,119,60			
	Gross receipts from related activities,	,	,			12	14,119,00	.		
	First 5 years. If the Form 990 is for the organization, check this box and stop	· ·		•		01(0)(3)				
	tion C. Computation of Publi		centage							
	Public support percentage for 2021 (I			olumn (f))		14	78.26	 %		
	Public support percentage from 2020					15	78.34	/ 0		
	33 1/3% support test - 2021. If the o						and			
	stop here. The organization qualifies						. □	X		
	33 1/3% support test - 2020. If the		-							
							_			
	and stop here. The organization qualifies as a publicly supported organization									
		- 2021. If the org	anization did not c	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
17a	10% -facts-and-circumstances test	-								
17a	10% -facts-and-circumstances test	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part		ation			
17a	10% -facts-and-circumstances test and if the organization meets the fact	s-and-circumstance st. The organizatio	es test, check this n qualifies as a pul	box and stop her	e. Explain in Part	VI how the organiza	ation			
17a b	10% -facts-and-circumstances test and if the organization meets the fact meets the facts-and-circumstances te	s-and-circumstance st. The organizatio - 2020. If the org	es test, check this n qualifies as a pul anization did not c	box and stop her blicly supported or heck a box on line	e. Explain in Part ganization 13, 16a, 16b, or 1	VI how the organization VI how the organization 7a, and line 15 is 1	ation			
17a b	10% -facts-and-circumstances test and if the organization meets the fact meets the facts-and-circumstances te 10% -facts-and-circumstances test	s-and-circumstance st. The organizatio - 2020. If the org ne facts-and-circum	es test, check this n qualifies as a pul anization did not c nstances test, chec	box and stop her blicly supported or heck a box on line ok this box and st	re. Explain in Part ganization 13, 16a, 16b, or 1 op here. Explain in	VI how the organize Ta, and line 15 is 1 Part VI how the	ation			

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	, ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	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.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
41.		
4b		
4-		
4c		
5a		
- Gu		
5b		
5c		
6		
J		
7		
7		
8		
9a		
9b		
9с		
10a		
iva		
40.		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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	.) <u>.</u>		
a .	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	istraction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	·	,		

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations			
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.					
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	<u> </u>
Secti	on D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f_	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u>i</u> _	Carryover from 2016 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: SPECIAL EVENT INCOME 2017 AMOUNT: \$ 176,235. 2018 AMOUNT: \$ 176,750. 2019 AMOUNT: \$ 125,500. 2021 AMOUNT: \$ 117,850. TRAVELING EXHIBITION FEES CATALOG REVENUE 2017 AMOUNT: \$ 26,117. ALL OTHER REVENUE 2017 AMOUNT: \$ 122,063. 2018 AMOUNT: \$ 36,666. 2019 AMOUNT: \$ 19,481. 2020 AMOUNT: \$ 17,080. 2021 AMOUNT: \$ 11,347. CAFE REVENUE 2018 AMOUNT: \$ 112,486. 2019 AMOUNT: \$ 101,599. RENTAL PROGRAM REVENUE 2017 AMOUNT: \$ 183,002. LOAN FEES 2021 AMOUNT: \$ 108,585.

2021.05080 THE JEWISH MUSEUM

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

THE	JEWISH MUSEUM	13-6146854				
Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I line 1. Complete Parts I and II.	d that received from any one				
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization th answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	orm 990), but it must				

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

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

THE JEWISH MUSEUM

13-6146854

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	* \$ 1,176,475.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 610,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	rume, audi ess, and EIF T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rume, audi ess, anu Eif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

THE JEWISH MUSEUM

13-6146854

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990) (2021) Page **4**

Name of or	ganization		Employer identification number
THE JEWIS	SH MUSEUM		13-6146854
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line encharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of git	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE JEWISH MUSEUM

Employer identification number

13-6146854

Par	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. (a) Donor advised funds (b) Funds and other account						
	-	(b) Funds and other accounts					
1	Total number at end of year	<u> </u>					
2	Aggregate value of contributions to (during year)	+					
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	_					
•	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of	, , , , ,					
Par		ganization anguared "Voc" on Form 000 D					
1	·		art iv, line 7.				
'	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreation)		historically important land area				
	Protection of natural habitat	· —	a historically important land area a certified historic structure				
	Preservation of open space	Freservation of a	a certified historic structure				
2	Complete lines 2a through 2d if the organization held a quality	find conservation contribution in the form o	f a conservation easement on the last				
2	day of the tax year.	ned conservation contribution in the form o	Held at the End of the Tax Year				
a	Total number of conservation easements						
			•				
	Number of conservation easements on a certified historic str						
	Number of conservation easements included in (c) acquired a						
•	listed in the National Register						
3	Number of conservation easements modified, transferred, rel						
	year ▶	,g, -,					
4	Number of states where property subject to conservation eas	sement is located >					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h))(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that describes the				
_	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works				
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fur	therance of public				
	service, provide in Part XIII the text of the footnote to its finance	ncial statements that describes these items					
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		> \$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
b	Assets included in Form 990, Part X		> \$				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021				

THE JEWISH MUSEUM 13-6146854 Schedule D (Form 990) 2021 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): X Public exhibition Loan or exchange program X Scholarly research h Other X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 140,752,913. 107,928,015. 112,306,191 110,860,165 109,244,712. **1a** Beginning of year balance 5,285,000. 1,025,000 5,305,000 1,182,475. Contributions -31,121,803. 33,448,377. 4,366,101. 2,595,149. 7,320,348. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 5,923,484. 5,908,479. 9,769,277. 6,454,120. 5,882,895. and programs Administrative expenses 104,890,101. 140,752,913. 107,928,015. 112,306,194, End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 36.5900 a Board designated or quasi-endowment Permanent endowment 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 Yes No (i) Unrelated organizations X 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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)					
1a Land		883,750.		883,750.		
b Buildings		4,063,176.	2,147,782.	1,915,394.		
c Leasehold improvements		38,259,671.	26,709,257.	11,550,414.		
d Equipment		10,025,627.	9,472,731.	552,896.		
e Other		9,796,147.	8,252,105.	1,544,042.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2021 THE JEWISH MUSEU	M		13-6146854	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 e	end-of-year market	value
(1) Financial derivatives			-	
(2) Closely held equity interests				
(3) Other (A) LIMITED PARTNERSHIPS	21 215 424	END-OF-YEAR MARKET VALUE		
	21,215,424.			
(B) HEDGE FUNDS	32,770,139.	END-OF-YEAR MARKET VALUE		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	53,985,563.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market	value
(1)	()		, , , , , , , , , , , , , , , , , , ,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (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 1	1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	25.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) LEASE OBLIGATIONS				75,179.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		>	75,179.
2. Liability for uncertain tax positions. In Part XIII, provide			s that reports the	

Schedule D (Form 990) 2021

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

X

13-6146854

Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				14 744 050
1				1	-14,744,958.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	22 007 205		
a	Net unrealized gains (losses) on investments		-32,007,205.		
b	Donated services and use of facilities				
C C	Recoveries of prior year grants Other (Describe in Part VIII.)		1,963,886.		
d	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	-30,043,319.
е 3				3	15,298,361.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	561,565.		
b	Other (Describe in Part XIII.)		650,729.		
	Add lines 4a and 4b		•	4c	1,212,294.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,510,655.
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı .			
1	Total expenses and losses per audited financial statements			1	22,540,618.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		2,038,886.		
_	Add lines 2a through 2d			2e	2,038,886.
3	Subtract line 2e from line 1			3	20,501,732.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما	561,565.		
_	Investment expenses not included on Form 990, Part VIII, line 7b		966,829.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b		•	4c	1,528,394.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	22,030,126.
Par	t XIII Supplemental Information.				, ,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	: IV, lines 1b	and 2b; Part V, line 4	; Part X, li	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional inforn	nation.		
PART	III, LINE 1A:				
	ANIGENING COLLEGETON TO CONDITION OF ADDROLLARITY AS ASSOCIATED	m.c			
THE	MUSEUMS COLLECTION IS COMPRISED OF APPROXIMATELY 30,000 OBJEC	TS			
DET.A	TED TO TEWISH DELIGIOUS AND CHLTRIDAL HISTORY INCLIDING DAINT	TNGG			
КБПА	TED TO JEWISH RELIGIOUS AND CULTURAL HISTORY, INCLUDING PAINT	INGD,			
SCUL	PTURE, WORKS ON PAPER, PHOTOGRAPHS, ETHNOGRAPHIC MATERIAL,				
	,				
ARCH	AEOLOGICAL ARTIFACTS, NUMISMATICS, CEREMONIAL OBJECTS, AND BR	OAD CAST			
MEDI	A MATERIALS. THE COLLECTION IS HELD FOR EXHIBITION, EDUCATION	, AND			
RESE	ARCH AND IS ADMINISTERED AND STORED IN ACCORDANCE WITH A FORM	AL			
COLL	ECTION MANAGEMENT POLICY APPROVED BY THE AMERICAN ASSOCIATION	OF			
MIICE	UMS. THE MUSEUM MAINTAINS A POLICY THAT REQUIRES THE PROCEEDS	ББ∪М ШПЕ			
1100E	one, in motion militario a folici inai aegotaes ine fauceeds	INOM INE			
SALE	OF COLLECTION OBJECTS (DEACCESSIONS) BE USED TO ACQUIRE OTHE	R ITEMS			
₽O₽	THE COLLECTION				
FOR	THE COLLECTION.				

132055 10-28-21

Schedule D (Form 990) 2021 THE JEWISH MUSEUM Part XIII Supplemental Information (continued)	13-6146854 Page 5					
Part XIII Supplemental Information (continued)						
DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS						
NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED						
TAX POSITIONS. THE MUSEUM HAS DETERMINED THAT THERE ARE NO MATERIAL						
UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN ITS						
FINANCIAL STATEMENTS. IN ADDITION, THE MUSEUM HAS NOT RECORDED A PROVISION						
FOR INCOME TAXES, AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED						
BUSINESS INCOME ACTIVITIES.						
PART XI, LINE 2D - OTHER ADJUSTMENTS:						
RECLASS OF RENTAL EXPENSES TO PART VIII, LINE 6B: 410						
RECLASS OF COST OF GOODS SOLD REPORTED ON PART VIII, LINE						
10B: 1,963,476						
TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,963,886						
PART XI, LINE 4B - OTHER ADJUSTMENTS:						
INDIRECT SPECIAL EVENT EXPENSES WHICH ARE SHOWN ON THE FINANCIAL STATEMENTS						
AS A REDUCTION TO SPECIAL EVENTS REVENUE: 650,729						
PART XII, LINE 2D - OTHER ADJUSTMENTS:						
RECLASS OF COST OF GOODS SOLD REPORTED ON PART VIII, LINE						
10B: 1,963,476						
RECLASS OF RENTAL EXPENSES TO PART VIII, LINE 6B: 410						
RECLASS OF WRITE-OFF OF UNCOLLECTIBLE PLEDGE TO PART XI,						
LINE 9: 75,000						
TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,038,886						
PART XII, LINE 4B - OTHER ADJUSTMENTS:						
INDIRECT SPECIAL EVENT EXPENSES WHICH ARE SHOWN ON THE FINANCIAL STATEMENTS						
	Schedule D (Form 990) 2021					

132055 10-28-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ 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.

2021
Open to Public Inspection

Name of the organization

Employer identification number

	JEWISH MUSEUM			-tiiti Ot	aids the United Chates		13-6146854	
Pa				ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
1	For grantmakers			maintain record	ds to substantiate the amount of its grain	nte and other	necietance	
•	-		-		the selection criteria used to award the			Yes No
	gg.	,,	9	,		9		
2	For grantmakers	s. Descr	ibe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
	United States.							
3		gion. (Th			n be duplicated if additional space is no			
	(a) Region		(b) Number of offices	èmplovees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
			in the region	agents, and independent	gram services, investments, grants to		specific type	for and
			J	contractors in the region	recipients located in the region)		(s) in the region	investments in the region
				in the region				+ -
ENT	TRAL AMERICA A	ND						
CHE	CARIBBEAN		0	0	INVESTMENTS			35,702,885.
	Subtotal		0	0				35,702,885.
b	Total from continu			_				
	sheets to Part I		0	0				0.
С	Totals (add lines and 3b)		0	0				35,702,885.
	ailu 30)		•					, ,

132071 12-20-21

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Schedule F (Form 990) 2021

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

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)		(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)
			recognized as charities by the			I		1
			or counsel has provided a sect					
 Enter lotal number of 	other organizations of	л eншиes						

Part II

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 a	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)	
							(F	

13-6146854

Page 4

THE JEWISH MUSEUM

Schedule F (Form 990) 2021 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)	X 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	X 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)	X 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)	X 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)	X 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	X No

Schedule F (Form 990) 2021

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.
PART IV:
THE JEWISH MUSEUM INVESTS DIRECTLY IN A VARIETY OF ALTERNATIVE
INVESTMENTS THAT ARE STRUCTURED AS EITHER FOREIGN CORPORATIONS, FOREIGN
LIMITED PARTNERSHIPS OR DOMESTIC LIMITED PARTNERSHIPS. THE LIMITED
PARTNERSHIP INVESTMENTS MAY, IN TURN, OWN AN INTEREST IN A FOREIGN
CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN
PARTNERSHIP. TO THE EXTENT THAT THE JEWISH MUSEUM IS REQUIRED TO
COMPLETE A FORM 926, 5471, 8621 OR 8865 BECAUSE ITS INVESTMENT EXCEEDS
THE FILING THRESHOLD, THOSE FORMS HAVE BEEN ATTACHED TO THE
ORGANIZATION'S FORM 990-T FILING.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** THE JEWISH MUSEUM 13-6146854 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) DCM INC - 330 W 38TH ST. Yes No STE. 201, NEW YORK, NY 10018 Х PHONE SOLICITATIONS 58,101 40,299 17,802. DANILLER COMPANY - 3724 JEFFERSON ST., STE. 302 MAIL SOLICITATIONS Х 56,350 68,517 -12,167. 114,451. 108,816, 5 635. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CT,NJ,NY

132081 10-21-21

Schedule G (Form 990) 2021

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

SEE PART IV FOR CONTINUATIONS

THE JEWISH MUSEUM 13-6146854 Schedule G (Form 990) 2021 Page 2 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 NONE (add col. (a) through PURIM BALL col. (c)) (event type) (total number) (event type) 2,562,597 2,562,597. 1 Gross receipts 2 Less: Contributions 2,444,747 2,444,747. Gross income (line 1 minus line 2) 117,850 117,850. 4 Cash prizes 5 Noncash prizes Direct Expenses 185,865. 185,865. 6 Rent/facility costs 211,827. 211,827. 7 Food and beverages 31,200, 31,200. 8 Entertainment 532,851. 532,851. Other direct expenses 961,743. **10** Direct expense summary. Add lines 4 through 9 in column (d) -843,893. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 THE JEWISH MOSEUM	13-6146854	Page 3
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 former		
to administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re-	ecords:	
Name ▶		
Address >		
15a 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	e 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 ▶ \$		
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 sp		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an	d (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, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: DANILLER COMPANY		
(I) ADDRESS OF FUNDRAISER: 3724 JEFFERSON ST., STE. 302, AUSTIN, TX 78731		

Schedule G (Form 990)	HE JEWISH MUSEUM	13-6146854	Page 4
Schedule G (Form 990) Part IV Supplemental Information	ation (continued)		

SCHEDULE J (Form 990)

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

THE JEWISH MUSEUM 13-6146854 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 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. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h Х c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7

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

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2021

8

Regulations section 53.4958-6(c)?

Х

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CLAUDIA GOULD	(i)	549,681.	0.	596.	18,082.	16,864.	585,223.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DARSIE ALEXANDER - SR. DEP. DIR	(i)	265,283.	0.	594.	19,439.	11,198.	296,514.	0.	
SUSAN & ELIHU ROSE CHIEF CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DAVID RUBENSTEIN - DEP. DIR.	(i)	271,868.	0.	512.	0.	467.	272,847.	0.	
OF FIN. & ADMIN. (THRU 01/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MICHAEL STAFFORD - DIR. OF	(i)	188,211.	0.	573.	0.	37,986.	226,770.	0.	
FACILITIES, SECURITY, & ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LINDA PADAWER - SR. DIR.	(i)	142,504.	0.	24,364.	13,169.	30,191.	210,228.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) NELLY BENEDEK	(i)	157,957.	0.	357.	12,306.	14,930.	185,550.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) CINDY CAPLAN	(i)	167,406.	0.	460.	12,761.	3,770.	184,397.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) SARAH SUPCOFF - DEPUTY DIR.,	(i)	168,420.	0.	446.	12,958.	1,487.	183,311.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) RUTH BEESCH - FORMER SR	(i)	45,501.	0.	90,168.	41,994.	4,745.	182,408.	0.	
DEPUTY DIR. PROG. & STRAT. INIT.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) ALLISON CURRAN - DIR. OF	(i)	142,452.	0.	395.	11,196.	15,590.	169,633.	0.	
INSTITUTIONAL & MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) JONATHAN NIGH	(i)	140,694.	0.	327.	10,957.	9,868.	161,846.	0.	
CHIEF DEV. OFFICER (THRU 07/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(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.
PART I, LINE 4A:
FORMER SENIOR DEPUTY DIRECTOR, PROGRAMS AND STRATEGIC INITIATIVES, RUTH
BEESCH, SEPARATED FROM SERVICE FROM THE JEWISH MUSEUM IN CALENDAR YEAR 2021
AND RECEIVED A SEVERANCE PAYMENT TOTALING \$90,000 THAT IS REPORTED IN
SCHEDULE J, PART II, COLUMN (B)(III). IN ADDITION, ONE OF MS. BEESCH'S
SEVERANCE PAYMENTS WAS DEFERRED UNTIL CALENDAR YEAR 2022 IN THE AMOUNT OF
\$38,750; THIS PAYMENT IS REFLECTED IN SCHEDULE J, PART II, COLUMN (C).

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization								Em	ployer	identi	ification	on nu	mber
THE JEV									3-614				
Part I Excess Benefit Tra													
Complete if the organiza						o, or	Form 990-EZ, Pa	art V, I	ine 40	b.	1, 5		
(a) Name of disqualified person	(b) l	Relationship bet person and or			ified (c) De	escription of tran	sactio	n				cted?
		person and or	garnze	20011							Y	es	No
											+	\dashv	
											+	-+	
											+	-	
												-	
2 Enter the amount of tax incurred	by the o	rganization man	agers	or disc	ualified persons dur	ring t	he year under						
									> \$				
3 Enter the amount of tax, if any, of	n line 2,	above, reimburs	ed by	the or	ganization				> \$				
Part II Loans to and/or Fr	om Int	erested Pers	sons.	•									
Complete if the organiza	ion ansv	wered "Yes" on F	orm 9	990-EZ	, Part V, line 38a or I	Form	990, Part IV, lin	e 26; d	or if the	e orgai	nizatio	n	
reported an amount on I		 			Г	_				/h\ Anı	around		
	itionship anization	(c) Purpose of loan	fror	oan to or m the	(e) Original principal amount	(f) Balance due) In ault?	(h) App by boa	ard or	, ,,, ,,	/ritten ment?
with or	umzanom	Orloan	T_	ization?	principal amount					comm			Т
			То	From		_		Yes	No	Yes	No	Yes	No
Total	<u></u>		<u></u>	·····	> \$								
Part III Grants or Assistan		•											
Complete if the organiza							T						
(a) Name of interested person		(b) Relationship interested pers			(c) Amount of assistance		(d) Type assistan) Purp assista		f
		the organiza		u	assistance		aooiotari	00		·	2001010	1100	
	+								-+				
	\neg												

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

Schedule L (Form 990) 2021

	ed "Yes" on Form 990, Part IV, line 28a, 28		T	(a) Sh	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	
CHANGE VOLUMET V	DOLDD WEWDED	216 226	GDD D1DD 11	Yes	No
STEVE NOVENSTEIN	BOARD MEMBER	216,096.	SEE PART V		Х
					-
	-			-	-
				-	-
Part V Supplemental Information.				1	
• • • • • • • • • • • • • • • • • • • •	ponses to questions on Schedule L (see ir	nstructions).			
	po:::000 to question on consum <u>u</u> (000 ii				
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: STEVE NOVENSTEIN					
(D) DESCRIPTION OF TRANSACTION: BUSIN	ESS TRANSACTION				
SCHEDULE L, PART IV:					
Denison I, I'mi IV.					
THE MUSEUM ENTERED INTO A FIXED 10-YE	AR CONTRACT WITH UOVO IN MAY 20	17.			
AT THE TIME, STEVE NOVENSTEIN, THE CO	-FOUNDER, HAD NO RELATIONSHIP W	/ITH			
THE MUSEUM AND HE DID NOT JOIN THE BO	DARD UNTIL FEBRUARY 2019. THE				
WIGHT TWO OPEN WILMING AND GROUNG	EAGTITHING AND GRUNGHED HOUSE DA	GED.			
MUSEUM EXPLORED MULTIPLE ART STORAGE	FACILITIES AND SELECTED UOVO BA	SED			
ON ITS COMPETITIVE RATES, EXCELLENT F	EPUTATION AND THE ENHANCED				
ON 115 COMPUTITIVE MILES, EXCELLENT	ELIGINITION, MAD THE EMILIACED				
FACILITIES IT OFFERED.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization Employer identification number THE JEWISH MUSEUM 13-6146854

Pai	π I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition am	iounts	3
1	Art - Works of art	Х	44	0.	APPRAISAL			
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	Х	5	205,683.	FMV ON DATE OF D	ONATIO	N	
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 organiz	-					•	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		Ι.	2 T	
				=			Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		ŕ	·		00-		Х
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.	alicy that "a	auires the review	of any populational contribution	tions?	24	х	
31	Does the organization have a gift acceptance p					31	^	
s∠a	Does the organization hire or use third parties contributions?		_			202	x	
h	contributions? If "Yes," describe in Part II.					32a		
33	If the organization didn't report an amount in co	olumn (a) far	r a type of property	for which column (a) is show	sked			
33	describe in Part II.	Marrier (C) 101	a type of property	nor writeri coluitiit (a) is che	oneu,			
	GOOGHAC III I GIL II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE MUSEUM DETERMINES THE NUMBER OF CONTRIBUTIONS REPORTED IN SCHEDULE
M, PART I BASED UPON THE TOTAL NUMBER OF ITEMS CONTRIBUTED.
SCHEDULE M, LINE 32B:
THE MUSEUM USES AUCTION HOUSES TO SELL WORKS OF ART CONTRIBUTED TO THE
MUSEUM, THE PROCEEDS OF WHICH ARE THEN USED TO PURCHASE OTHER WORKS OF
ART IN THE FUTURE.
SCHEDULE M, LINE 33:
THE MUSEUM DOES NOT CAPITALIZE ITS ART COLLECTION; THEREFORE, ALL ART
CONTRIBUTIONS LISTED IN SCHEDULE M ARE VALUED AT \$0.

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE JEWISH MUSEUM

Employer identification number 13-6146854

GENERAL STATEMENT ABOUT THE PANDEMIC'S IMPACT ON THE MUSEUM:
IN MARCH 2020, THE WORLD HEALTH ORGANIZATION RECOGNIZED THE NOVEL
STRAIN OF CORONAVIRUS, COVID-19, AS A PANDEMIC AND CONSEQUENTLY, THE
MUSEUM WAS CLOSED TO THE PUBLIC IN ACCORDANCE WITH NEW YORK STATE
EXECUTIVE ORDERS AND GUIDANCE RELATED TO THE PANDEMIC. ON SEPTEMBER 24,
2020, THE MUSEUM REOPENED TO VISITORS IN ACCORDANCE WITH NEW YORK STATE
SAFETY GUIDANCE AND DIRECTIVES, INCLUDING ATTENDANCE CAPACITY
LIMITATIONS.
IN APRIL 2020, THE MUSEUM RECEIVED A SMALL BUSINESS ADMINISTRATION
("SBA") LOAN THROUGH THE CORONAVIRUS, AID, RELIEF AND ECONOMIC SECURITY
ACT FOR THE PAYCHECK PROTECTION PROGRAM ("PPP") FOR \$2,107,227. THE
TERM OF THE LOAN IS TWO YEARS WITH A 1% INTEREST RATE. THIS ENTIRE PPP
LOAN AMOUNT WAS SUBSEQUENTLY FORGIVEN BY THE SBA IN JULY 2021 AND IS
REPORTED AS GOVERNMENTAL GRANT REVENUE ON FORM 990, PART VIII, LINE
1(E).
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF THE JEWISH MUSEUM IS TO COLLECT, PRESERVE, EXHIBIT AND
INTERPRET ART AND JEWISH CULTURE. THE MUSEUM IS DEDICATED TO THE
ENJOYMENT, UNDERSTANDING AND PRESERVATION OF THE ARTISTIC AND CULTURAL
HERITAGE OF THE JEWISH PEOPLE THROUGH ITS UNPARALLELED COLLECTIONS,
DISTINGUISHED EXHIBITIONS AND RELATED EDUCATION PROGRAMS. USING ART AND
ARTIFACTS THAT EMBODY THE DIVERSITY OF THE JEWISH EXPERIENCE FROM
ANCIENT TIMES, THROUGHOUT THE WORLD, TO PRESENT TIMES THE MUSEUM
STRIVES TO BE A SOURCE OF INSPIRATION AND SHARED HUMAN VALUES FOR

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Schedule O (Form 990) 2021

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

Schedule O (Form 990) 2021 Page **2**

Employer identification number Name of the organization THE JEWISH MUSEUM 13-6146854 PEOPLE OF ALL RELIGIOUS AND CULTURAL BACKGROUNDS WHILE SERVING AS A SPECIAL TOUCHSTONE OF IDENTITY FOR THE JEWISH PEOPLE. AS A VITAL CULTURAL RESOURCE FOR NEW YORK RESIDENTS AND VISITORS OF ALL AGES, THE MUSEUM ALSO REACHES OUT TO NATIONAL AND INTERNATIONAL COMMUNITIES AS IT INTERPRETS AND PRESERVES ART AND JEWISH CULTURE FOR CURRENT AND FUTURE GENERATIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE JEWISH MUSEUM COLLECTION CHRONICLES 4 000 YEARS OF JEWISH CULTURE THROUGH NEARLY 30,000 OBJECTS FROM AROUND THE WORLD. THE MUSEUM ACTIVELY ACQUIRES ART (SCULPTURE, PAINTINGS AND PHOTOGRAPHS), JUDAICA AND MEDIA THAT ARE RELATED TO JEWISH EXPERIENCES, WHETHER BY VIRTUE OF THE SUBJECT DEPICTED, BECAUSE OF THE IMPLIED INTENT OF THE ARTIST, OR BECAUSE A WORK BY A JEWISH ARTIST REPRESENTS A SIGNIFICANT CONTRIBUTION TO ART AND CULTURAL HISTORY. THE JEWISH MUSEUM'S DYNAMIC TEMPORARY INSTALLATION BY RENOWNED ARTIST LAWRENCE WEINER WAS PRESENTED ON THE MUSEUM'S FIFTH AVENUE FACADE TRANSFORMING THE BUILDING INTO A PUBLIC ARTWORK AND SPREADING A MESSAGE OF SHARED HUMANITY ALONG MUSEUM MILE. FOR THIS NEW ARTWORK COMMISSIONED BY THE JEWISH MUSEUM. WEINER DREW UPON AN OLD YIDDISH PHRASE HE OFTEN HEARD WHEN GROWING UP, "ALE YEVANIM HABN EYN PUNIM, " MEANING ALL GREEKS (I.E., ALL NON-JEWS) HAVE THE SAME FACE. THESE WORDS, AN EXPRESSION OF JEWISH SELF-ISOLATION AND ANXIETY AROSE IN RESPONSE TO THE LONG HISTORY OF ANTI-SEMITISM. REPEATING THE SAME INSULARITY AND SUSPICION OF "OTHERS" TO WHICH THEY WERE SUBJECT. WEINER RECONCEIVED THIS TEXT TO READ ALL THE STARS IN THE SKY HAVE THE

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization THE JEWISH MUSEUM 13-6146854 SAME FACE. AND TRANSLATED IT SIMULTANEOUSLY INTO ENGLISH. HEBREW. AND ARABIC ON A FIELD OF VIBRANT BLUE. HIS REIMAGINING OF THE EFFECTS OF ANTI-SEMITISM IS INSEPARABLE FROM THE RESURGENCES OF XENOPHOBIA AND RACISM WE HAVE SEEN ENACTED IN OUR OWN CITY AND AROUND THE GLOBE, URGING US TO REEXAMINE WHO WE ARE AND WHERE WE WANT TO BE TODAY. WEINER'S ARTWORK SIGNALS A RESTORATIVE, UNIFYING SENTIMENT; IT PROMPTS US TO THINK COLLECTIVELY, TO IMAGINE ALL THAT WE MAY ACCOMPLISH IF WE WORK TOGETHER. FORM 990, PART VI, SECTION A, LINE 2: AUDREY WILF AND JANE WILF HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF THE MUSEUM IS THE JEWISH THEOLOGICAL SEMINARY. FORM 990, PART VI, SECTION A, LINE 7A: THE MUSEUM'S BYLAWS RESERVE THE POWER TO REMOVE ANY OR ALL MEMBERS OF THE BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE, TO ITS SOLE MEMBER: THE JEWISH THEOLOGICAL SEMINARY. FORM 990, PART VI, SECTION A, LINE 7B: THE MUSEUM'S BYLAWS RESERVE THE FOLLOWING POWERS TO ITS SOLE MEMBER: - THE RIGHT TO APPOINT THE MUSEUM'S DIRECTOR, WHO SHALL SERVE AS THE MUSEUM'S CHIEF EXECUTIVE OFFICER BASED UPON THE RECOMMENDATIONS OF A SEARCH COMMITTEE. AMENDMENTS, ALTERATIONS, OR THE REPEAL OF BYLAWS PROVISIONS MAY ONLY BE EFFECTUATED WITH THE SEMINARY'S APPROVAL. THE BOARD DOES NOT HAVE THE AUTHORITY TO ENGAGE IN ANY ACTION OR MATTER

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization THE JEWISH MUSEUM 13-6146854 OF A RELIGIOUS NATURE WITHOUT THE SEMINARY'S APPROVAL. FORM 990, PART VI, SECTION B, LINE 11B: THE DRAFT OF THE MUSEUM'S FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR CHIEF OPERATING OFFICER AND THE MUSEUM'S CHIEF LEGAL COUNSEL IT IS THEN SENT TO THE AUDIT COMMITTEE FOR REVIEW AFTER ALL COMMENTS HAVE BEEN ADDRESSED. THE 990 IS MADE AVAILABLE TO THE BOARD OF TRUSTEES FOR THEIR REVIEW BEFORE FINAL SUBMISSION WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CHIEF COUNSEL AND TALENT OFFICER ENSURES THAT THE CONFLICT-OF-INTEREST POLICY AND DISCLOSURE FORMS ARE COMPLETED ANNUALLY BY THE OFFICERS TRUSTEES, AND KEY PERSONNEL. ANY CONFLICTS NOTED ARE REVIEWED BY THE AUDIT COMMITTEE, WHICH DETERMINES WHETHER ANY FURTHER ACTION IS NEEDED. IN REGARDS TO STAFF, THE MUSEUM'S PERSONNEL MANUAL INCLUDES A CONFLICT-OF-INTEREST POLICY STATEMENT AND ALL STAFF ARE REQUIRED TO SIGN A STATEMENT ACKNOWLEDGING THAT THEY HAVE READ AND UNDERSTAND ALL POLICIES INCLUDED IN THE MANUAL. FORM 990, PART VI, SECTION B, LINE 15: THE MUSEUM'S DIRECTOR IS EMPLOYED PURSUANT TO A FIVE YEAR WRITTEN EMPLOYMENT CONTRACT THAT WAS EXECUTED IN 2018. THE MUSEUM COMMISSIONED AN EXECUTIVE SUBCOMMITTEE OF THE BOARD OF TRUSTEES TO REVIEW AND APPROVE A CONTRACT EXTENSION. THIS EXECUTIVE SUBCOMMITTEE IS COMPRISED OF BOARD TRUSTEES WHO ARE INDEPENDENT OF MANAGEMENT AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGMENT.

THE EXECUTIVE SUBCOMMITTEE OBTAINED AND REVIEWED APPROPRIATE COMPENSATION

Schedule O (Form 990) 2021 Page **2**

Name of the organization **Employer identification number** THE JEWISH MUSEUM 13-6146854 DATA FOR PEER INSTITUTIONS TO ENSURE THAT THE COMPENSATION OFFERED WAS COMPARABLE TO THE INDUSTRY AND GEOGRAPHY IN WHICH THE MUSEUM OPERATES. THE EXECUTIVE DIRECTOR'S EMPLOYMENT CONTRACT ESTABLISHES ANNUAL COST-OF-LIVING-ADJUSTMENTS AND DISCRETIONARY BONUSES THAT MUST BE APPROVED BY THE BOARD OF TRUSTEES. UNTIL SUCH TIME AS THIS EMPLOYMENT CONTRACT CONCLUDES, NO FURTHER COMPARABILITY STUDIES ARE EXPECTED. FOLLOWING THE DEPARTURE OF THOSE WHO WERE PREVIOUSLY APPOINTED KEY ROLES, THE MUSEUM APPOINTED NEW INDIVIDUALS TO KEY ROLES. KATHERYN HOLLANDER CHIEF DEVELOPMENT OFFICER IN FISCAL YEAR 2022 AND MARGARET SCHRAMM HORN. CHIEF OPERATING OFFICER IN FISCAL YEAR 2023. BEFORE APPOINTING BOTH INDIVIDUALS, THE MUSEUM'S HUMAN RESOURCES DEPARTMENT ANALYZED MARKET DATA TO ENSURE THAT THE COMPENSATION LEVELS IT WAS OFFERING FOR BOTH POSITIONS ALIGNED WITH THE MARKET AND THE MUSEUM'S PEERS. PROSPECTIVELY, IT IS ANTICIPATED THAT THE MUSEUM'S DIRECTOR SHALL BE AUTHORIZED TO PROPOSE COMPENSATION ADJUSTMENTS FOR THE KEY EMPLOYEES TO A SUBCOMMITTEE OF THE BOARD OF DIRECTORS. THE SUBCOMMITTEE OF THE BOARD OF DIRECTORS ALSO COMPLETES A REVIEW OF THE CHIEF OPERATING OFFICER'S COMPENSATION PACKAGE. THE MUSEUM MAY, PERIODICALLY, COMMISSION INDEPENDENT COMPENSATION SURVEYS TO ENSURE THAT IT CONTINUES TO PAY ITS KEY EMPLOYEES A COMPARABLE WAGE. FORM 990, PART VI, SECTION C, LINE 19: THE PUBLIC MAY ACCESS THE MUSEUM'S AUDITED FINANCIAL STATEMENTS AND FORM 990 FILINGS BY VISITING THE MUSEUM'S WEBSITE AND MAY REQUEST COPIES OF THE MUSEUM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY BY CONTACTING THE OFFICE OF THE CHIEF OPERATING OFFCIER AT THE CONTACT INFORMATION DISCLOSED IN PART VI, SECTION C, LINE 20. THE MUSEUM MAKES ITS IRS DETERMINATION LETTER CONFIRMING ITS TAX-EXEMPT STATUS AVAILABLE TO THE

Schedule O (Form 990) 2021	Page 2
Name of the organization THE JEWISH MUSEUM	Employer identification number 13-6146854
PUBLIC AT ITS PLACE OF BUSINESS (AND UPON REQUEST) IN LIEU OF THE FORM 1023	
WHICH IS NO LONGER AVAILABLE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
WRITE-OFF OF UNCOLLECTIBLE PLEDGES -75,000.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

THE JEWISH MUSEUM

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-6146854

(a)	(b)	(c)	(d)		(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	ır assets	Direct controlling entity			
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or more	related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	contr	g) 512(b)(13) rolled ity?	
		, , , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No	
JEWISH THEOLOGICAL SEMINARY OF AMERICA - 13-0887640, 3080 BROADWAY, NEW YORK, NY 10027-4650	RELIGIOUS ORGANIZATION	NEW YORK	501(C)(3)	LINE 1	N/A			x	
10027 4030		THE FORCE	301(0)(3)		147.21			A	
For Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.					Schedule R	 (Form 99	00) 2021	

Schedule R (Form 990) 2021 THE JEWISH MUSEUM 13-6146854 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization treated as a partition stip training and taxty year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	rtrolling (related, unrelated, excluded from tax under sections 512-514) Share of total income (related, unrelated, excluded from tax under sections 512-514) Share of total end-of-year assets Share of end-of-year assets Disproportionate allocations? Yes No K-1 (Form 10		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership			
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

THE JEWISH MUSEUM 13-6146854 Schedule R (Form 990) 2021 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

Х

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b	Gift, grant, or capital contribution to related organization(s)				1 b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х
d	Loans or loan guarantees to or for related organization(s)				1d	Х
е	Loans or loan guarantees by related organization(s)				1e	Х
f	Dividends from related organization(s)				1f	Х
g	Sale of assets to related organization(s)				1g	Х
h	Purchase of assets from related organization(s)				1h	Х
i	Exchange of assets with related organization(s)				1i	Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	х
ı	Performance of services or membership or fundraising solicitations for related organization.				11	х
m	Performance of services or membership or fundraising solicitations by related organization	()			1m	х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	х
					10	х
Ŭ	Chairing of paid employees with related organization(s)				.0	
р	Reimbursement paid to related organization(s) for expenses				1p	х
	Reimbursement paid by related organization(s) for expenses				1q	Х
r	Other transfer of cash or property to related organization(s)				1r	Х
s	Other transfer of cash or property from related organization(s)				1s	Х
2	If the answer to any of the above is "Yes," see the instructions for information on who n	must complete thi	s line, including covered re	lationships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved	
(1)						
(2)						
(3)						
(0)						
(4)						
,						
(5)						
						
(6)						
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Schedule R (Form 990) 2021 THE JEWISH MUSEUM 13-6146854 Page **4**

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

32165 11-17-21 Schedule R (Form 990) 2021