

Form 990

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form header section containing: B Check if applicable, C Name of organization (THE JEWISH MUSEUM), D Employer identification number (13-6146854), E Telephone number ((212) 423-3200), F Name and address of principal officer (CLAUDIA GOULD), G Gross receipts (\$ 107,317,613), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature block section containing: Sign Here (Signature of officer BRENT DICKMAN), Paid (Preparer's name SCOTT THOMPSETT, signature, date 5/16/2022), Preparer Use Only (Firm's name GRANT THORNTON LLP, address).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 print | Name of exempt organization or other filer, see instructions. THE JEWISH MUSEUM | Taxpayer identification number (TIN) 13-6146854 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1109 FIFTH AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10128 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 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) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

BRENT DICKMAN

- 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 box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c 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. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 7,789,437. including grants of \$) (Revenue \$ 1,908,385.) MUSEUM PROGRAMS, GENERAL/OTHER: PRESENTATION OF EXHIBITIONS RELATED TO ART AND JEWISH CULTURE AND CORRESPONDING EDUCATIONAL PROGRAMS FOR ADULTS, CHILDREN, FAMILIES, SCHOOL GROUPS, AND INDIVIDUALS WITH SPECIAL NEEDS.

4b (Code:) (Expenses \$ 4,871,772. including grants of \$) (Revenue \$) 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 \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,661,209.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included on line 1a, above, who are independent (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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records [BRENT DICKMAN - (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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CLAUDIA GOULD HELEN GOLDSMITH MENSCHER DIRECTOR | 40.00 0.00 | | | X | | | | 499,810. | 0. | 37,280. |
| (2) JONATHAN NIGH CHIEF DEVELOPMENT OFFICER | 40.00 0.00 | | | | X | | | 199,068. | 0. | 25,851. |
| (3) DARSIE ALEXANDER SUSAN & ELIHU ROSE CHIEF CURATOR | 40.00 0.00 | | | | | X | | 207,439. | 0. | 6,756. |
| (4) RUTH BEESCH - SR DEPUTY DIR, PROG. & STRAT. INIT. (THRU 03/31/21) | 40.00 0.00 | | | | X | | | 187,236. | 0. | 21,901. |
| (5) DAVID RUBENSTEIN DEP. DIR. OF FIN. & ADMIN. | 40.00 0.00 | | | X | | | | 207,813. | 0. | 0. |
| (6) LINDA PADAWER SR DIRECTOR OF SPECIAL EVENTS | 40.00 0.00 | | | | | X | | 139,032. | 0. | 36,782. |
| (7) CINDY CAPLAN CHIEF COUNSEL & TALENT OFFICER | 40.00 0.00 | | | | | X | | 158,777. | 0. | 10,891. |
| (8) SARAH SUPCOFF DEP. DIR. OF MARKETING & COMM. | 40.00 0.00 | | | | X | | | 154,619. | 0. | 8,483. |
| (9) ALLISON CURRAN - DIR. OF INSTITUTIONAL & MAJOR GIFTS | 40.00 0.00 | | | | | X | | 129,206. | 0. | 21,882. |
| (10) NELLY BENEDEK DEP. DIR., EDUCATION & PROGRAMS | 40.00 0.00 | | | | | X | | 123,421. | 0. | 25,116. |
| (11) JOSEPH RORECH FORMER DEP. DIR. OF FIN. & ADMIN. | 40.00 0.00 | | | | | | X | 107,500. | 0. | 0. |
| (12) ROBERT A. PRUZAN CHAIRMAN | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (13) STEPHEN M. SCHERR PRESIDENT | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (14) SANDER LEVY VICE PRESIDENT | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (15) GAIL A. BINDERMAN VICE CHAIRMAN | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (16) BETTY LEVIN VICE CHAIRMAN | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (17) MAHNAZ MOINIAN VICE CHAIRMAN | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MALCOLM LEVINE TREASURER | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (19) HARRIET SCHLEIFER SECRETARY | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (20) JANE WILF ASSISTANT TREASURER | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (21) ANDREW E. LEWIN ASSISTANT SECRETARY | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (22) SHARI ARONSON BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) JONATHAN CRYSTAL BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) WENDY FISHER BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) NOMI P. GHEZ BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) ALICE GOTTESMAN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,113,921. | 0. | 194,942. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,113,921. | 0. | 194,942. |

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 19

| | Yes | No | |
|---|-----|----|---|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 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) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| ONLINE COMPUTERS AND COMMUNICATIONS, LLC P.O. BOX 428, FLORHAM PARK, NJ 07932 | IT SUPPORT | 475,105. |
| DAVID STARK, INC., 219 36TH STREET, APT. 3A, BROOKLYN, NY 11232 | PRODUCTION SERVICES | 252,318. |
| UOVO LLC, QUEENS PLAZA 41-4 22ND ST., LONG ISLAND CITY, NY 11101 | ART STORAGE | 221,888. |
| UNITED OVERSEAS HOLDINGS, INC. 2 EAST 61ST STREET, NEW YORK, NY 10065-8402 | CATERING SERVICES | 176,722. |
| SHIFT LAB, LLC 290 5TH AVENUE, FLOOR 4, NEW YORK, NY 10001 | IT SUPPORT | 163,241. |

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 9

SEE PART VII, SECTION A CONTINUATION SHEETS

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) DAVID ISRAEL BOARD MEMBER (AS OF 02/10/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) VIRGINIA KAMSKY BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) CAROL SCHAPIRO KEKST BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) JONATHAN KRANE BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (31) JEANETTE LERMAN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (32) GUSTAVE K. LIPMAN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (33) PHYLLIS MACK BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (34) AARON MALINSKY BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (35) JOSHUA NASH BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) STEVE NOVENSTEIN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) DAVID L. RESNICK BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) MICHAEL RUBINOFF BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) DAVID SAMBUR BOARD MEMBER (AS OF 06/15/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (40) DAVID E. SHAPIRO BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (41) JOHN M. SHAPIRO BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (42) AMY ROSE SILVERMAN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (43) JAMES A. STERN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (44) MARGARET STREICKER BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (45) STEVEN TULIP BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (46) AUDREY WILF BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 2,425,431. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 326,000. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 9,336,742. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 368,683. | | | | |
| | h Total. Add lines 1a-1f | | | 12,088,173. | | | |
| Program Service Revenue | 2 a MEMBERSHIPS | Business Code | | | | | |
| | | 712110 | 755,270. | 755,270. | | | |
| | b ADMISSIONS | 712110 | 103,791. | 103,791. | | | |
| | c GROUP FEES/PROGRAM FEE | 712110 | 26,640. | 26,640. | | | |
| | d FILM PROCEEDS | 712110 | 15,012. | 15,012. | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 900,713. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 373,744. | | 28,401. | 345,343. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 5,343. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | 478. | | | | |
| | c Rental income or (loss) | 6c | 4,865. | | | | |
| | d Net rental income or (loss) | | | 4,865. | | 4,865. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 92,924,888. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 82,380,077. | | | | |
| c Gain or (loss) | 7c | 10,544,811. | | | | | |
| d Net gain or (loss) | | | 10,544,811. | | 10,544,811. | | |
| 8 a Gross income from fundraising events (not including \$ 2,425,431. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 0. | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | 537,299. | | | | | |
| c Net income or (loss) from fundraising events | | | -537,299. | | -537,299. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 1,007,672. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | 1,524,796. | | | | | |
| c Net income or (loss) from sales of inventory | | | -517,124. | -517,124. | | | |
| Miscellaneous Revenue | 11 a ALL OTHER REVENUE | Business Code | | | | | |
| | | 712110 | 17,080. | | | 17,080. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 17,080. | | | | |
| 12 Total revenue. See instructions | | | 22,874,963. | 383,589. | 28,401. | 10,374,800. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,256,901. | 860,536. | 158,826. | 237,539. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 64,375. | 44,074. | 8,135. | 12,166. |
| 7 Other salaries and wages | 7,044,995. | 4,823,347. | 890,231. | 1,331,417. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 308,979. | 211,542. | 39,044. | 58,393. |
| 9 Other employee benefits | 1,160,514. | 794,544. | 146,647. | 219,323. |
| 10 Payroll taxes | 418,849. | 286,765. | 52,927. | 79,157. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 137,818. | | 137,818. | |
| c Accounting | 47,025. | | 47,025. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 113,202. | | | 113,202. |
| f Investment management fees | 1,947,662. | | 1,947,662. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,555,218. | 902,249. | 549,784. | 103,185. |
| 12 Advertising and promotion | 456,660. | 358,218. | 26,304. | 72,138. |
| 13 Office expenses | 1,273,191. | 921,583. | 183,455. | 168,153. |
| 14 Information technology | 365,343. | 168,156. | 190,235. | 6,952. |
| 15 Royalties | | | | |
| 16 Occupancy | 507,216. | 361,682. | 85,254. | 60,280. |
| 17 Travel | 29,718. | 12,600. | 5,149. | 11,969. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 359. | 142. | 36. | 181. |
| 20 Interest | 77,492. | | 77,492. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,769,872. | 1,260,859. | 298,870. | 210,143. |
| 23 Insurance | 286,938. | 157,189. | 110,803. | 18,946. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a ART ACQUISITION | 545,630. | 545,630. | | |
| b SHIPPING | 401,490. | 366,663. | 4,108. | 30,719. |
| c STORAGE RENTAL | 285,778. | 280,713. | 5,065. | |
| d TEMP. HELP | 131,501. | 100,285. | 17,460. | 13,756. |
| e All other expenses | 533,889. | 204,432. | 166,248. | 163,209. |
| 25 Total functional expenses. Add lines 1 through 24e | 20,720,615. | 12,661,209. | 5,148,578. | 2,910,828. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 8,186. | 1 | 8,186. |
| | 2 Savings and temporary cash investments | 6,393,360. | 2 | 6,127,799. |
| | 3 Pledges and grants receivable, net | 7,363,548. | 3 | 1,674,382. |
| | 4 Accounts receivable, net | 778,971. | 4 | 628,704. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 793,064. | 8 | 568,281. |
| | 9 Prepaid expenses and deferred charges | 1,046,757. | 9 | 984,272. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 62,644,806. | | |
| | b Less: accumulated depreciation | 10b 44,686,254. | 18,831,837. | 10c 17,958,552. |
| | 11 Investments - publicly traded securities | 52,048,318. | 11 | 64,040,390. |
| | 12 Investments - other securities. See Part IV, line 11 | 57,265,283. | 12 | 78,230,866. |
| | 13 Investments - program-related. See Part IV, line 11 | | 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) | 144,529,324. | 16 | 170,221,432. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,509,974. | 17 | 3,295,023. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 25,764. | 19 | 34,359. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 5,000,000. | 23 | 2,984,051. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 2,107,227. | 25 | 2,183,873. |
| | 26 Total liabilities. Add lines 17 through 25 | 9,642,965. | 26 | 8,497,306. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 54,308,891. | 27 | 64,098,850. |
| | 28 Net assets with donor restrictions | 80,577,468. | 28 | 97,625,276. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 134,886,359. | 32 | 161,724,126. |
| 33 Total liabilities and net assets/fund balances | 144,529,324. | 33 | 170,221,432. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 22,874,963. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 20,720,615. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,154,348. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 134,886,359. |
| 5 | Net unrealized gains (losses) on investments | 5 | 24,683,419. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 161,724,126. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form **990** (2020)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 12,965,372. | 14,527,753. | 22,095,297. | 14,616,843. | 12,088,173. | 76,293,438. |
| 2 Tax revenues levied for the organization'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 | 12,965,372. | 14,527,753. | 22,095,297. | 14,616,843. | 12,088,173. | 76,293,438. |
| 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) | | | | | | 11,207,880. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 65,085,558. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 12,965,372. | 14,527,753. | 22,095,297. | 14,616,843. | 12,088,173. | 76,293,438. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 898,113. | 989,722. | 1,493,803. | 1,399,163. | 350,686. | 5,131,487. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 28,401. | 28,401. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 528,880. | 507,417. | 325,902. | 246,580. | 17,080. | 1,625,859. |
| 11 Total support. Add lines 7 through 10 | | | | | | 83,079,185. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 14,093,289. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 78.34 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 84.20 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT INCOME

2016 AMOUNT: \$ 173,080.

2017 AMOUNT: \$ 176,235.

2018 AMOUNT: \$ 176,750.

2019 AMOUNT: \$ 125,500.

TRAVELING EXHIBITION FEES

2016 AMOUNT: \$ 38,500.

CATALOG REVENUE

2017 AMOUNT: \$ 26,117.

ALL OTHER REVENUE

2016 AMOUNT: \$ 85,505.

2017 AMOUNT: \$ 122,063.

2018 AMOUNT: \$ 36,666.

2019 AMOUNT: \$ 19,481.

2020 AMOUNT: \$ 17,080.

CAFE REVENUE

2016 AMOUNT: \$ 115,147.

2018 AMOUNT: \$ 112,486.

2019 AMOUNT: \$ 101,599.

RENTAL PROGRAM REVENUE

2016 AMOUNT: \$ 116,648.

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.)

2017 AMOUNT: \$ 183,002.

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

THE JEWISH MUSEUM

Employer identification number

13-6146854

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 4,500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 1,002,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 590,719. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 303,079. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 252,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization THE JEWISH MUSEUM | Employer identification number 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 |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

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

2020

Open to Public Inspection

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

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 accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 107,928,015. | 112,306,191. | 110,860,165. | 109,244,712. | 96,991,967. |
| b Contributions | 5,285,000. | 1,025,000. | 5,305,000. | | 352,500. |
| c Net investment earnings, gains, and losses | 33,448,377. | 4,366,101. | 2,595,149. | 7,320,348. | 18,014,356. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 5,908,479. | 9,769,277. | 6,454,120. | 5,882,895. | 5,936,111. |
| f Administrative expenses | | | | | |
| g End of year balance | 140,752,913. | 107,928,015. | 112,306,194. | 110,682,165. | 109,422,712. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 37.0800 %
 - b Permanent endowment 62.9200 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 883,750. | | 883,750. |
| b Buildings | | 4,063,176. | 1,977,815. | 2,085,361. |
| c Leasehold improvements | | 38,259,671. | 25,534,893. | 12,724,778. |
| d Equipment | | 9,907,788. | 9,153,859. | 753,929. |
| e Other | | 9,530,421. | 8,019,687. | 1,510,734. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 17,958,552. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) LIMITED PARTNERSHIPS | 31,271,123. | END-OF-YEAR MARKET VALUE |
| (B) HEDGE FUNDS | 46,959,743. | END-OF-YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 78,230,866. | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (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 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) PAYROLL PROTECTION PROGRAM FORGIVABLE LOAN | 2,107,227. |
| (3) LEASE OBLIGATIONS | 76,646. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 2,183,873. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 46,451,136. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 24,683,419. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,525,274. |
| e | Add lines 2a through 2d | 2e | 26,208,693. |
| 3 | Subtract line 2e from line 1 | 3 | 20,242,443. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,947,662. |
| b | Other (Describe in Part XIII.) | 4b | 684,858. |
| c | Add lines 4a and 4b | 4c | 2,632,520. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 22,874,963. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 19,067,739. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,525,274. |
| e | Add lines 2a through 2d | 2e | 1,525,274. |
| 3 | Subtract line 2e from line 1 | 3 | 17,542,465. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,947,662. |
| b | Other (Describe in Part XIII.) | 4b | 1,230,488. |
| c | Add lines 4a and 4b | 4c | 3,178,150. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 20,720,615. |

Part XIII Supplemental Information.

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

PART III, LINE 1A:

THE MUSEUMS COLLECTION IS COMPRISED OF APPROXIMATELY 30,000 OBJECTS
 RELATED TO JEWISH RELIGIOUS AND CULTURAL HISTORY, INCLUDING PAINTINGS,
 SCULPTURE, WORKS ON PAPER, PHOTOGRAPHS, ETHNOGRAPHIC MATERIAL,
 ARCHAEOLOGICAL ARTIFACTS, NUMISMATICS, CEREMONIAL OBJECTS, AND BROADCAST
 MEDIA MATERIALS. THE COLLECTION IS HELD FOR EXHIBITION, EDUCATION, AND
 RESEARCH AND IS ADMINISTERED AND STORED IN ACCORDANCE WITH A FORMAL
 COLLECTION MANAGEMENT POLICY APPROVED BY THE AMERICAN ASSOCIATION OF
 MUSEUMS. THE MUSEUM MAINTAINS A POLICY THAT REQUIRES THE PROCEEDS FROM THE
 SALE OF COLLECTION OBJECTS (DEACCESSIONS) BE USED TO ACQUIRE OTHER ITEMS
 FOR THE COLLECTION.

Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE MUSEUM'S ENDOWMENT IS INTENDED TO SUPPORT THE LONGSTANDING GROWTH AND
 EVOLUTION OF THE MUSEUM. ENDOWMENT FUNDS ARE USED TO SUPPORT NUMEROUS
 EDUCATIONAL PROGRAMS AND EXHIBITIONS, AS WELL AS TO SUPPORT MUSEUM
 STAFFING AND GENERAL OPERATIONAL EXPENDITURES.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT IS INTENDED TO SUPPORT THE LONGSTANDING GROWTH AND
 EVOLUTION OF THE MUSEUM. ENDOWMENT FUNDS ARE USED TO SUPPORT NUMEROUS
 EDUCATIONAL PROGRAMS AND EXHIBITIONS, AS WELL AS TO SUPPORT MUSEUM
 STAFFING AND GENERAL OPERATIONAL EXPENDITURES.

PART X, LINE 2:

THE MUSEUM FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY
 IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING
 ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS
 GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN
 ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS
 "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE
 CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS
 BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO
 THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE
 (THE "CODE") SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME
 UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED
 BY THE CODE. THE MUSEUM HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE
 MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED

Part XIII Supplemental Information (continued)

BUSINESS INCOME; TO 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: | 478. |
| RECLASS OF COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B: | 1,524,796. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 1,525,274. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|----------|
| INDIRECT SPECIAL EVENT EXPENSES WHICH ARE SHOWN ON THE FINANCIAL STATEMENTS AS A REDUCTION TO SPECIAL EVENTS REVENUE: | 684,858. |
|--|----------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|------------|
| RECLASS OF COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B: | 1,524,796. |
| RECLASS OF RENTAL EXPENSES TO PART VIII, LINE 6B: | 478. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 1,525,274. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|----------|
| INDIRECT SPECIAL EVENT EXPENSES WHICH ARE SHOWN ON THE FINANCIAL STATEMENTS AS A REDUCTION TO SPECIAL EVENTS REVENUE: | 684,858. |
| ART ACQUISITION EXPENSES REPORTED ON PART IX, LINE 24A: | 545,630. |

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,230,488.

Multiple horizontal lines for supplemental information.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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 ITHACA COLLEGE 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.

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 |
|--|---|--------------|--------------|------------------|---------------------------------|
| | | PURIM BALL | | NONE | |
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 2,425,431. | | | 2,425,431. |
| | 2 Less: Contributions | 2,425,431. | | | 2,425,431. |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 1,645. | | | 1,645. |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | 387,948. | | | 387,948. |
| | 9 Other direct expenses | 147,706. | | | 147,706. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 537,299. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -537,299. | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name ▶ _____

Address ▶ _____

- 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 amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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

PART II:

THE JEWISH MUSEUM'S 34TH ANNUAL PURIM BALL WAS HELD VIRTUALLY IN

FEBRUARY OF 2021. THE MUSEUM'S GENEROUS DONORS CONTRIBUTED \$2.4M TO SUPPORT THE VIRTUAL GALA; ALL REVENUES HAVE BEEN REPORTED AS

Part IV Supplemental Information (continued)

CONTRIBUTION REVENUE AS THE ATTENDEES DID NOT RECEIVE ANY TANGIBLE

GOODS ALONG WITH THEIR VIRTUAL ATTENDANCE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

**Open to Public
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | X | |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CLAUDIA GOULD HELEN GOLDSMITH MENSCHER DIRECTOR | (i) | 499,065. | 0. | 745. | 20,469. | 16,811. | 537,090. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JONATHAN NIGH CHIEF DEVELOPMENT OFFICER | (i) | 198,609. | 0. | 459. | 11,090. | 14,761. | 224,919. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DARSIE ALEXANDER SUSAN & ELIHU ROSE CHIEF CURATOR | (i) | 206,763. | 0. | 676. | 6,756. | 0. | 214,195. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) RUTH BEESCH - SR DEPUTY DIR, PROG. & STRAT. INIT. (THRU 03/31/21) | (i) | 186,512. | 0. | 724. | 10,869. | 11,032. | 209,137. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) DAVID RUBENSTEIN DEP. DIR. OF FIN. & ADMIN. | (i) | 207,606. | 0. | 207. | 0. | 0. | 207,813. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) LINDA PADAWER SR DIRECTOR OF SPECIAL EVENTS | (i) | 138,542. | 0. | 490. | 7,943. | 28,839. | 175,814. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) CINDY CAPLAN CHIEF COUNSEL & TALENT OFFICER | (i) | 158,254. | 0. | 523. | 8,740. | 2,151. | 169,668. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) SARAH SUPCOFF DEP. DIR. OF MARKETING & COMM. | (i) | 154,099. | 0. | 520. | 8,483. | 0. | 163,102. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) ALLISON CURRAN - DIR. OF INSTITUTIONAL & MAJOR GIFTS | (i) | 128,860. | 0. | 346. | 7,194. | 14,688. | 151,088. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JOSEPH RORECH FORMER DEP. DIR. OF FIN. & ADMIN. | (i) | 0. | 0. | 107,500. | 0. | 0. | 107,500. | 0. |
| | (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:

JOSEPH RORECH, FORMER DEPUTY DIRECTOR OF FINANCE AND ADMINISTRATION,

RECEIVED A SEVERANCE PAYMENT OF \$107,500 IN CALENDAR YEAR 2020; THIS AMOUNT

IS REFLECTED IN SCHEDULE J, PART II, COLUMN (B)(III).

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| STEVE NOVENSTEIN | BOARD MEMBER | 215,926. | SEE PART V | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEVE NOVENSTEIN

(D) DESCRIPTION OF TRANSACTION: BUSINESS TRANSACTION

SCHEDULE L, PART IV:

THE MUSEUM ENTERED INTO A FIXED 10-YEAR CONTRACT WITH UOVO IN MAY 2017.

AT THE TIME, STEVE NOVENSTEIN, THE CO-FOUNDER, HAD NO RELATIONSHIP WITH

THE MUSEUM AND HE DID NOT JOIN THE BOARD UNTIL FEBRUARY 2019. THE

MUSEUM EXPLORED MULTIPLE ART STORAGE FACILITIES AND SELECTED UOVO BASED

ON ITS COMPETITIVE RATES, EXCELLENT REPUTATION, AND THE ENHANCED

FACILITIES IT OFFERED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 98 | 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 | X | 26 | 368,683. | FMV ON DATE OF DONATION |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 3

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | X | |

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

Schedule M (Form 990) 2020

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

SCHEDULE M, 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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 (THE CARES 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 OF 2021; THE FORGIVEN LOAN WILL BE REPORTED AS GOVERNMENTAL GRANT

REVENUE ON NEXT YEAR'S FORM 990.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

| | |
|---|--|
| Name of the organization THE JEWISH MUSEUM | Employer identification number 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 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
OF A RELIGIOUS NATURE WITHOUT THE SEMINARY'S APPROVAL.

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

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

THE DRAFT OF THE MUSEUM'S FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR,
DEPUTY DIRECTOR OF FINANCE 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 DEPUTY DIRECTOR OF FINANCE ENSURES THAT THE CONFLICT OF INTEREST POLICY
STATEMENTS ARE COMPLETED ANNUALLY BY THE TRUSTEES. ANY CONFLICTS NOTED ARE
DISCUSSED WITH SENIOR LEADERSHIP. 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
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

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

BY THE BOARD OF TRUSTEES. UNTIL SUCH TIME AS THIS EMPLOYMENT CONTRACT
CONCLUDES, NO FURTHER COMPARABILITY STUDIES ARE EXPECTED.

IN FISCAL YEAR 2020, THE MUSEUM APPOINTED TWO INDIVIDUALS TO KEY ROLES,
DAVID RUBENSTEIN, DEPUTY DIRECTOR OF FINANCE AND ADMINISTRATION, AND JONAH
NIGH, CHIEF DEVELOPMENT OFFICER). 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
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 DEPUTY DIRECTOR OF FINANCE AND ADMINISTRATION 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 PUBLIC AT ITS PLACE OF BUSINESS (AND UPON REQUEST) IN LIEU
OF THE FORM 1023 WHICH IS NO LONGER AVAILABLE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (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 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | 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 |
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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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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 | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

