Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2022
Open to Public Inspection

AF	or th	e 202	2 calendar year, or tax year beginning $10/01/$	2022	and en	uing			/30/2023			
Во	heck if ap	oplicable:	C Name of organization				D Employer i	dentific	cation number			
_ `	Addre		THE UNITED STATES HOLOCAUST MEMOR	RIAL MUSE	UM							
	chang		Doing Business As						09391			
	Name	change	Number and street (or P.O. box if mail is not delivered to street ac	ldress)	Room/suit	te	E Telephone number					
	Initial	return	100 RAOUL WALLENBERG PLACE, S.W.				(:	202)	488-2667			
	Termi		City or town, state or province, country, and ZIP or foreign postal	code								
	Amen return	n	WASHINGTON, DC 20024						233,048,			
	_ Applic _ pendi		${f F}$ Name and address of principal officer: SARA ${f J}$. BL	OOMFIELD			H(a) Is this a go subordinate		rn for Yes	s X No		
			SAME AS "C" ABOVE				H(b) Are all subd	rdinates in	ncluded? Yes	s No		
<u></u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	If "No," att	ach a list	t. (see instructions))		
J	Websi	te: 🕨	WWW.USHMM.ORG				H(c) Group exe	mption n	umber >			
K	Form o	of organ	ization: Corporation Trust Association X Othe	er ▶u.s. gov	т L Yea	ar of format	ion: 1980 N	I State	of legal domicil	le: DC		
P	art I	Su	nmary									
	1	Briefly	describe the organization's mission or most significant activ	vities: _SEE_	SCHEDUI	E O						
Se												
Governance												
Ver.	2	Check	this box \blacktriangleright if the organization discontinued its opera	ations or dispos	sed of more	than 25%	of its net asse	ets.				
Ô	3	Numb	er of voting members of the governing body (Part VI, line 1a)				3		65		
Activities &			er of independent voting members of the governing body (F					4		65		
<u> </u>			number of individuals employed in calendar year 2022 (Part					5		513		
Ξ̈	l .							6		398		
¥	7a	Total	unrelated business revenue from Part VIII, column (C), line 12					7a	37	4,499.		
			related business taxable income from Form 990-T, line 34					7b	30	1,548.		
							Prior Year		Current	Year		
a)	8	Contri	butions and grants (Part VIII, line 1h)	—		¬	44,027,7	47.	179,04	5,226.		
ž	9	Progra	am service revenue (Part VIII, line 2g)	00	PY FOR		1	NONE		NONI		
Revenue			ment income (Part VIII, column (A), lines 3, 4, and 7d)	INSPECTIO	N	39,630,3	59.	12,40	9,402.			
~			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			_	1,072,4			4,342.		
			evenue - add lines 8 through 11 (must equal Part VIII, colun				84,730,5		193,13			
			s and similar amounts paid (Part IX, column (A), lines 1-3)				849,9			4,331.		
			ts paid to or for members (Part IX, column (A), line 4)					NONE	· -	NONI		
(O	4.5		es, other compensation, employee benefits (Part IX, column		68,330,8		74.56	0,469.				
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)				268,2			1,435.		
ē	b		undraising expenses (Part IX, column (D), line 25) ▶ 22									
ω	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				73,644,5	92.	89.63	2,524.		
			expenses. Add lines 13-17 (must equal Part IX, column (A), I				43,093,6		165,36			
	19		ue less expenses. Subtract line 18 from line 12				41,636,9			0,211.		
or							ning of Current		End of Y			
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			8	302,196,1	52.	889,76	9,525.		
Ass I Ba	21		iabilities (Part X, line 26)			• —	.05,334,2		113,02			
F. Se	22		sets or fund balances. Subtract line 21 from line 20			-	96,861,8		776,74			
	rt II		nature Block				,,.		,			
Und	der per	nalties d	f perjury, I declare that I have examined this return, including acc	ompanying sche	dules and sta	atements, a	and to the best	of my l	knowledge and	belief, it is		
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all	information of w	hich preparei	r has any kr	nowledge.					
							05	/31/2	2024			
Sig			Signature of officer				Date					
He	re	SAR	A J. BLOOMFIELD	DIREC	TOR							
			Type or print name and title	211120	71011							
		Print/	Type preparer's name Preparer's signature		Date		Check	if F	PTIN			
Paic	i	MAR	C BERGER MARC BERGER		05/	29/202	 .		P0187156	3		
	parer		name ▶ BDO USA	-	1 33/	,	Firm's EIN	-	3-538159			
Use	Only		address ► 8401 GREENSBORO DRIVE, #800 N	MCLEAN V	A 22102		Phone no.		03-893-0			
May	the II		cuss this return with the preparer shown above? (see instruc	tions\					X Yes	No		
			Reduction Act Notice, see the separate instructions.	-/						90 (2022)		
	~~~									\		

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Ρō		ent of Program Service A f Schedule O contains a i	response or note to any line in this	Part III	х
1	Briefly describe t	he organization's mission			
	SEE SCHEDUI	LE O			
2			icant program services during the		
2	If "Yes," describe	these new services on So	chedule O.		
3	services?		or make significant changes i 		
4	Describe the orgenses. Section	ganization's program ser on 501(c)(3) and 501(c)(	vice accomplishments for each 4) organizations are required to each program service reported.		
4a	(Code:SEE SCHEDUI		45,489. including grants of \$	744,331. ) (Revenue \$	2,263,985.
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s	ervices (Describe on Sche	edule O.)		
	(Expenses \$	including gra	ints of \$ ) (Reve	enue \$	
40	TOTAL PROGRAM SE	ervice expenses	LZZ,445,489.		

JSA 2E1020 1.000 Page 3
Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446	37	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	- 21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1.24		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	3.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ĺ.

Form 990 (2022)
Part IV Chacklist of Paguired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and	$\vdash$	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	_	37	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	_		
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	· · · · · · · · · · · · · · · · · · ·			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	-		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 513			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			3.5
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	/ 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75		
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

52-1309391 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

Sect	ion A. Governing Body and Management	• • •							
					Yes	No			
10	Enter the number of veting members of the governing body at the end of the tax year	1a	65						
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or			-					
	if the governing body delegated broad authority to an executive committee or similar								
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent	1b	65						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with						
_	any other officer, director, trustee, or key employee?		-	2	Х				
3	Did the organization delegate control over management duties customarily performed by or ur								
	supervision of officers, directors, trustees, or key employees to a management company or other			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	r appoint						
	one or more members of the governing body?			7a		X			
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during						
	the year by the following:								
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		v			
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			_	)	X			
Jecu	on b. I oncles (This Section B requests information about policies not required by the line	mai	Neveriue		·/ Yes	No			
40-	Did the constitute have level shouters broaden as affiliates?			10a		Х			
	Did the organization have local chapters, branches, or affiliates?			104		- 21			
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures.		-	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iiig tii	e ioiii: •						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests								
-	rise to conflicts?			12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the p								
	describe on Schedule O how this was done	•		12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and	decision?						
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ingement	40-		7.7			
	with a taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization								
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16b					
Secti	ion C. Disclosure	· · ·		100					
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990	and 990-7	(sect	tion 5	(01(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		3.13 000-1	,550		J (U)			
	X Own website Another's website X Upon request Other (explain on Sc		e O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	nents,	conflict o	f inter	est p	olicy,			
	and financial statements available to the public during the tax year.	ŕ				,			
20	State the name, address, and telephone number of the person who possesses the organization's l		and record	s					
	JONATHAN CARVER 100 RAOUL WALLENBERG PLACE, S.W. WASHINGTON, DC 20	024							

202-488-0400

Form **990** (2022)

#### THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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 dotted line)	box, office or direct	unle	Pos heck ss pe	rson	e than construction is both tor/trust employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SARA J. BLOOMFIELD	40.00									
DIRECTOR	NONE			x				583,896.	NONE	167,013.
(2) JONATHAN CARVER	40.00							300,000		
CHIEF FINANCIAL OFFICER	NONE			X				381,834.	NONE	56,439.
(3) JORDAN TANNENBAUM	40.00							,	_	
CHIEF DEV OFCR EMERT FROM 5/23	NONE				X			383,628.	NONE	49,226.
(4) MICHELLE TYCHER STEIN	40.00									
CHIEF MKTG & COMM. OFFICER	NONE					Х		388,342.	NONE	35,090.
(5) ERAN GASKO	40.00									
CHIEF DEV. OFFICER FROM 5/1/23	NONE				X			332,738.	NONE	56,342.
(6) JILL WEINBERG	40.00									
DIR. MIDWEST REGION	NONE					X		306,798.	NONE	49,226.
(7) ANDREA BARCHAS	40.00									
DIR. NORTHEAST REGION	NONE					X		296,153.	NONE	49,226.
(8) TARA QUINNETTE	40.00									
CHIEF HUMAN RESOURCE OFFICER	NONE					X		302,945.	NONE	33,331.
(9) JILL BARKAN	40.00									
SENIOR PHILANTHROPY OFFICER	NONE					X		270,181.	NONE	55,221.
(10) ANGLEE AGARWAL	40.00									
GENERAL COUNSEL	NONE				X			250,481.	NONE	42,093.
(11) SARAH OGILVIE	40.00									
CHIEF PROGRAM OFFICER	NONE				X			213,295.	NONE	22,960.
(12) TANELL COLEMAN	40.00									
CHIEF MUSEUM OPER. OFFICER	NONE				X			220,073.	NONE	15,689.
(13) JESSICA VIGGIANO	40.00									
DIR. COUNCIL RELATIONS	NONE			Х				123,460.	NONE	37,626.
(14) STUART E. EIZENSTAT	7.00									
CHAIR, COUNCIL	NONE	X		Х				NONE	NONE	NONE

Form **990** (2022)

Form 990 (2022) Page 8

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per	,		heck		e than o		Reportable compensation	Reportable compensation from	Estimated amount of other
	week (list any hours for related organizations below dotted		er and			tor/trust		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related
	line)	al trustee or	Institutional trustee		loyee	Highest compensated employee				organizations
( 15) ALLAN M. HOLT	4.00									
VICE CHAIR, COUNCIL MEMBER	NONE	X		Х				NONE	NONE	NONE
( 16) KEVIN ABEL	1.00									
COUNCIL MEMBER (FROM 6/8/23)	NONE	X						NONE	NONE	NONE
( 17) MICHAEL S. BEALS	1.00									
COUNCIL MEMBER (FROM 6/8/23)	NONE	X						NONE	NONE	NONE
( 18) ADAM E. BEREN	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
( 19) TOM A. BERNSTEIN	2.00									
CHAIR EMERITUS, COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
( 20) ADAM S. BOEHLER	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
( 21) JOSHUA B. BOLTEN	2.00									
VICE CHAIR EMERITUS, COUN MEM	NONE	X						NONE	NONE	NONE
( 22) SONIA M. BRESLOW	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
( 23) JONATHAN W. BURKAN	1.00									
COUNCIL MEMBER (UNTIL 6/8/23)	NONE	X						NONE	NONE	NONE
( 24) ANDREW M. COHN	2.00									
COUNCIL MEMBER (UNTIL 6/8/23)	NONE	X						NONE	NONE	NONE
( 25) THEODORE E. DEUTCH	1.00									
COUNCIL MEMBER (FROM 6/8/23)	NONE	X						NONE	NONE	NONE
1b Sub-total							<b>&gt;</b>	4,053,824.	NONE	669,482.
c Total from continuation sheets to Part VII, S							<b>&gt;</b>	NONE		NONE
d Total (add lines 1b and 1c)							<u> </u>	4,053,824.	NONE	669,482.
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d a		e) who 87	o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. It	"Yes	3,"	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You services B. Indopendent Contractors."	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5

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

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

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

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Part VII Section A. Officers	, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A)		(B)			(0	<b>&gt;</b> )			(D)	(E)	(F)
Name and title		Average			Posi				Reportable	Reportable	Estimated
		hours per	,				than o is both		compensation	compensation from	amount of
		week (list any hours for	office				or/truste		from the	related organizations	other compensation
		related	Individual trustee or director	Ins	Q _f	Fe.	Hi _C	Fo	organization	(W-2/1099-MISC)	from the
		organizations	dire	titut	Officer	y em	hes	Forme	(W-2/1099-MISC)		organization
		below dotted line)	ual t	Institutional		Key employee	t co	,			and related organizations
			rust	ı ta		/ee	mpe				o.ga <u>z</u> aoo
			ee	trustee			Highest compensated employee				
							ted				
( 26) SAM M. DEVINKI		1.00									
COUNCIL MEMBER (UNTIL 6		NONE	X						NONE	NONE	NONE
( 27) KIMBERLY MARTEAU E		1.00									
COUNCIL MEMBER (FROM 6	/8/23)	NONE	X						NONE	NONE	NONE
( 28) HELENE FELDMAN		1.00									
COUNCIL MEMBER (UNTIL 6	5/8/23)	NONE	X						NONE	NONE	NONE
( 29) LOREN R. FLAUM		1.00									
COUNCIL MEMBER (UNTIL 6	5/8/23)	NONE	X						NONE	NONE	NONE
( 30) ARI FLEISCHER		<u>1.00</u> _							NONE	NONTE	NONE
COUNCIL MEMBER		2.00	X						NONE	NONE	NONE
( 31) ABRAHAM H. FOXMAN			v						NONE	NONTE	NONE
COUNCIL MEMBER ( 32) MERYL FRANK		1.00	X						NONE	NONE	NONE
COUNCIL MEMBER		NONE	v						NONE	NONE	NONE
( 33) ANDREW H. GIULIANI		1.00	X						NOINE	NONE	NONE
COUNCIL MEMBER		NONE	X						NONE	NONE	NONE
( 34) MICHAEL S. GLASSNE	2	1.00	21						IVOIVE	NONE	NONE
COUNCIL MEMBER	:	NONE	Х						NONE	NONE	NONE
( 35) JUDITH GOLD		1.00									
COUNCIL MEMBER		NONE	Х						NONE	NONE	NONE
( 36) MARK GOLDFEDER		1.00								-	
COUNCIL MEMBER		NONE	Х						NONE	NONE	NONE
1b Sub-total								<b></b>			
c Total from continuation shee	ets to Part VII, Se	ction A						<b>&gt;</b>			
d Total (add lines 1b and 1c)								<b>&gt;</b>			
2 Total number of individuals (in	ncluding but not li	mited to tl	hose	liste	d at	oove	e) who	re	eceived more than	\$100,000 of	
reportable compensation from	the organization	<u> </u>									
											Yes No
3 Did the organization list a											
employee on line 1a? If "Yes,"	complete Schedu	le J for suc	ch ind	ivid	ual						3
4 For any individual listed on											
organization and related of											
individual											4
5 Did any person listed on line											_
for services rendered to the o		s, comple	ie Scr	ieau	iie J	ior	sucn	per	son		5
1 Complete this table for your		anestad i	ndenc	nda	nt c	non!	tracto	re t	hat received more	than \$100 000 a	.f
compensation from the organ											

year.

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

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

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Employees (d	ontinued)
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than o		compensation	compensation from	amount of
	week (list any hours for					is both tor/trust		from	related	other compensation
	related				т —			the organization	organizations (W-2/1099-MISC)	from the
	organizations	divic	stitu	Officer	Key employee	ghe	Forme	(W-2/1099-MISC)	(W 2/1000 MIGO)	organization
	below dotted	ual	tion	,	nplo	st co yee	~			and related
	line)	Individual trustee or director	al tr		yee	mpe				organizations
		lee	Institutional trustee			Highest compensated employee				
			0			ted				
( 37) MENACHEM MENDEL GOLDSTEIN	1.00									
COUNCIL MEMBER	NONE	Х						NONE	NONE	NONI
( 38) RICHARD A. GRENELL	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONI
( 39) JEREMY HALPERN	1.00									
COUNCIL MEMBER (UNTIL 6/8/23)	NONE	X						NONE	NONE	NONI
( 40) ALEXANDER P. HECKLER	1.00									
COUNCIL MEMBER (FROM 6/8/23)	NONE	X						NONE	NONE	NONI
( 41) DANIELLE BORRIN HERTZ	1.00									
COUNCIL MEMBER (FROM 6/8/23)	NONE	X						NONE	NONE	NON
( 42) DANIEL HUFF	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NON
( 43) MARSHA Z. LAUFER	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONI
( 44) MURRAY J. LAULICHT	1.00									
COUNCIL MEMBER (UNTIL 6/8/23)	NONE	X						NONE	NONE	NONE
( 45) SAM LAUTER	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
( 46) JONATHAN S. LAVINE	1.00							17017		
COUNCIL MEMBER (FROM 6/8/23)	NONE	X						NONE	NONE	NONE
( 47) SUSAN G. LEVINE	2.00 NONE							NONE	NONTE	310311
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, S					• •					
d Total (add lines 1b and 1c)								asirod mara than	\$100,000 of	
2 Total number of individuals (including but not reportable compensation from the organizatio		nose	iiste	u ai	DOV	e) who	эте	eceived more than	\$100,000 01	
Toportable dompendation from the organization										Yes No
2 Did the consideration list one former office					_					163 140
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the										
organization and related organizations gr	sum or rep eater than	15 \$15	50 O	በበን	ipei P <i>It</i>	isalioi "Yes	ı aı	complete Schedu	sation from the	
individual								•		4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? <i>If "Y</i>										5
Section B. Independent Contractors										
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	e than \$100,000 d	f
compensation from the organization. Report of										

year.

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

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

Form 990 (2022)

SIGAL PEARL MANDELKER   2.00   COUNCIL MEMBER   NONE   X	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (d	ontinue	ed)	
Council Member   Coun	(A)	(B)			((	C)			(D)	(E)		(F)	
work (nor are) hours to related organizations (W-2/1099-MISC)  48) ALAN D. LISTHAUS 1.00 COUNCIL MEMBER NONE 1.00 N	Name and title	Average			Pos	sition			Reportable	Reportable	E:	stimated	l
ABJ ALAN D. LISTHAUS   1.00   NONE			,								l		f
Total decidence of control of the properties of		1 '											on
48) ALAN D. LISTHAUS  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  49) HOWARD M. LORBER  2.00  CHAIR EMERITUS COUNCIL MEMBER NONE X  NONE NONE NONE NONE  50) NICHOLAS F. LUNA  COUNCIL MEMBER NONE X  NONE NONE NONE NONE  51) ADELE MALPASS  COUNCIL MEMBER NONE X  NONE NONE NONE NONE  52) SIGAL PRARL MANDELKER  COUNCIL MEMBER NONE X  NONE NONE NONE NONE  53) DAVID M. MARCHICK  COUNCIL MEMBER NONE X  NONE NONE NONE NONE  54) FREDERICK R. MARCUS  54) FREDERICK R. MARCUS  55) JOHN T. MCNABB, II  COUNCIL MEMBER  NONE X  NONE NONE NONE NONE  55) LI HENRY WILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  56) ELI HENRY WILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  57) JEFFREY MILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  57) JEFFREY MILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  58) MAX L. MILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  57) JEFFREY MILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  58) MAX L. MILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  58) MAX L. MILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  59) MAX MONE NONE  NONE NONE  50) DId dhe organization sheets to Part VII, Section A  d Total (add lines 1b and 1c)  4 For any individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization or reportable compensation and other compensated employee on line 1a7 If "Yes," complete Schedule J for such individual  4 For any individual sided on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  4 For any individual sided on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual					_						l	•	OH
48) ALAN D. LISTHAUS  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE NONE NONE NONE NONE NON		organizations	divio	stitu	fice	y er	ghe	rme		(**-2/1033-141100)			
48) ALAN D. LISTHAUS  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE NONE NONE NONE NONE NON			dual	tion	_	nplc	st co	Ψ,	,		l		
48) ALAN D. LISTHAUS  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE NONE NONE NONE NONE NON		line)	trus	al tr		уее	) mp				orga	anizatioi	ns
48) ALAN D. LISTHAUS  COUNCIL MEMBER  NONE X  NONE NONE NONE NONE  49) HOWARD M. LORBER  2.00  CHAIR EMERITUS, COUNCIL MEMBER NONE X  NONE NONE NONE  50) NICHOLAS F. LUNA  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  COUNCIL MEMBER  NONE X  NONE NONE NONE  52) SIGAL PEARL MANDELKER  2.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  53) DAVID M. MARCHICK  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  54) PREDEBLICK R. MARCUS  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  55) JOIN T. MCNABB, II  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  55) JOIN T. MCNABB, II  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  55) JOIN T. MCNABB, II  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  55) JOIN T. MCNABB, II  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  56) ELI HENRY MILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  57) JEFFREY MILLER  1.00  COUNCIL MEMBER  NONE X  NONE NONE NONE  NONE  TOTAL INCREMENTATION NONE  NONE NONE  NONE NONE  NONE NONE  NONE  NONE NONE  NONE NONE  NONE  NONE NONE  NONE  NONE NONE  NONE  NONE NONE  NONE  NONE NONE  NONE  NONE  NONE NONE  NONE  NONE  NONE NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NON			tee	uste		-	ens				1		
COUNCIL MEMBER   NONE   X   NONE   NONE   NONE				Ö			ated						
49) HOWARD M. LORBER  CHAIR EMERITUS, COUNCIL MEMBER  NONE X  NONE NONE  COUNCIL MEMBER  NONE X  NONE NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE	48) ALAN D. LISTHAUS	1.00											
CHAIR EMERITUS, COUNCIL MEMBER NONE X NONE NONE  50) NICHOLAS F. LUNA  1,00  COUNCIL MEMBER NONE X NONE NONE  51) ADELE MALPASS  1,00  COUNCIL MEMBER NONE X NONE NONE  52) SIGAL PEARL MANDELKER  2,00  COUNCIL MEMBER NONE X NONE NONE  53) DAVID M. MARCHICK  1,00  COUNCIL MEMBER NONE X NONE NONE  54) PREDERICK R. MARCUS  1,00  COUNCIL MEMBER NONE X NONE NONE  55) JOHN T. MCNABB, II  1,00  COUNCIL MEMBER NONE X NONE NONE  55) JOHN T. MCNABB, II  1,00  COUNCIL MEMBER NONE X NONE NONE  55) SELI HERRY MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  57) JEFFREY MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  57) JEFFREY MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  58) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  58) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  58) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  58) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  59) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  50) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  50) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  50) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  50) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  50) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  51) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  52) NONE NONE  53) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  54) RECEIVED TO THE MEMBER NONE NONE  55) MAX L. MILLER  1,00  COUNCIL MEMBER NONE X NONE NONE  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 12/1f "Yes," complete Schedule J for such individual  4 For any individuals listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	COUNCIL MEMBER	NONE	Х						NONE	NONE			NONE
SO   NICHOLAS F. LUNA   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   NONE   NONE   S1   Applet MAILPASS   1.00   COUNCIL MEMBER   NONE   X   NONE   NO	(49) HOWARD M. LORBER	2.00											
SO   NICHOLAS F. LUNA   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   NONE   NONE   S1   Applet MAILPASS   1.00   COUNCIL MEMBER   NONE   X   NONE   NO	CHAIR EMERITUS, COUNCIL MEMBER	NONE	Х						NONE	NONE			NONE
S1) ADELE MALPASS	( 50) NICHOLAS F. LUNA	1.00											
COUNCIL MEMBER	COUNCIL MEMBER	NONE	X						NONE	NONE			NONE
SIGAL PEARL MANDELKER   2.00   NONE   NONE   NONE   NONE   NONE   S3) DAVID M. MARCHICK   1.00   NONE   X   NONE   NONE   NONE   NONE   S4) FREDERICK R. MARCUS   1.00   NONE   X   NONE   NONE   NONE   NONE   S5) JOHN T. MCNABB, II   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   NONE   S5) JOHN T. MCNABB, II   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   NONE   S6) ELI HENRY MILLER   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   NONE   S7) JEFFREY MILLER   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   S8) MAX L. MILLER   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   S8) MAX L. MILLER   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   NONE   S8) MAX L. MILLER   1.00   COUNCIL MEMBER   NONE   X   NONE   NONE   NONE   NONE   S8) MAX L. MILLER   1.00   COUNCIL MEMBER   NONE   X   NONE   NON	( 51) ADELE MALPASS	1.00											
COUNCIL MEMBER NONE X NONE NONE NONE S3) DAVID M. MARCHICK 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE S4) FREDERICK R. MARCUS 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE NONE S5) JOHN T. MCNABB, II 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE S6) ELI HENRY MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE S7) JEFFREY MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE S8) MAX L. MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE NONE S8) MAX L. MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE NONE NONE S8) MAX L. MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE NONE NONE NO	COUNCIL MEMBER	NONE	X						NONE	NONE	1		NONE
San David M. Marchick	( 52) SIGAL PEARL MANDELKER	2.00											
COUNCIL MEMBER	COUNCIL MEMBER	NONE	X						NONE	NONE	1		NONE
COUNCIL MEMBER NONE X NONE NONE NONE NONE NONE NONE S5) JOHN T. MCNABB, II 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE S6) ELI HENRY MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE S7) JEFFREY MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE S8) MAX L. MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE S8) MAX L. MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE S8) MAX L. MILLER 1.00 COUNCIL MEMBER NONE X NONE NONE NONE NONE T0 Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).	(53) DAVID M. MARCHICK	1.00											
COUNCIL MEMBER	COUNCIL MEMBER	NONE	Х						NONE	NONE			NONE
COUNCIL MEMBER NONE X NONE NONE NONE NONE NONE NONE NO	( 54) FREDERICK R. MARCUS	1.00											
COUNCIL MEMBER	COUNCIL MEMBER	NONE	Х						NONE	NONE			NONE
COUNCIL MEMBER NONE X NONE NONE NONE NONE NONE NONE NO	( 55) JOHN T. MCNABB, II	1.00											
COUNCIL MEMBER NONE X NONE NONE  57) JEFFREY MILLER  COUNCIL MEMBER NONE X NONE NONE  S8) MAX L. MILLER  COUNCIL MEMBER NONE X NONE NONE  COUNCIL MEMBER NONE X NONE NONE  The Sub-total councinuation sheets to Part VII, Section A NONE NONE  Total from continuation sheets to Part VII, Section A NONE NONE  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization rom the organization of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	COUNCIL MEMBER	NONE	Х						NONE	NONE			NONE
S7   JEFFREY MILLER   1.00   NONE	( 56) ELI HENRY MILLER	1.00											
COUNCIL MEMBER   NONE   X   NONE   NONE   NONE    COUNCIL MEMBER   1.00   NONE   NONE   NONE    COUNCIL MEMBER   NONE   X   NONE   NONE   NONE    COUNCIL MEMBER   NONE   X   NONE   NONE   NONE    COUNCIL MEMBER   NONE   NONE   NONE   NONE    COUNCIL MEMBER   NONE   NONE   NONE   NONE   NONE    COUNCIL MEMBER   NONE   NONE   NONE   NONE   NONE   NONE    COUNCIL MEMBER   NONE   NONE	COUNCIL MEMBER	NONE	Х						NONE	NONE			NONE
COUNCIL MEMBER   NONE   NONE   NONE   NONE   NONE	( 57) JEFFREY MILLER	1.00									1		
COUNCIL MEMBER NONE X NONE NONE NONE NONE NONE NONE NO	COUNCIL MEMBER	NONE	Х						NONE	NONE			NONE
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	( 58) MAX L. MILLER	1.00									1		
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	COUNCIL MEMBER	NONE	X						NONE	NONE			NONE
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	1b Sub-total							▶					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	c Total from continuation sheets to Part VII, S	ection A						▶					
reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d Total (add lines 1b and 1c)							<b>&gt;</b>			<u> </u>		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	,		hose	liste	d al	bov	e) who	re	ceived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organizatio	n ▶											
employee on line 1a? If "Yes," complete Schedule J for such individual												Yes	No
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual</li> </ul>													
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ual						3		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	sation	ar	nd other compens	sation from the			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual													
											4		

#### Section B. Independent Contractors

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

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

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

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (c	ontinue	d)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	ss pe d a d	more rson	e than or is both a or/truste	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am	timated ount of other oensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization I related nization	ł
59) MARTIN OLINER	1.00											
COUNCIL MEMBER	NONE	X						NONE	NONE		]	NONE
60) JEFFREY PECK	2.00											
COUNCIL MEMBER	NONE	Х						NONE	NONE		]	NONE
61) LEAH PISAR	1.00											
COUNCIL MEMBER	NONE	X						NONE	NONE		]	NONE
62) JIMMY RESNICK	1.00											
COUNCIL MEMBER	NONE	X						NONE	NONE		]	NONE
63) CURTIS D. ROBINSON	1.00											
COUNCIL MEMBER	NONE	X						NONE	NONE		]	NONE
64) BETTY PANTIRER SCHWARTZ	2.00											
COUNCIL MEMBER (UNTIL 6/8/23)	NONE	X						NONE	NONE		]	NONE
65) IRVIN N. SHAPELL	2.00											
COUNCIL MEMBER	NONE	X						NONE	NONE		]	NONE
66) MARK A. SIEGEL	1.00	-										
COUNCIL MEMBER	NONE	X						NONE	NONE		]	NONE
67) HARRY EVANS SLOAN	1.00	-										
COUNCIL MEMBER (FROM 6/8/23)	NONE	X						NONE	NONE		]	NONE
68) JARED SMITH	1.00											
COUNCIL MEMBER	NONE	X						NONE	NONE		_	NONE
69) ALAN D. SOLOMONT	1.00	<del>-</del>										
COUNCIL MEMBER (FROM 6/8/23)	NONE	•						NONE	NONE		_	NONE
1b Sub-total												
c Total from continuation sheets to Part VII, S												
d Total (add lines 1b and 1c)									↑ ↑400,000 -f			
2 Total number of individuals (including but not reportable compensation from the organization		nose	iiste	u at	OOVE	e) wno	те	ceived more than	\$ 100,000 01			
Teportable compensation from the organization											Yes	No.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3	162	No
4 For any individual listed on line 1a, is the												
organization and related organizations graindividual	eater than	\$15	0,0	00?	l f	"Yes,	"	complete Schedu	le J for such	4		
5 Did any person listed on line 1a receive or								related organization	on or individual			
for services rendered to the organization? If "Y										5		
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of year.												

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

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

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Down VIII Continue A Officers Di	4	Turretees	. Var. E	 al I I : arla a a 4 C	Samueland Con-	alassa (assetissas)	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe d a d	rson	e than of is both	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
70) SUSAN K. STERN	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
71) WILLIAM H. STERN	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
72) HOWARD D. UNGER	2.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
73) MITCHELL WEBBER	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
74) RONALD N. WEISER	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
75) BRADLEY D. WINE	2.00									
COUNCIL MEMBER (UNTIL 6/8/23)	NONE	X						NONE	NONE	NONE
76) JAY WINIK	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
77) FRED S. ZEIDMAN	1.00									
CHAIR EMERT; COUN MEM TO 6/23	NONE	X						NONE	NONE	NONE
78) GARY P. ZOLA	1.00									
COUNCIL MEMBER (FROM 6/8/23)	NONE	X						NONE	NONE	NONE
79) THE HONORABLE DON BACON	1.00									
COUNCIL MEMBER (FROM 6/6/23)	NONE	X						NONE	NONE	NONE
80) THE HON. BENJAMIN L. CARDIN	1.00									
COUNCIL MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total							$\blacktriangleright$			
c Total from continuation sheets to Part VII, S	_		-				$\blacktriangleright$			
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bove	e) wh	o re	eceived more than	\$100,000 of	

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 ►

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

#### Section B. Independent Contractors

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

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

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

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week (list any hours for related organizations below dotted line)  week (list any hours for related organizations below dotted line)	unles	ss pe	ition more rson	e than o is both or/trusto employee	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	nstitutional trustee	Officer	(ey employee	lighest co mployee	ormer	-	(W-2/1099-MISC)	
				Highest compensated employee		(W-2/1099-MISC)	,	from the organization and related organizations
81) THE HON. ANTHONY D'ESPOSITO 1.00  COUNCIL MEMBER (FROM 6/6/23) NONE X						NONE	NONE	NONE
82) THE HONORABLE DAVID KUSTOFF 1.00  COUNCIL MEMBER NONE X  83) THE HONORABLE DEAN PHILLIPS 1.00						NONE	NONE	NONE
COUNCIL MEMBER (FROM 6/6/23)  84) THE HONORABLE BRENDA LAWRENCE 1.00						NONE	NONE	NONE
COUNCIL MEMBER (UNTIL 1/3/23) NONE X 85) THE HONORABLE JACKY ROSEN 1.00						NONE	NONE	NONE
COUNCIL MEMBER NONE X  86) THE HONORABLE MARCO RUBIO 1.00  COUNCIL MEMBER NONE X						NONE NONE	NONE NONE	NONE
87) THE HONORABLE BERNARD SANDERS 1.00 COUNCIL MEMBER NONE X						NONE	NONE	NONE
88) THE HONORABLE BRAD SCHNEIDER 1.00  COUNCIL MEMBER NONE X  89) THE HONORABLE TIM SCOTT 1.00						NONE	NONE	NONE
COUNCIL MEMBER NONE X 90) THE HONORABLE LEE ZELDIN 1.00						NONE	NONE	NONE
COUNCIL MEMBER (UNTIL 1/3/23) NONE X						NONE	NONE	NONE
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those	 	 			<b>A A</b>	coived more than	\$100,000 of	
2 Total number of individuals (including but not limited to those reportable compensation from the organization ▶	ISTE	u ai	JOVE	e) wiic	, re	ceived more than .	\$ 100,000 OI	Yes No
3 Did the organization list any former officer, director, or employee on line 1a? If "Yes," complete Schedule J for such ind								3 X
4 For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$15 individual	0,0	00?	If	"Yes	," (	complete Schedui	le J for such	4 X
5 Did any person listed on line 1a receive or accrue compen for services rendered to the organization? If "Yes," complete Sch	sati	on f	ron	n any	unr	elated organization	n or individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent Contractors	nde	ent o	conf	tracto		hat was a bus all was a wa		

year.

(A) SEE SCHEDULE O Name and business address	(B) Description of services	<b>(C)</b> Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 69

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#### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	13,847,357.				
פֿ פֿ	С	Fundraising events 1c	11,305,588.				
fts, ⊏A	d	Related organizations 1d					
ອ≅ີ	e	Government grants (contributions) 1e	68,444,490.				
ors, Sin	f	All other contributions, gifts, grants,					
e ë		and similar amounts not included above . 1f	85,447,791.				
호본	g	Noncash contributions included in					
פֿבַ		lines 1a-1f 1g	\$ 6,249,308.				
ပ္ပဋ	h	Total. Add lines 1a-1f		179,045,226.			
			Business Code				
e S	2a						
Program Service Revenue	b						
אַ ב <u>י</u>	c						
eve	d						
P.S.	e						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)		12,795,409.		374,499.	12,420,910.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	20,673.	20,673.		
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONI	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 36,640,667	.				
<u>o</u>	b	Less: cost or other basis					
Revenue		and sales expenses <b>7b</b> 37,026,674	.				
ě	С	Gain or (loss) 7c -386,007					
Z.	d	Net gain or (loss)		-386,007.			-386,007.
Other I	8a	Gross income from fundraising					
Ó		events (not including \$11,305,588.					
		of contributions reported on line					
		1c). See Part IV, line 18	1,497,777.				
	b	Less: direct expenses 8b	2,077,420.				
	С	Net income or (loss) from fundraising events		-579,643.			-579,643
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	1,895,771.				
	b	Less: cost of goods sold	805,643.				
	С	Net income or (loss) from sales of inventory.		1,090,128.	1,090,128.		
2			Business Code				
e eg	11a	IMPUTED INCOME	900099	1,153,184.	1,153,184.		
an en	b						
Miscellaneous Revenue	С						
≅≅	d	All other revenue					
2	е	Total. Add lines 11a-11d		1,153,184.			
	12			193,138,970.	2,263,985.	374,499.	11,455,260.

52-1309391

#### 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 resp	onse or note to any lin	e in this Part IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	126,000.	126,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	143,000.	143,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	475,331.	475,331.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	2,547,715.	1,841,846.	351,173.	354,696.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	53,123,621.	38,405,219.	7,322,472.	7,395,930.
8	Pension plan accruals and contributions (include	7,820,686.	5,953,446.	1,047,063.	820,177.
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,047,923.	5,852,772.	1,209,648.	985,503.
10	Payroll taxes	3,020,524.	2,265,175.	399,373.	355,976.
	Fees for services (nonemployees):				
	Management	NONE		00.650	2 2 2 2
	Legal	102,570.		98,670.	3,900.
	Accounting	865,262.		865,262.	
	Lobbying	NONE			421 425
	Professional fundraising services. See Part IV, line 17.	431,435.		0.070.101	431,435.
	Investment management fees	2,533,631.		2,279,121.	254,510.
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O	41 125 050	E 202 102	7 000 572
40	(A), amount, list line 11g expenses on Schedule O.)	54,338,525. 2,285,106.	41,135,850. 2,187,177.	5,293,102. 1,161.	7,909,573. 96,768
	Advertising and promotion	1,215,665.	976,826.	114,226.	124,613.
13	Office expenses	3,135,817.	2,509,374.	553,609.	72,834
14	Information technology	NONE	2,303,374.	333,007.	72,054
15 16	Royalties	5,701,181.	5,444,174.	58,393.	198,614.
	Occupancy	2,937,567.	1,862,718.	96,577.	978,272.
	Travel Payments of travel or entertainment expenses	2,331,301.	1,002,710.	50,511.	270,272.
10	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	1,233,497.	1,116,717.	116,780.	
	Interest	1,399,838.	1,363,375.	36,463.	
	Payments to affiliates	NONE	, = = , 5 , 5 ,	,	
	Depreciation, depletion, and amortization	8,010,738.	7,524,932.	292,006.	193,800.
	Insurance	447,907.	242,493.	205,414.	.,
	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.)				
а	EQUIPMENT	3,288,591.	2,712,453.	316,821.	259,317.
b	POSTAGE	1,983,915.	153,897.		1,830,018.
С	COLLECTION	152,714.	152,714.		
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	165,368,759.	122,445,489.	20,657,334.	22,265,936.
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				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	58,722,008.	1	59,909,048.
	2	Savings and temporary cash investments	NONE	2	1,000,429.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	60,321,258.	4	75,153,308.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges	NONE	9	NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	95,847,710.	10c	94,817,236.
	11	Investments - publicly traded securities	282,301,093.	11	311,995,219.
	12	Investments - other securities. See Part IV, line 11	302,957,256.	12	334,458,619.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	2,046,827.	15	12,435,666.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	802,196,152.	16	889,769,525.
	17	Accounts payable and accrued expenses	14,530,865.	17	19,778,200.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
g		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	90,803,422.	25	93,242,094.
	26	Total liabilities. Add lines 17 through 25	105,334,287.	26	113,020,294.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	185,042,948.	27	200,102,348.
Ba	28	Net assets with donor restrictions.	511,818,917.	28	576,646,883.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			210,000,000
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž.	32	Total net assets or fund balances	696,861,865.	32	776,749,231.
Š	33	Total liabilities and net assets/fund balances	802,196,152.	33	889,769,525.
	00	Total habilities and not assets/fund balances, , , , , , , , , , , , , , , , , , ,	004,130,134.	JJ	Form <b>990</b> (2022)

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<b>Part</b>	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	3,1	38,	<u>970</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	5,3	68,	<u>759</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	2	7,7	70,	<u>211</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>865</u> .
5	Net unrealized gains (losses) on investments	5	5	2,2	34,	669.
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		-1	17,	<del>514</del> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	77	6,7	49,	231.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X 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 over	rsiaht	of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	-piaiii	J.,			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		3b		

#### **SCHEDULE A** (Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE	U	NITED STATES HOLOCAU	UST MEMORIAL	MUSEUM			52-1	309391
Par	τl	Reason for Public Cha	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A	)(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	X	A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization that norma	•		pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)		·				
8	Щ	A community trust describe	-		-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the r	name, city, and state o	of the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and union after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete	s; and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
1	Щ	An organization organized a	•	•	•		. , . ,	
2		An organization organized a	•	•				• • •
		one or more publicly suppo	•			•	. , . ,	
		the box on lines 12a throug					•	<del>-</del>
а			•	•	•		• , ,	
		the supported organization	. , .	• • • •		ajority of	the directors or truste	ees of the
		supporting organization.	-					
b			•				•	, , ,
		control or management o		=	tne sam	e person	is that control or mar	age the supported
_		organization(s). You must	•		م ما اممه		n with and functions	Illy into grate d with
С		Type III functionally integ its supported organization						my integrated with,
d	Г	Type III non-functionally						ted organization(s)
u		that is not functionally into			-			- : :
		requirement (see instructi	•	• •			•	a an attentiveness
е		Check this box if the orga	•	•				II Type III
Ū		functionally integrated, or					•••	, . , po
f	Ent	er the number of supported	• •			a.		
g	Pro	vide the following information	on about the suppo	orted organization(s).				
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	matruotiona)	matructions)
A)								
B)								
C)								
D)								
E)								
Γota	 I							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	134,109,186.	113,330,482.	136,645,486.	144,027,747.	179,045,225.	707,158,126.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	134,109,186.	113,330,482.	136,645,486.	144,027,747.	179,045,225.	707,158,126.
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)						354,045.
6	Public support. Subtract line 5 from line 4						706,804,081.
	tion B. Total Support	(-) 0040	(b) 0040	(-) 0000	(-1) 0004	(-) 0000	// T-+-!
_	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	134,109,186.	113,330,482. 10,302,655.	136,645,486.	144,027,747.	179,045,225.	707,158,126. 57,962,215.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	NONE	NONE	NONE	NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE.SUPP.PAGE	122,965.	37,745.	345.	NONE	NONE	161,055.
11	Total support. Add lines 7 through 10						765,281,396.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	10,430,112.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li		-			14	92.36 %
15	Public support percentage from 2021	•	•			15	91.81 %
	331/3% support test - 2022. If the org box and stop here. The organization qu	ualifies as a pub	licly supported	organization			Х
	331/3% support test - 2021. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization	n meets the factsthe facts-and-c	cts-and-circumst ircumstances te	ances test, che st. The organiz	eck this box ar zation qualifies	nd <b>stop here.</b> E as a publicly s	xplain in upported
18	15 is 10% or more, and if the organizin Part VI how the organization meets organization.  Private foundation. If the organization instructions	zation meets the state facts-and on did not chec	e facts-and-circ circumstances t k a box on line	umstances test, est. The organi e 13, 16a, 16b	check this box ization qualifies , 17a, or 17b,	and stop here as a publicly s check this box	Explain upported and see

#### 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.)

Calendar year (or fiscal year beginning in)  (a) 2018  (b) 2019  (c) 2020  (d) 2021  (e) 2022  (f) Total  (f) Total  (f) Total office prices performed, or technically solid or services performed or technically solid or services performed or technically solid or services performed, or technically solid or services performed or technically solid solid solid solid services performed or technically solid solid solid services performed or technically solid solid solid services performed or technically solid solid services performed or technically solid services services services services services or services or services or services services or services or services or services services services or services or services or services services or services or services	500	tion A. Public Support			· ·	•	,	
Gross receipts from administration, and membroships from membroships from administrations, mental and included on the control of the control			(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
received. (De not include any "unusual grains".) Gross receipts library and includes any "unusual grains".) Gross receipts library and include grains and any unusual grains and any any and any any and any	_	, , , , , , ,	(a) 2010	(6) 2013	(6) 2020	(u) 2021	(6) 2022	(i) rotai
2 Gross receipts from admissions, merchanolises and or services performed, or facilities for installed in any activity mail a related to the organization's tisk-exempt purpose.  3 Gross receipts from admissions that are not an unrelated thate or business under section \$1.0.  4 Tax revenues leveled for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for received from the services of a services or facilities for received from disqualified persons.  6 Total, Add lines 1 through \$5	'	,						
sold or services performed, of scallies furnished in any activity that is resisted to the organization's becempt purpose.  3 Gross receipts from activities that are not an uncelled trace because survey section 51 and activities and	2							
trunished in any activity that a related to the organization's tax exempts purpose	_	'						
organization to become purpose  Gross receipts from achildes that are not an unrelated trade or business under section \$13 .  4 Tax revenues looked for the organization is benefit and either paid to or expended on its behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 2 and 3 received from disqualified persons .  8 Amounts included on lines 2 and 3 received from disqualified persons .  9 Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year chalf and the present of \$6,000 or 1% of the amount on line 13 for the year chalf and the present of \$6,000 or 1% of the amount on line 13 for the year chalf and the present of \$6,000 or 1% of the amount on line 13 for the year chalf and the present of \$6,000 or 1% of the amount on line 13 for the year chalf and the present of \$6,000 or 1% of the amount on line 13 for the year chalf and the present of \$6,000 or 1% of the amount on line 13 for the year chalf and \$6,000 or 1% of the amount on line 13 for the year chalf and \$6,000 or 1% of the amount on line 13 for the year chalf and \$6,000 or 1% of the amount on line 13 for the year chalf and \$6,000 or 1% of the amount on line 13 for the year chalf and \$6,000 or 1% of the amount on line 13 for the year chalf and \$6,000 or 1% of the amount on line 13 for the year chalf and \$6,000 or 1% of the present of the year chalf and \$6,000 or 1% of the year chalf		·						
3 Gross receipts from architect bath are not an unrelated trade or business under section 513 .  4 Tax revenues levided 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 .  7 a Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  8 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2 and 3 received from other than disqualified persons .  9 Public support. (Subtract line 7c from line 6) .  9 Public support. (Subtract line 7c from line 6) .  9 Amounts from line 6 .  10 Gross income from inferest, dividends, payments received on securities leans, rents, cryolaties, and income from similar sources .  10 Unrelated business taxable income (less section 511 taxes) from businesses acquited after June 30, 1975 .  11 A Total support. (Add lines 10 and 10b .  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.  15 Public support percentage from 2021 Schedule A, Part III, line 17 .  16 Public support percentage from 2021 Schedule A, Part III, line 15 .  17 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .  18 years as an other box and stop here.  19 Public support percentage from 2021 Schedule A, Part III, line 17 .  19 Investment income percentage for 2022 (line 6) column (f), divided by line 13, column (f)) .  10 Total satisfies on the line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .								
treatment trade or business under section 513.  1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  1 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf.  1 The value of services or facilities furnished by a governmental unit to the organization without charge.  1 Total. Add lines 1 through 5.  2 Anounts included on lines 1, 2, and 3 received from disqualified persons.  3 Anounts 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 of the amount or line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of	2	· · · ·						
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Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6								
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section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b								
acquired after June 30, 1975	b	,						
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Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))							10	/0
18 Investment income percentage from 2021 Schedule A, Part III, line 17		•			13. column (f))		17	%
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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

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Part	Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
3001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the constitution was ide to each of its commented array to the least day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	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? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
J.	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		i .

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S					
1	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.							
Se	ection 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	of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
_7		7						
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection 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						
_	Total (add lines 1a, 1b, and 1c)	1d						
е	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):							
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						
Se	ection 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ly integra	ted Type III supporting	g organization				

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	s	(iii) Distributable

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

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

SCHEDULE A, PARTS I AND II:

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

Schedule A (Form 990 or 990-EZ) 2022 Page 8

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 - OTHER INCOM	3					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
CAFE	122,965.	37,745.	345.	NONE	NONE	161,055.
TOTALS	122,965.	37,745.	345.	NONE	NONE	161,055.

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

**2022** 

Employer identification number

THE INTTEN STATES HOLD	OCALIST MEMORIAL MUSEUM	52-1309391		
THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM 52-1309391  Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion		
	501(c)(3) taxable private foundation			
Check if your arranization is so	round by the Compared Bulls or a Special Bulls			
	vered by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See		
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				
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990) of from any one contributor, during the year, total contributions of the great on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	, Part II, line 13, 16a, or ter of <b>(1)</b> \$5,000; or		
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year				
_	n't covered by the General Rule and/or the Special Rules doesn't file Schene 2, of its Form 990; or check the box on line H of its Form 990-EZ or on			

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

(a)	Contributors (see instructions). Use duplicate cop	(c)	(d)
No. 1	Name, address, and ZIP + 4  N/A	* \$ \$ 5,769,407.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 5,000,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

Part II	Noncash Property	(see instructions)	. Use duplicate copies	s of Part II if addition	hal snace is needed
alli	NULLEASH FIUDELLY	(SEE IIISH UCHOHS)	. Use auplicate copies	s of Fart II II audition	iai space is lieeueu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PLEDGE		
		\$5,000,000.	02/01/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM 52-1309391 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

# 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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number
THI	E UNITED STATES HOLOCAUST MEMORIAL MUSEUM	52-1309391
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	.,
	Aggregate value of contributions to (during year)	
2		
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	. danan addaad
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
Pa	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).	
		f a historically important land area
		f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ated 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, inspectio	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its reve	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	ncial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	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 of art, historical treasures, or other similar assets held for public exhibition, education, o	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
~	art, historical treasures, or other similar assets held for public exhibition, education, or research	
	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 as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990. Part X	\$

Sche	dule D (Form 990) 2022 THE	UNITED STAT	ES HOLOC <i>a</i>	AUST MEMOF	RIAL M	IUSEUM		52-1	309391	Page <b>2</b>
Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Treasu	ıres, or	Other	Similar As	ssets (c	ontinue	<u>d)</u>
3	Using the organization's acquisition	on, accession, and	d other recor	ds, check an	y of the	followi	ng that ma	ake sign	ificant us	se of its
	collection items (check all that app	ly):								
а	X Public exhibition		d X	Loan or ex	change	program	า			
b	X Scholarly research		e –	Other	J					
С	X Preservation for future gene	rations								
4	Provide a description of the organ		ns and expla	ain how they	further	the ora	anization's	exempt	nurnose	in Part
•	XIII.	nzanomo oonoono	no ana expi	a 1.011 1.10y	14111101	uio oig	amzanomo	олоттр	parpood	, iii i ait
5	During the year, did the organization	on solicit or receive	a donations o	of art historics	al traacu	iras or o	thar cimila	r		
J	assets to be sold to raise funds rath								Yes	X No
Da	rt IV Escrow and Custodial A		illaineu as pa	ir or the orga	IIIZation	3 COIIEC	uon:		163	X NO
Га	Complete if the organiza 990, Part X, line 21.		Yes" on For	m 990, Part	IV, line	9, or re	ported an	amour	t on For	m
1a	Is the organization an agent, trus	tee, custodian or	other interm	nediary for co	ontributi	ions or	other asse	ts not		
	included on Form 990, Part X?			-				[	Yes	No
b	If "Yes," explain the arrangement in									
	, ,		•	J				Amount		
С	Beginning balance				1c					
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an am					ıstodial a	account liah	nility?	Yes	No
	If "Yes," explain the arrangement in			•				, _		H
	rt V Endowment Funds.	irr art Am. Oncok	11010 11 1110 0	Apidilation ride	о вості рі	TOVIGOG C	art Airt			
ı a	Complete if the organiza	ation answered "	Yes" on For	m 990. Part	IV. line	10.				
				,	,					
		(a) Current vear	(b) Prio	r vear (c	) Two year	rs back	(d) Three ve	ars back	(e) Four v	ears back
4-	Designing of year halance	(a) Current year	<b>(b)</b> Prio	,	) Two year		(d) Three yea		(e) Four y	
	Beginning of year balance	545,337,536.	598,7	85,589. 4	95,919,8	398.	472,505	5,301.	432,5	46,760.
b	Contributions		598,7	85,589. 4	-	398.		5,301.	432,5	
	Contributions	545,337,536. 20,339,212.	598,7	85,589. 4 67,077.	95,919,8 15,211,8	398.	472,505 11,407	5,301. 7,878.	432,5	46,760.
b c	Contributions	545,337,536.	598,7	85,589. 4 67,077.	95,919,8	398.	472,505	5,301. 7,878.	432,5	46,760.
b c	Contributions	545,337,536. 20,339,212.	598,7	85,589. 4 67,077.	95,919,8 15,211,8	398.	472,505 11,407	5,301. 7,878.	432,5	46,760.
b c	Contributions	545,337,536. 20,339,212. 59,219,249.	598,73 11,00 -50,2	85,589. 4 67,077.	95,919,8 15,211,8 98,901,2	398. 362. 231.	472,505 11,407 27,484	5,301. 7,878. 4,677.	432,5	46,760.
b c d	Contributions	545,337,536. 20,339,212. 59,219,249.	598,70 11,00 -50,20	85,589. 4 67,077. 02,413.	95,919,8 15,211,8 98,901,2	398. 362. 231.	472,505 11,407 27,484	5,301. 7,878. 1,677.	432,5	46,760. 72,133. 90,303.
b c d	Contributions	545,337,536. 20,339,212. 59,219,249. 19,078,900. 2,533,631.	598,7 11,00 -50,2 12,00 2,3	85,589. 4 67,077. 02,413. 00,000. 12,717.	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0	398. 362. 231.	472,505 11,407 27,484 13,730 1,747	5,301. 7,878. 1,677.	432,5 33,7 7,7	46,760. 72,133. 90,303.
b c d	Contributions	545,337,536. 20,339,212. 59,219,249.	598,7 11,00 -50,2 12,00 2,3	85,589. 4 67,077. 02,413. 00,000. 12,717.	95,919,8 15,211,8 98,901,2	398. 362. 231.	472,505 11,407 27,484	5,301. 7,878. 1,677.	432,5 33,7 7,7	46,760. 72,133. 90,303.
b c d e f g	Contributions	545,337,536. 20,339,212. 59,219,249. 19,078,900. 2,533,631. 603,283,466. of the current yea	598,7. 11,00 -50,2  12,00 2,33 545,3 Ir end balance	85,589. 4 67,077. 02,413. 000,000. 12,717. 37,536. 5	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0	398. 362. 231. 329.	472,505 11,407 27,484 13,730 1,747	5,301. 7,878. 1,677.	432,5 33,7 7,7	46,760. 72,133. 90,303.
b c d e f g 2 a	Contributions	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yeanent 27,0000	598,7. 11,00 -50,2  12,00 2,33 545,3 Ir end balance	85,589. 4 67,077. 02,413. 000,000. 12,717. 37,536. 5	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0	398. 362. 231. 329.	472,505 11,407 27,484 13,730 1,747	5,301. 7,878. 1,677.	432,5 33,7 7,7	46,760. 72,133. 90,303.
b c d e f g 2 a b	Contributions	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current year 27.000000000000000000000000000000000000	598,7. 11,00 -50,2  12,00 2,33 545,3 Ir end balance	85,589. 4 67,077. 02,413. 000,000. 12,717. 37,536. 5	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0	398. 362. 231. 329.	472,505 11,407 27,484 13,730 1,747	5,301. 7,878. 1,677.	432,5 33,7 7,7	46,760. 72,133. 90,303.
b c d e f g 2 a b	Contributions	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yea nent27.0000000000000000000000000000000000	12,00 2,33 545,3 1r end balance	85,589. 4 67,077. 02,413. 000,000. 12,717. 37,536. 5	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0	398. 362. 231. 329.	472,505 11,407 27,484 13,730 1,747	5,301. 7,878. 1,677.	432,5 33,7 7,7	46,760. 72,133. 90,303.
b c d e f g 2 a b c	Contributions	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yea nent 27.0000 00 % and 2c should equations are series as a series and series are series are series and series are ser	12,00 2,33 545,3 10 end balance	85,589. 4 67,077. 02,413. 00,000. 12,717. 37,536. 5 e (line 1g, colu	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5	398. 362. 231. 329. 073. 589. held as:	472,505 11,407 27,484 13,730 1,747 495,919	5,301. 7,878. 1,677. 0,071. 7,887. 0,898.	432,5 33,7 7,7	46,760. 72,133. 90,303.
b c d e f g 2 a b c	Contributions	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yea nent 27.0000 00 % and 2c should equations are series as a series and series are series are series and series are ser	12,00 2,33 545,3 10 end balance	85,589. 4 67,077. 02,413. 00,000. 12,717. 37,536. 5 e (line 1g, colu	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5	398. 362. 231. 329. 073. 589. held as:	472,505 11,407 27,484 13,730 1,747 495,919	5,301. 7,878. 1,677. 0,071. 7,887. 0,898.	432,5 33,7 7,7 1,6 472,5	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c	Contributions	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current year 27.0000 00 % and 2c should equation of the possession of	12,00 2,33 545,3 1 end balance	85,589. 4 67,077. 02,413. 000,000. 12,717. 37,536. 5 e (line 1g, column that are	98,901,2 98,901,2 98,901,2 9,287,3 1,960,0 98,785,5 umn (a))	398. 362. 231. 329. 373. 589. held as:	472,505 11,407 27,484 13,730 1,747 495,919	5,301. 7,878. 1,677. 0,071. 7,887. 0,898.	432,5 33,7 7,7 1,6 472,5	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c	Contributions	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yeament27.0000000000000000000000000000000000	12,00 2,33 545,3 ar end balance	85,589. 4 67,077	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5 umn (a))	398. 362. 231. 329. 073. 589. held as:	472,505 11,407 27,484 13,730 1,747 495,919	5,301. 7,878. 1,677. 0,071. 7,887. 0,898.	432,5 33,7 7,7 1,6 472,5	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endown Permanent endowment	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yeament 27.0000 00 %  and 2c should equation and the possession of	12,00 2,33 545,3 r end balance	85,589. 4 67,077	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5 umn (a))	398. 362. 231. 329. 373. 589. held as:	472,505 11,407 27,484 13,730 1,747 495,919	5,301. 7,878. 1,677. 0,071. 7,887. 0,898.	432,5 33,7 7,7 1,6 472,5 3a(i) 3a(ii)	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c c 3a	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endown Permanent endowment 73.00  Term endowment %  The percentages on lines 2a, 2b, a Are there endowment funds not in organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yea nent 27.0000 00 % and 2c should equation and	12,00 2,33 545,3 ar end balance 0 % al 100%. the organization of t	85,589. 4 67,077	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5 umn (a))	398. 362. 231. 329. 373. 589. held as:	472,505 11,407 27,484 13,730 1,747 495,919	5,301. 7,878. 1,677. 0,071. 7,887. 0,898.	432,5 33,7 7,7 1,6 472,5	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c c 3a	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 73.00  Term endowment %  The percentages on lines 2a, 2b, at there endowment funds not in organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended to	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yea nent 27.0000 00 % and 2c should equation and	12,00 2,33 545,3 ar end balance 0 % al 100%. the organization of t	85,589. 4 67,077	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5 umn (a))	398. 362. 231. 329. 373. 589. held as:	472,505 11,407 27,484 13,730 1,747 495,919	5,301. 7,878. 1,677. 0,071. 7,887. 0,898.	432,5 33,7 7,7 1,6 472,5 3a(i) 3a(ii)	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c c 3a	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endown Permanent endowment 73.00  Term endowment %  The percentages on lines 2a, 2b, a Are there endowment funds not in organization by:  (i) Unrelated organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended or the standard pain of the standa	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current yeament 27.0000 00 %  and 2c should equation of the possession of the current yeament.	12,00 2,33 545,3 Ir end balance % al 100%. the organization's endo	85,589. 4 67,077	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5 umn (a))	398. 362. 231. 329. 373. 589. held as:	472,505 11,407 27,484 13,730 1,747 495,919	6,301. 7,878. 1,677. 0,071. 7,887. 0,898.	432,5 33,7 7,7 7,7 1,6 472,5 <b>Y</b> 3a(i) 3b	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c c 3a	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 73.00  Term endowment %  The percentages on lines 2a, 2b, at there endowment funds not in organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended to	545,337,536. 20,339,212. 59,219,249.  19,078,900. 2,533,631. 603,283,466. of the current year 27.0000 00 % and 2c should equation of the possession of the possession of the current year at 10 cost 1	12,00 2,33 545,3 ar end balance 6 % al 100%. the organization's endo Yes" on Foilor of other basis	85,589. 4 67,077. 02,413. 000,000. 12,717. 37,536. 5 e (line 1g, colument funds. 1990, Part (b) Cost or oth	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5 Jumn (a))	398. 362. 231. 329. 373. 389. held as:	472,505 11,407 27,484  13,730 1,747 495,919  stered for t	6,301. 7,878. 1,677. 1,071. 7,887. 0,898.	432,5 33,7 7,7 7,7 1,6 472,5 <b>Y</b> 3a(i) 3b	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c 3a b 4 Pa	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endown Permanent endowment 73.00  Term endowment %  The percentages on lines 2a, 2b, a Are there endowment funds not in organization by:  (i) Unrelated organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended organization of property	19,078,900. 2,533,631. 603,283,466. of the current year 27.0000 % and 2c should equate the possession of the possession of the current year (a) Cost (inv.)	12,00 2,33 545,3 ar end balance 0 % al 100%. the organization's endo Yes" on Foi	85,589. 4 67,077. 02,413. 000,000. 12,717. 37,536. 5 e (line 1g, colument funds. 1990, Part (b) Cost or oth (other)	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5 umn (a))	398. 362. 231. 329. 373. 389. held as:	472,505 11,407 27,484 13,730 1,747 495,919 stered for t	6,301. 7,878. 1,677. 1,071. 7,887. 0,898.	432,5 33,7 7,7 7,7 1,6 472,5 3a(i) 3a(ii) 3b	46,760. 72,133. 90,303. 03,895. 05,301.
b c d e f g 2 a b c 3a b 4 Pa	Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage Board designated or quasi-endown Permanent endowment 73.00  Term endowment %  The percentages on lines 2a, 2b, a Are there endowment funds not in organization by:  (i) Unrelated organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended organization the organization organization that the organization of	19,078,900. 2,533,631. 603,283,466. of the current year 27.0000 % and 2c should equate the possession of the possession of the current year (a) Cost (inv.)	12,00 2,33 545,3 ar end balance 6 % al 100%. the organization's endo Yes" on Foilor of other basis	85,589. 4 67,077. 02,413. 000,000. 12,717. 37,536. 5 e (line 1g, colument funds. 1990, Part (b) Cost or oth	95,919,8 15,211,8 98,901,2 9,287,3 1,960,0 98,785,5 Jmn (a))	398. 362. 231. 329. 373. 389. held as: d admini	472,505 11,407 27,484  13,730 1,747 495,919  stered for t	6,301. 7,878. 1,677. 1,071. 7,887. 0,898.	432,5 33,7 7,7 7,7 1,6 472,5 3a(i) 3a(ii) 3b	46,760. 72,133. 90,303. 03,895. 05,301.

124,798.

15,059,984.

42,854,652.

124,798.

11,595,771.

38,557,025

94,817,236. Schedule D (Form 990) 2022

3,464,213.

4,297,627.

c Leasehold improvements

d Equipment.....

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

52-1309391

FMV

Part VII	Investments -	Other	Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
1) Financial derivatives					
2) Closely held equity interests					
3) Other					
(A) FIXED INCOME MUTUAL FUNDS	8,675,569.	FMV			
(B) BANK LOAN FUND	17,757,462.	FMV			
(C) EQUITY LONG/SHORT HEDGE FUNDS	56,235,999.	FMV			
(D) PRIVATE FUNDS	69,281,311.	FMV			
(E) EVENT DRIVEN HEDGE FUNDS	16,180,561.	FMV			
(F) MULTI-STRATEGY MUTUAL FUNDS	105,169,500.	FMV			
(G) EMERGING MARKETS EQUITIES	13,193,700.	FMV			

#### Part VIII Investments - Program Related.

(H) INTERNATIONAL MARKETS EQUITIES

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

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

47,964,517.

334,458,619

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

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)UNEXPENDED APPROPRIATIONS	36,444,214.
(3)TERM LOAN	30,600,000.
(4)CHARITABLE GIFT ANNUITY LIABILITY	16,680,928.
(5)OPERATING LEASE LIABILITIES	9,516,952.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	93,242,094.

^{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	245,900,864.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	52,412,460.	
3	Subtract line 2e from line 1	3	193,488,404.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c	-349,434.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	193,138,970.	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	165,895,984.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	0-	2 060 054	
е	Add lines 2a through 2d	2e 3	3,060,854.	
3	Subtract line 2e from line 1	3	162,835,130.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b			
	Investment expenses not included on Form 990, Part VIII, line 7b	-		
b C	Add lines 4a and 4b	4c	2,533,629.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	165,368,759.	
Part	XIII Supplemental Information.		, , ,	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform			
SEE	SUPPLEMENTAL PAGE			

SCHEDULE D, PART III, LINE 4:

THE MUSEUM ACQUIRES ITS COLLECTIONS, WHICH INCLUDE WORKS OF ART,

ARTIFACTS, ARCHIVES, FILM AND VIDEO, ORAL HISTORY, AND HISTORICAL

TREASURES, BY PURCHASE OR BY DONATION. ALL COLLECTIONS ARE HELD FOR

PUBLIC EXHIBITION, EDUCATION, OR RESEARCH. THE MUSEUM'S COLLECTION

MANAGEMENT POLICY INCLUDES GUIDANCE ON THE PRESERVATION, CARE, AND

MAINTENANCE OF THE COLLECTIONS AND PROCEDURES RELATED TO THE

ACCESSION/DEACCESSION OF COLLECTION ITEMS. THE MISSION AND PURPOSE OF THE

MUSEUM'S COLLECTIONS IS TO PRESERVE FOR FUTURE GENERATIONS THE

PHOTOGRAPHIC, DOCUMENTARY, AND ARTIFACTUAL RECORD OF THIS FATEFUL PERIOD

IN JEWISH AND WORLD HISTORY.

SCHEDULE D, PART V, LINE 4:

THE MUSEUM'S ENDOWMENT CONSISTS OF 98 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT SERVES AS A PERPETUAL FUNDING SOURCE FOR THE MUSEUM.

SCHEDULE D, PART X, LINE 2:

Part XIII Supplemental Information (continued)

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

UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS

CODIFICATION (ASC) 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN

ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS

TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE

POSITION WILL BE SUSTAINED. THE MUSEUM DOES NOT BELIEVE THERE ARE ANY

MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT WILL NOT RECOGNIZE

ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE MUSEUM HAS FILED FOR AND

RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED

TO DO SO. ADDITIONALLY, THE MUSEUM HAS FILED INTERNAL REVENUE SERVICE

(IRS) FORM 990 AND 990-T TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE

RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE MUSEUM BELIEVES

THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY

TAX AUTHORITIES FOR YEARS BEFORE 2020. FOR THE YEARS ENDED SEPTEMBER 30,

2023 AND 2022, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED

IN THE STATEMENT OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

## Part XIII Supplemental Information (continued)

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

COST OF GOODS SOLD FOR MUSEUM (\$ 805,643)

SPECIAL EVENTS COSTS (\$ 2,077,420)

_____

TOTAL TO SCHEDULE D, PART XII, LINE 2D (\$ 2,883,063)

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

COST OF GOODS SOLD FOR MUSEUM \$ 805,643

SPECIAL EVENTS COSTS \$ 2,077,420

-----

TOTAL TO SCHEDULE D, PART XII, LINE 2D \$ 2,883,063

## SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

20**22** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** 52-1309391 THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, expenditures for of offices in region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) CENTRAL AMERICA/CARIBBEAN NONE NONE INVESTMENTS 164,451,089. (2) EUROPE NONE NONE PROGRAM SERVICES GRANTS 347,631. (3) MIDDLE EAST AND NORTH AFRICA NONE NONE PROGRAM SERVICES GRANTS 100,000. (4) NORTH AMERICA PROGRAM SERVICES 12,000. NONE NONE GRANTS 10,000. (5) SOUTH ASIA NONE NONE PROGRAM SERVICES GRANTS (6) SOUTH AMERICA NONE NONE PROGRAM SERVICES GRANTS 5,700. <u>(7</u>) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Subtotal NONE NONE 164,926,420. 3a Total from continuation sheets to Part I

NONE

164,926,420.

Totals (add lines 3a and 3b)

Part II	Grants and Other Assist Part IV, line 15, for any re	tance to Organizat		de the Unite				red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)		achientiana liata di ab	ove that are recently	a aborition by	the fereign economic				
exe	er total number of recipient or mpt 501(c)(3) organization by the er total number of other organiz	ne IRS, or for which the	ne grantee or counsel has	provided a sec	tion 501(c)(3) equiv	valency letter	<b>.</b>		

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MEMORIAL FELLOWSHIPS-LOWENBERG	EUROPE/ICELAND/GREENLAND	1	20,000.	WIRE			
(2) ITS WORKSHOP - FRIEDMAN FUND	EUROPE/ICELAND/GREENLAND	1	30,000.	WIRE			
(3) MCAHS LEON&EDITH MILMAN FELLOW	EUROPE/ICELAND/GREENLAND	1	20,000.	WIRE			
(4) EHRI PROJECT III	EUROPE/ICELAND/GREENLAND	1	5,500.	WIRE			
(5) SHAPIRO SNR SCHLR IN RESID END	MIDDLE EAST/NORTH AFRICA	1	90,000.	WIRE			
(6) MCAHS FELLOWSHIP - MARCUS	EUROPE/ICELAND/GREENLAND	1	20,000.	WIRE			
(7) LEVINE SCHOLAR ENDOWMENT	EUROPE/ICELAND/GREENLAND	1	10,000.	WIRE			
(8) MCAHS MANDEL CENTER FELLOW	EUROPE/ICELAND/GREENLAND	1	20,000.	WIRE			
(9) MCAHS IFZ EXCHANGE SCHOLAR	EUROPE/ICELAND/GREENLAND	1	20,000.	WIRE			
(10) RESNICK END ANTISEMITISM FUND	SOUTH AMERICA	1	5,700.	WIRE			
(11) ABRAMSON ENDOWMENT	NORTH AMERICA	1	12,000.	WIRE			
(12) ITS WORKSHOP - FRIEDMAN FUND	MIDDLE EAST/NORTH AFRICA	1	10,000.	WIRE			
(13) LEVINE FELLOWSHIP - GONDA	EUROPE/ICELAND/GREENLAND	1	97,500.	WIRE			
(14) ABRAMSON ENDOWMENT	EUROPE/ICELAND/GREENLAND	1	40,031.	WIRE			
(15) MCAHS KURT & THEA SONNENMARK M	SOUTH ASIA	1	10,000.	WIRE			
(16) MEMORIAL FELLOWSHIPS - GRASS	EUROPE/ICELAND/GREENLAND	1	40,000.	WIRE			
(17) FELLOWSHIPS - HEIDEMAN	EUROPE/ICELAND/GREENLAND	1	20,700.	WIRE			
(18) MEMORIAL FELLOWSHIPS-LOWENBERG	EUROPE/ICELAND/GREENLAND	1	3,900.	WIRE			

#### Schedule F (Form 990) 2022 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) Νo 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

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

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)

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)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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)

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)

Schedule F (Form 990) 2022

Yes

6

#### Part V

## **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2:

SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR AWARDS ARE GRANTED ON A

COMPETITIVE BASIS TO SUPPORT SIGNIFICANT RESEARCH AND WRITING ABOUT THE

HOLOCAUST. THE MUSEUM WELCOMES PROPOSALS FROM SCHOLARS IN ALL RELEVANT

DISCIPLINES INCLUDING HISTORY, POLITICAL SCIENCE, LITERATURE, JEWISH

STUDIES, PHILOSOPHY, RELIGION, PSYCHOLOGY, COMPARATIVE GENOCIDE STUDIES,

LAW, AND OTHERS.

### **SCHEDULE G** (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury In N

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

OMB No. 1545-0047 Open to Public

Name of the organization	o to www.ns.gov/roims	990 TOT THISTIT	ictions and ti	ne latest information.	Employer identification	n number
THE UNITED STATES HOLOCAUST M	EMORIAL MUSEU	JM			52-130939	
Part I Fundraising Activities. Comp	olete if the organ	ization ar	swered "	Yes" on Form 99		
Form 990-EZ filers are not re						
1 Indicate whether the organization rais	sed funds through		_			
a X Mail solicitations	е			non-government g		
<b>b</b> X Internet and email solicitations	f			government grants	S	
c X Phone solicitations	g	X Spec	cial fundra	ising events		
d X In-person solicitations		.20	P. J. J I. C	- L P	Parada a da d	
2a Did the organization have a written o or key employees listed in Form 990						X Yes No
<b>b</b> If "Yes," list the 10 highest paid indi					_	
compensated at least \$5,000 by the		(	-,			
(I) None and address of individual		(iii) Did fun	draiser have	(iv) Cross respire	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
					col. (i)	Organization
SEE SUPPLEMENT INFORMATION		Yes	No			
1						
2						
_						
3						
4						
5						
6						
O .						
7						
8						
9						
40						
10						
Total				673,430.	431,435.	241,995.
3 List all states in which the organiza						
registration or licensing.	J					•

Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000	ent contributions and g			
4)			(a) Event #1 2023NATLTRIBDIN (event type)	(b) Event #2 CHICAGO LUNCHEO (event type)	(c) Other events  18 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	2,109,988.	2,525,708.	8,167,668.	12,803,364.
œ	2	Less: Contributions Gross income (line 1 minus	1,916,943.	2,394,408.	6,994,236.	11,305,587.
		line 2)	193,045.	131,300.	1,173,432.	1,497,777.
	5	Cash prizes				
ses	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages				
Direc	8	Entertainment				
		Other direct expenses			1,618,400.	2,077,420.
Pa	11	Direct expense summary. Add ling Net income summary. Subtract I Gaming. Complete if the org	line 10 from line 3, col	umn (d)		2,077,420. -579,643.
1 6		\$15,000 on Form 990-EZ, lin			art iv, line 19, or	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct		Rent/facility costs				
		Other direct expenses	Yes %			
		Volunteer labor  Direct expense summary. Add lin	No	Imp (d)	No	
		Net gaming income summary. S	-			
9 a	1	Enter the state(s) in which the org	anization conducts ga	ming activities: in each of these state		Yes No
10 a	Yes No					

Sched	lule G (Form 990 or 990-EZ) 2022 THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM 52-1309391 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ►
	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?
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 ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
SCH	EDULE G, PART I, LINE 2B, COLUMN (V): CONTRACTORS FOR FUNDRAISING
ACT	IVITIES: THE CONSULTANTS AND TELEMARKETERS LISTED ADVISE AND ASSIST
THE	MUSEUM IN FUNDRAISING AND MARKETING STRATEGY. THE MUSEUM DOES NOT TIE
DON	ATIONS TO THE ADVICE GIVEN FOR THESE CONSULTING AND TELEMARKETING
SER	VICES.

Sched	ule G (Form 990 or 990-EZ) 2022 THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM 52-1309391 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCH	EDULE G, PART I, LINE 3:
LIC	ENSING FOR FUNDRAISING ACTIVITIES:
AS .	AN INDEPENDENT ESTABLISHMENT OF THE UNITED STATES GOVERNMENT, AND
	SUANT TO THE SUPREMACY CLAUSE OF THE U.S. CONSTITUTION, THE MUSEUM IS
NOT	SUBJECT TO STATE OR DISTRICT OF COLUMBIA REGULATION OF THE MUSEUM'S
FUN:	DRAISING ACTIVITY; THUS, THE MUSEUM CAN PERFORM FUNDRAISING ACTIVITIES
IN .	ANY STATE.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES ______

NAME:

WALTER KARL, INC.

ADDRESS:

2 BLUE HILL PLAZA

PEARL RIVER, NY 10965-3113

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 155,397.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -155,397.

NAME:

CAROL STULBERG

ADDRESS:

16307 CELINDA PLACE ENCINO, CA 91436

ACTIVITY :

FUNDRAISER

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : 673,430.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 126,185.

547,245. AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION:

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES ______

NAME:

NGP VAN

ADDRESS:

655 15TH STREET, NW SUITE 650 WASHINGTON, DC 20005

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 85,920.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -85,920.

NAME:

HARVEST FRC, INC.

ADDRESS:

82 COLONIAL DRIVE NEWTON, PA 18940

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 59,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -59,000.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES ______

NAME:

ANN TRAVERS PRATT

ADDRESS:

8 RAINBOW TER. W ORANGE, NJ 07052

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 4,933.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -4,933.

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

Ope

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
THE UNITED STATES HOLOCAUST MEMOR	IAL MUSEU	М				52-1309391	
Part I General Information on Grants ar	nd Assistanc	е					
<ol> <li>Does the organization maintain records to see the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process.</li> </ol>	nts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		_					res" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COOPER UNION FOR THE ADVANCEMENT	12 5560005	501 (0) (2)	F0.000				LEVINE SCHOLAR
30 COOPER SQ NEW YORK, NY 10003  (2) CURATORS OF THE UNIVERSITY OF MISSOURI	13-5562985	501(C)(3)	72,000.				ENDOWMENT MEMORIAL FELLOWSHIPS
406 MAUPIN ROAD COLUMBIA, MO 65203	26-6440629	501(C)(3)	40,000.				- GRASS
(3) ANTI-DEFAMATION LEAGUE			30,000				ADL LAW ENFORCEMENT
605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	14,000.				PROGRAM
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis	•	•					3

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 abramson endowment	3	36,000.			
2 FELLOWSHIP-BEN AND ZELDA COHEN	1	5,000.			
3 its workshop - friedman fund	1	20,000.			
4 JEWISH SOURCE	1	20,000.			
5 LEVINE SCHOLAR ENDOWMENT	1	18,000.			
6 MCAHS DIGITAL HUMANITIES FELLW	1	24,000.			
<b>7</b> MCAHS KURT & THEA SONNENMARK M	1	5,000.			

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SAVITT VISITING SCHOLARS FUND	1	10,000.			
2 SCHECHTER SCHOLAR ENDOWMENT	1	5,000.			
3					
4					
5					
6					
7					

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

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

SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR AWARDS ARE GRANTED ON A

COMPETITIVE BASIS TO SUPPORT SIGNIFICANT RESEARCH AND WRITING ABOUT THE

HOLOCAUST. THE MUSEUM WELCOMES PROPOSALS FROM SCHOLARS IN ALL RELEVANT

DISCIPLINES INCLUDING HISTORY, POLITICAL SCIENCE, LITERATURE, JEWISH

STUDIES, PHILOSOPHY, RELIGION, PSYCHOLOGY, COMPARATIVE GENOCIDE STUDIES,

LAW, AND OTHERS.

## SCHEDULE J (Form 990)

## **Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number 52-1309391

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
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?	2	Х	
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.  X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			
4 a b c	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:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  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.	4a 4b 4c	X	X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
6	If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		v
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	'		X
O	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	J		Λ
,	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

52-1309391

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SARA J. BLOOMFIELD	(i)	582,042.	NONE	1,854.	159,800.	7,213.	750,909.	NONE
1 DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONATHAN CARVER	(i)	379,782.	1,500.	552.	34,800.	21,639.	438,273.	NONE
2 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JESSICA VIGGIANO	(i)	121,807.	1,500.	153.	15,956.	21,670.	161,086.	NONE
3 DIR. COUNCIL RELATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANGLEE AGARWAL	(i)	248,765.	1,500.	216.	30,719.	11,374.	292,574.	NONE
4 GENERAL COUNSEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JORDAN TANNENBAUM	(i)	380,274.	1,500.	1,854.	34,800.	14,426.	432,854.	NONE
5 CHIEF DEV OFCR EMERT FROM 5/23	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TANELL COLEMAN	(i)	181,804.	38,269.	NONE	9,326.	6,363.	235,762.	NONE
6 CHIEF MUSEUM OPER. OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SARAH OGILVIE	(i)	175,026.	38,269.	NONE	9,326.	13,634.	236,255.	NONE
7 CHIEF PROGRAM OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERAN GASKO	(i)	330,206.	1,500.	1,032.	34,800.	21,542.	389,080.	NONE
8 CHIEF DEV. OFFICER FROM 5/1/23	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHELLE TYCHER STEIN	(i)	384,988.	1,500.	1,854.	34,800.	290.	423,432.	NONE
9 CHIEF MKTG & COMM. OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TARA QUINNETTE	(i)	300,413.	1,500.	1,032.	33,331.	NONE	336,276.	NONE
10 CHIEF HUMAN RESOURCE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JILL WEINBERG	(i)	302,250.	1,500.	3,048.	34,800.	14,426.	356,024.	NONE
11 DIR. MIDWEST REGION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREA BARCHAS	(i)	292,086.	1,500.	2,567.	34,800.	14,426.	345,379.	NONE
12 DIR. NORTHEAST REGION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JILL BARKAN	(i)	267,649.	1,500.	1,032.	33,582.	21,639.	325,402.	NONE
13 SENIOR PHILANTHROPY OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

#### Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A:

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

SCHEDULE J, PART I, LINE 4B:

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

## SCHEDULE M (Form 990)

## **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number 52-1309391

Par	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	Method of noncash cont			
1	Art - Works of art							
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		180	6,249,308.	SELLING P	RICE	!	
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 org	anization during the tax ye	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat		•		•			i
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31	Х	
32a	Does the organization hire or use		_					
	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			

Part II Supple

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

SCHEDULE M, LINE 32B:

THE MUSEUM WORKS WITH CONTRACTORS WHO FACILITATE THE ACQUISITION OF

ARTIFACTS, ART, PHOTOS AND DOCUMENTS WITHIN THE HOLOCAUST-SURVIVOR

COMMUNITY. THIS INCLUDES IDENTIFYING, ESTABLISHING AND MAINTAINING

WRITTEN, TELEPHONE, AND IN-PERSON CONTACT WITH POTENTIAL DONORS AND OTHER

SOURCES OF ACQUISITIONS, ON SITE VISITS AND FIELD WORK.

#### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

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

INDEPENDENT ESTABLISHMENT OF THE U.S. GOVERNMENT

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

CHARTERED BY A UNANIMOUS ACT OF CONGRESS, THE MUSEUM IS AMERICA'S

NATIONAL INSTITUTION FOR THE DOCUMENTATION, STUDY, INTERPRETATION, AND

EDUCATION OF HOLOCAUST HISTORY AND SERVES AS OUR COUNTRY'S MEMORIAL TO

THE VICTIMS OF THE HOLOCAUST. A NONPARTISAN, FEDERAL EDUCATIONAL

INSTITUTION, THE MUSEUM IS DEDICATED TO ENSURING THE PERMANENCE OF

HOLOCAUST MEMORY, UNDERSTANDING, AND RELEVANCE. THROUGH THE POWER OF

HOLOCAUST HISTORY, THE MUSEUM CHALLENGES LEADERS AND INDIVIDUALS

WORLDWIDE TO THINK CRITICALLY ABOUT THEIR ROLE IN SOCIETY AND TO CONFRONT

ANTISEMITISM AND OTHER FORMS OF HATE, PREVENT GENOCIDE, AND PROMOTE HUMAN

DIGNITY.

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

CHARTERED BY A UNANIMOUS ACT OF CONGRESS, THE MUSEUM IS AMERICA'S

NATIONAL INSTITUTION FOR THE DOCUMENTATION, STUDY, INTERPRETATION, AND

EDUCATION OF HOLOCAUST HISTORY AND SERVES AS OUR COUNTRY'S MEMORIAL TO

THE VICTIMS OF THE HOLOCAUST.

THE HOLOCAUST WAS THE STATE-SPONSORED, SYSTEMATIC PERSECUTION AND ANNIHILATION OF EUROPEAN JEWS BY NAZI GERMANY AND ITS COLLABORATORS

BETWEEN 1933 AND 1945. JEWS WERE THE PRIMARY VICTIMS-SIX MILLION WERE

MURDERED. THE NAZIS ALSO TARGETED ROMA, PEOPLE WITH DISABILITIES, POLES,

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Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

SOVIET PRISONERS OF WAR, GAY MEN, JEHOVAH'S WITNESSES, AND OTHERS FOR RACIAL OR POLITICAL REASONS.

THE MUSEUM STRIVES TO HELP PEOPLE FROM ALL WALKS OF LIFE AND DIVERSE
BACKGROUNDS UNDERSTAND NOT ONLY WHAT HAPPENED IN THE HOLOCAUST, BUT HOW
AND WHY IT HAPPENED. WE HOPE TO STIMULATE SELF-REFLECTION ON HOLOCAUST
HISTORY AND CRITICAL THINKING ABOUT ONE'S OWN ROLES AND RESPONSIBILITIES
IN SOCIETY TODAY. HOLOCAUST HISTORY PROVIDES POWERFUL LESSONS IN THE
FRAGILITY OF DEMOCRACY, THE DANGERS OF ANTISEMITISM, RACISM AND OTHER
FORMS OF HATE, AND THE CONSEQUENCES OF INACTION. WITH THE RISE OF
ANTISEMITISM, HOLOCAUST DENIAL AND DISTORTION- ALL EXACERBATED BY
CONSPIRACY THEORIES- THESE LESSONS ARE PARTICULARLY RELEVANT TO OUR
TIMES.

SINCE OPENING IN 1993, THE MUSEUM HAS WELCOMED OVER 48 MILLION VISITORS, INCLUDING MORE THAN 100 HEADS OF STATE AND MILLIONS OF SCHOOLCHILDREN. AS PART OF OUR MULTIPLE DIGITAL ENGAGEMENT EFFORTS TO RAISE PUBLIC AWARENESS ABOUT THE HOLOCAUST, OUR ONLINE HOLOCAUST ENCYCLOPEDIA, ONE OF THE WORLD'S LEADING ONLINE AUTHORITIES ON THE HOLOCAUST, IS AVAILABLE IN 20 LANGUAGES AND WAS VISITED BY ALMOST 29 MILLION PEOPLE WORLDWIDE IN 2023.

THE MUSEUM'S WILLIAM LEVINE FAMILY INSTITUTE FOR HOLOCAUST EDUCATION AIMS

TO BE A WORLD LEADER ADVANCING THE RELEVANCE OF THE HOLOCAUST TO NEW

GENERATIONS THROUGH: ONSITE, TRAVELING, AND ONLINE EXHIBITIONS; THE

CREATION OF MULTIMEDIA EDUCATIONAL RESOURCES FOR TEACHERS AND STUDENTS;

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AND A VARIETY OF IN-PERSON AND VIRTUAL PROGRAMS FOR STUDENTS, EDUCATORS, AND THE GENERAL PUBLIC. THE MUSEUM ALSO WORKS CLOSELY WITH KEY SEGMENTS OF SOCIETY WHO ARE RESPONSIBLE FOR SAFEGUARDING DEMOCRACY, SUCH AS LAW ENFORCEMENT, THE MILITARY, AND THE JUDICIARY. BY STUDYING THE ROLE OF THEIR OWN PROFESSION BEFORE AND DURING THE HOLOCAUST, THESE PROFESSIONALS GAIN INSIGHT INTO THEIR OWN RESPONSIBILITIES TODAY.

OUR DAVID M. RUBENSTEIN NATIONAL INSTITUTE FOR HOLOCAUST DOCUMENTATION
HOLDS THE WORLD'S MOST COMPREHENSIVE COLLECTION OF HOLOCAUST-RELATED
MATERIAL IN OUR NEWLY CONSTRUCTED DAVID AND FELA SHAPELL FAMILY
COLLECTIONS, CONSERVATION AND RESEARCH CENTER. BUILDING, PRESERVING AND
MAKING THE COLLECTION FULLY ACCESSIBLE ONLINE ARE ESSENTIAL FOR OUR GOAL
OF ADVANCING ACADEMIC RESEARCH, EDUCATION, AND PUBLIC AWARENESS. AT A
TIME WHEN THE TRUTH OF THE HOLOCAUST IS UNDER ASSAULT, THE COLLECTION IS
THE AUTHENTIC EVIDENCE OF THE CRIME AND ONE OF OUR MOST POWERFUL
EDUCATIONAL TOOLS. ALMOST 80 YEARS AFTER THE END OF THE HOLOCAUST, THE
MUSEUM IS STILL ACQUIRING NEW COLLECTIONS IN THE US AND EUROPE.

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

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SCHOLARSHIP.

THE SIMON-SKOJDT CENTER FOR THE PREVENTION OF GENOCIDE STRIVES TO FULFILL ELIE WIESEL'S VISION THAT THE MUSEUM SHOULD DO FOR VICTIMS OF GENOCIDE TODAY WHAT WAS NOT DONE FOR THE JEWS OF EUROPE. IT WORKS TO MAKE THE PREVENTION OF GENOCIDE AND RELATED CRIMES AGAINST HUMANITY A NATIONAL AND INTERNATIONAL PRIORITY THROUGH RESEARCH, EDUCATION, AND OUTREACH TO THE PUBLIC AND POLICY MAKERS. THE SIMON-SKJODT CENTER, WHICH SERVES AS A TRUSTED, NONPARTISAN RESOURCE AND PARTNER TO A RANGE OF GOVERNMENT OFFICIALS IN BOTH THE EXECUTIVE AND LEGISLATIVE BRANCHES, HAS FOCUSED IN RECENT YEARS ON: THE SYRIAN REGIME'S CRIMES AGAINST ITS CITIZENS; THE BURMESE MILITARY'S GENOCIDE AND CONTINUING CRIMES AGAINST THE ROHINGYA MINORITY; AND THE CHINESE GOVERNMENT'S CRIMES AGAINST HUMANITY AND POSSIBLE GENOCIDE OF ITS UIGHUR MINORITY.

#### FORM 990, PART III, LINE 4A:

THE MUSEUM'S VARIOUS CENTERS AND INSTITUTES OFFER A WIDE RANGE OF
PROGRAMS AND RESOURCES FOR: THE GENERAL PUBLIC AT THE MUSEUM, ONLINE AND
THROUGH TRAVELING EXHIBITIONS; TEACHERS, STUDENTS AND FACULTY AT
SECONDARY SCHOOLS AND IN HIGHER EDUCATION; LAW ENFORCEMENT OFFICERS,
STUDENTS AT MILITARY ACADEMIES AND MEMBERS OF THE JUDICIARY; ONLINE
OUTREACH FOR MULTILINGUAL AUDIENCES WORLDWIDE; AND OTHERS.

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

ALLAN HOLT AND DAVID MARCHICK HAVE A BUSINESS RELATIONSHIP.

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

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

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

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

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THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

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

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

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

LINE 15B: THE PROCESS FOR DETERMINING OFFICERS' COMPENSATION: TO ESTABLISH THE CHIEF DEVELOPMENT OFFICER'S COMPENSATION, THE MUSEUM RETAINED THE SERVICES OF A CONSULTING FIRM TO REVIEW THE COMPETITIVENESS IN THE PRIVATE FUNDRAISING INDUSTRY FOR THE DEVELOPMENT STAFF COMPENSATION STRUCTURE. THE CONSULTANT COLLECTED AND ANALYZED DATA FROM OTHER COMPARABLE ORGANIZATIONS. THEY CONCLUDED THAT THE CHIEF DEVELOPMENT OFFICER'S COMPENSATION WAS BELOW THE AVERAGE COMPENSATION OF THE COMPARABLE ORGANIZATIONS. BASED ON THE CONCLUSION, A CONFERENCE CALL WAS HELD WITH THE CO-CHAIRS OF THE DEVELOPMENT COMMITTEE, CHAIR OF THE COUNCIL, AND THE DIRECTOR. THE DECISION WAS MADE TO SET THE COMPENSATION AT THE AVERAGE COMPENSATION LEVEL. THE CHIEF DEVELOPMENT OFFICER'S CURRENT WRITTEN EMPLOYMENT CONTRACT EFFECTIVE FOR THE REPORTING PERIOD HAS INCREASES APPLICABLE TO MUSEUM-WIDE COST OF LIVING ADJUSTMENTS AND ENDS APRIL 30, 2023. TO ESTABLISH THE CHIEF FINANCIAL OFFICER'S AS WELL AS THE CHIEF MARKETING OFFICER'S COMPENSATION THE MUSEUM USED MARKET RESEARCH, EXTERNAL AND INTERNAL BENCHMARKING AND OTHER RESOURCES. THE COMPENSATION OF BOTH THE CHIEF FINANCIAL OFFICER AS WELL AS THE CHIEF MARKETING OFFICER WAS APPROVED BY THE DIRECTOR AS WELL AS THE MUSEUM'S COUNCIL.

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

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

#### FORM 990, PART XI, LINE 9:

CHANGE IN VALUE OF INTEREST RATE SWAP (117,514)

#### FORM 990, PART XII, LINE 2C:

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

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS					
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION			
CENTERRA GROUP, LLC 7121 FAIRWAY DRIVE, SUITE 201 PALM BEACH GARDENS, FL 33418	SECURITY SERVICES	5,993,030.			
PRODUCTION SOLUTIONS 1953 GALLOWS ROAD, SUITE 500 VIENNA, VA 22182	FULFILLMENT SERVICES	4,325,155.			
MCA CONSTRUCTION INCORPORATED P.O. BOX 1728 ALEXANDRIA, VA 22313	CONSTRUCTION	3,847,765.			
SERVICE FIRST CONSULTING, LLC 2306 GLEBE ROAD ARLINGTON, VA 22207	SUPPORT SERVICES	2,759,696.			
BROOKS & BROOKS SERVICES, INC. 5550 TUXEDO ROAD SUITE D CHEVERLY, MD 20781	HOUSEKEEPING	2,374,693.			

7,909,573.

TOTALS

Name of the organization		Employer identification number			
THE UNITED STATES HO	DLOCAUST MEMORIAL I	MUSEUM	52-1309391		
FORM 990, PART IX - OTHER FEES					
=======================================	====				
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
OTHER PROFESSIONAL FEES	20,190,862.	12,367,578.	2,485,113.	5,338,171.	
OTHER SERVICE CONTRACT	18,731,319.	15,076,931.	2,477,023.	1,177,365.	
SECURITY	9,717,435.	9,384,312.	330,466.	2,657.	
JANITORIAL SERVICES	2,538,976.	2,532,896.	NONE	6,080.	
OTHER	2,384,674.	999,808.	NONE	1,384,866.	
STIPENDS	775,259.	774,325.	500.	434.	

41,135,850. 5,293,102.

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54,338,525.

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