

Form **990**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **2019**, and ending **20**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **AMERICAN JEWISH HISTORICAL SOCIETY**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite:
15 WEST 16TH STREET - 5TH FLOOR
 City or town, state or province, country, and ZIP or foreign postal code:
NEW YORK, NY 10011

D Employer identification number: **13-1764804**

E Telephone number: **(212) 294-6160**

F Name and address of principal officer: **DR. ANNIE POLLAND**
15 WEST 16TH STREET - 5TH FLOOR, NEW YORK, NY 10011

G Gross receipts \$: **2,916,118.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.AJHS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1898** **M** State of legal domicile: **DC**

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AJHS PROVIDES ACCESS TO OVER 25 MILLION DOCUMENTS AS WELL AS BOOKS, PHOTOGRAPHS AND ARTIFACTS REFLECTING THE HISTORY OF THE JEWISH PRESENCE IN THE U.S. FROM 1654 TO THE PRESENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	11.
	6 Total number of volunteers (estimate if necessary)	6	7.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,505,527.	1,662,189.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	355,480.	220,686.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,140.	111,916.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,832.	81,210.
		2,128,979.	2,076,001.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,080,963.	748,431.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 257,889.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	790,838.	957,093.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,871,801.	1,705,524.
19 Revenue less expenses. Subtract line 18 from line 12	257,178.	370,477.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,988,781.	6,045,549.
	22 Net assets or fund balances. Subtract line 21 from line 20	308,804.	235,155.
	4,679,977.	5,810,394.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Annie Polland* Date: **11/12/2020**

Type or print name and title: **Dr. Annie Polland, Executive Director**

Paid Preparer Use Only

Print/Type preparer's name: **WILLIAM EPSTEIN** Preparer's signature: *William Epstein* Date: **11/11/2020** Check if self-employed PTIN: **P01307171**

Firm's name ▶ **EISNERAMPER LLP** Firm's EIN ▶ **13-1639826**

Firm's address ▶ **733 THIRD AVENUE NEW YORK, NY 10017-2703** Phone no. **212-949-8700**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICAN JEWISH HISTORICAL SOCIETY	Taxpayer identification number (TIN) 13-1764804
	Number, street, and room or suite no. If a P.O. box, see instructions. 15 WEST 16TH STREET - 5TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10011	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DR. ANNIE POLLAND

• The books are in the care of ► 15 WEST 16TH STREET NEW YORK NY 10011

Telephone No. ► 212 294-6160 Fax No. ► 212 294-8302

• If the organization does not have an office or place of business in the United States, check this box ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2019 or
► tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

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

[] Yes [X] No

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

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

4a (Code:) (Expenses \$ 318,374. including grants of \$) (Revenue \$ 220,686.)

LIBRARY AND ARCHIVE - THE ORGANIZATION WELCOMES ALL RESEARCHERS WHO WISH TO CONDUCT RESEARCH ON AMERICAN JEWISH LIFE FROM FIRST ARRIVAL IN THE AMERICAS TO THE PRESENT DAY. THE LIBRARY CONSISTS OF APPROXIMATELY 50,000 VOLUMES, INCLUDING BOTH BOOKS AND SERIALS (JOURNALS AND PERIODICALS). THE ORGANIZATION HOUSES APPROXIMATELY 1,500 ARCHIVAL COLLECTIONS AND HAS DEVELOPED FINDING AIDS FOR ITS PERSONAL AND INSTITUTIONAL HOLDINGS, AND THEY ARE AVAILABLE ONLINE.

4b (Code:) (Expenses \$ 197,825. including grants of \$) (Revenue \$)

ATTACHMENT 2

4c (Code:) (Expenses \$ 32,948. including grants of \$) (Revenue \$)

PUBLICATIONS - AMERICAN JEWISH HISTORICAL JOURNAL - SCHOLARLY JOURNAL OF PUBLISHED ARTICLES ON AMERICAN JEWISH HISTORY THEMES.

4d Other program services (Describe on Schedule O.) ATTACHMENT 3 (Expenses \$ 469,068. including grants of \$) (Revenue \$)

4e Total program service expenses 1,018,215.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNIE POLLAND EXECUTIVE DIRECTOR	35.00 0.			X			223,573.	0.	0.	
(2) SIDNEY LAPIDUS CHAIRMAN	2.00 2.00	X		X			0.	0.	0.	
(3) FELICIA HERMAN PRESIDENT	1.00 0.	X		X			0.	0.	0.	
(4) SCOTT EINHORN VICE PRESIDENT	1.00 0.	X		X			0.	0.	0.	
(5) JOSHUA H. LANDES VICE PRESIDENT	1.00 0.	X		X			0.	0.	0.	
(6) SHARI LEVY VICE PRESIDENT	1.00 0.	X		X			0.	0.	0.	
(7) SAMUEL R. KARETSKY TREASURER	2.00 0.	X		X			0.	0.	0.	
(8) LILA CORWIN BERMAN TRUSTEE	2.00 2.00	X					0.	0.	0.	
(9) RONALD C. CURHAN TRUSTEE	2.00 0.	X					0.	0.	0.	
(10) PAUL ISAAC TRUSTEE (THRU 12/2019)	1.00 0.	X					0.	0.	0.	
(11) BERNARD J. MICHAEL TRUSTEE	2.00 2.00	X					0.	0.	0.	
(12) DEBORAH DASH-MOORE TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) JEFFREY S. OPPENHEIM, M.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) NANCY T. POLEVOY TRUSTEE	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DANA RAUCHER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(16) LOUISE P. ROSENFELD ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(17) JULIE SALAMON ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(18) BRUCE SLOVIN ----- TRUSTEE	1.00 ----- 2.00	X					0.	0.	0.	
(19) MORTON M. STEINBERG ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(20) RONALD S. TAUBER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(21) JUSTIN L. WYNER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(22) HEDY ZANKEL ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(23) LAURENCE ZUCKERMAN ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							223,573.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							223,573.	0.	0.	

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 **▶** 1

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a							
	b	Membership dues	1b							
	c	Fundraising events	1c	420,597.						
	d	Related organizations	1d							
	e	Government grants (contributions) . .	1e	216,675.						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,024,917.						
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 312,355.						
	h	Total. Add lines 1a-1f			1,662,189.					
	Program Service Revenue	2a	ARCHIVING	Business Code	519120	220,686.		220,686.		
b										
c										
d										
e										
f		All other program service revenue								
g		Total. Add lines 2a-2f			220,686.					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			109,390.		109,390.		
	4	Income from investment of tax-exempt bond proceeds .			0.					
	5	Royalties			33,750.		33,750.			
	6a	Gross rents	6a	(i) Real	46,486.					
				(ii) Personal						
				b	Less: rental expenses	6b				
				c	Rental income or (loss)	6c	46,486.			
	d	Net rental income or (loss)			46,486.		46,486.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	806,432.					
				(ii) Other						
				b	Less: cost or other basis and sales expenses . .	7b	803,906.			
				c	Gain or (loss)	7c	2,526.			
	d	Net gain or (loss)			2,526.		2,526.			
	8a	Gross income from fundraising events (not including \$ 420,597. of contributions reported on line 1c). See Part IV, line 18	8a		36,211.					
				b	Less: direct expenses	8b	36,211.			
c				Net income or (loss) from fundraising events.		0.				
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.						
			b	Less: direct expenses	9b	0.				
			c	Net income or (loss) from gaming activities.		0.				
10a	Gross sales of inventory, less returns and allowances	10a		0.						
			b	Less: cost of goods sold	10b	0.				
			c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUES	Business Code	900099	974.		974.			
	b									
	c									
	d	All other revenue								
	e	Total. Add lines 11a-11d			974.					
12	Total revenue. See instructions			2,076,001.			413,812.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	223,573.	123,097.	61,377.	39,099.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	369,803.	203,608.	101,522.	64,673.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,545.	6,357.	3,169.	2,019.
9 Other employee benefits	97,336.	53,592.	26,722.	17,022.
10 Payroll taxes	46,174.	25,423.	12,676.	8,075.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	2,692.		2,692.	
c Accounting	49,665.		49,665.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4	269,388.	222,691.	8,911.	37,786.
12 Advertising and promotion	74,251.	68,504.	1,128.	4,619.
13 Office expenses	48,127.	3,701.	16,133.	28,293.
14 Information technology.	0.			
15 Royalties.	0.			
16 Occupancy	245,460.	135,147.	67,386.	42,927.
17 Travel	23,269.	13,247.	5,216.	4,806.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	7,200.	3,965.	1,976.	1,259.
23 Insurance	48,090.		48,090.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIGITIZATION AND STORAGE	106,967.	100,473.	4,083.	2,411.
b INSTALLATION AND PHOTOGRAPHY	23,357.	22,032.		1,325.
c PRINTING	47,933.	33,124.	11,693.	3,116.
d MISCELLANEOUS	10,694.	3,254.	6,981.	459.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,705,524.	1,018,215.	429,420.	257,889.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	300,139.	1	379,287.	
	2 Savings and temporary cash investments	7,318.	2	57,381.	
	3 Pledges and grants receivable, net	121,000.	3	146,590.	
	4 Accounts receivable, net.	0.	4	2,600.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.	
	7 Notes and loans receivable, net	0.	7	0.	
	8 Inventories for sale or use	0.	8	0.	
	9 Prepaid expenses and deferred charges	16,454.	9	20,474.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 380,319.			
	b Less: accumulated depreciation.	10b 380,319.			
			7,200.	10c	0.
	11 Investments - publicly traded securities.	4,536,670.	11	5,439,217.	
	12 Investments - other securities. See Part IV, line 11	0.	12	0.	
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.	
	14 Intangible assets	0.	14	0.	
15 Other assets. See Part IV, line 11	0.	15	0.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,988,781.	16	6,045,549.		
Liabilities	17 Accounts payable and accrued expenses	94,698.	17	133,196.	
	18 Grants payable	0.	18	0.	
	19 Deferred revenue.	0.	19	0.	
	20 Tax-exempt bond liabilities.	0.	20	0.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.	
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	214,106.	25	101,959.	
	26 Total liabilities. Add lines 17 through 25.	308,804.	26	235,155.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	4,145,773.	27	5,165,684.	
	28 Net assets with donor restrictions.	534,204.	28	644,710.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30		
	31 Retained earnings, endowment, accumulated income, or other funds.		31		
	32 Total net assets or fund balances	4,679,977.	32	5,810,394.	
33 Total liabilities and net assets/fund balances.	4,988,781.	33	6,045,549.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,076,001.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,705,524.
3	Revenue less expenses. Subtract line 2 from line 1	3	370,477.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,679,977.
5	Net unrealized gains (losses) on investments	5	759,940.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,810,394.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number

13-1764804

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2019

JSA 9E1268 1.000

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

Part V Endowment Funds.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for balance and expenses.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

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

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

- (i) Unrelated organizations, (ii) Related organizations

Table with Yes/No columns and rows 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and DEFERRED COMPENSATION. Total row shows 101,959.

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 [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,076,001.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,705,524.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III, LINE 1A AND 4

COLLECTIONS:

THE SOCIETY MAINTAINS THREE COLLECTIONS:

(I) A LIBRARY COLLECTION OF OVER 37,000 VOLUMES AND 300 PERIODICAL TITLES, TO PROVIDE IMPORTANT AND SECONDARY MATERIAL FOR RESEARCHERS AND THE GENERAL PUBLIC;

(II) ARCHIVES OF THE WRITTEN AND ORAL LEGACY OF THE AMERICAN JEWISH EXPERIENCE, WITH OVER 16,000 LINEAR FEET CONTAINING 1,500 COLLECTIONS

(III) A COLLECTION OF VARIOUS WORKS OF ART AND ARTIFACTS PRESERVING A CRITICAL, VISUAL RECORD OF AMERICAN-JEWISH HISTORY AND MATERIAL CULTURE PIECES, HISTORIC AMERICAN JEWISH SPORTS ARTIFACTS AND MEMORABILIA, HISTORIC HANDWRITTEN LETTERS, AND RELIGIOUS ARTIFACTS THAT DOCUMENT AMERICAN-JEWISH LIFE.

ALL COLLECTION ITEMS ARE CATALOGUED AND PRESERVED, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED REGULARLY. IN ACCORDANCE WITH THE COLLECTION POLICIES OF MUSEUMS, THE COST OR VALUE OF THESE COLLECTIONS IS NOT INCLUDED IN THE FINANCIAL STATEMENTS. EACH OF THE THREE COLLECTIONS RECEIVES NEW ITEMS EACH YEAR THROUGH CONTRIBUTIONS THAT ARE NOT INCLUDED IN THE STATEMENTS OF FINANCIAL POSITION.

ANNUAL COSTS OF CONSERVATION AND RESTORATION, PURCHASE OF BOOKS, JOURNAL SUBSCRIPTIONS AND OTHER EXPENDITURES FOR THE COLLECTION ARE CHARGED TO EXPENSES WHEN INCURRED. ACCESSIONS TO AND DEACCESSIONS FROM THE ORGANIZATION'S COLLECTION ARE CARRIED OUT IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE BOARD OF TRUSTEES IN JUNE 1988, AND CODIFIED IN A POLICY

Part XIII Supplemental Information (continued)

DOCUMENT ENTITLED STATEMENT OF ACCESSION AND DEACCESSION POLICIES AND PROCEDURES. THE LIBRARY AND ARCHIVAL COLLECTIONS ALLOW THE ORGANIZATION TO FOSTER AWARENESS AND APPRECIATION OF THE AMERICAN JEWISH HERITAGE AND TO SERVE AS A NATIONAL SCHOLARLY RESOURCE FOR RESEARCH THROUGH THE COLLECTION, PRESERVATION AND DISSEMINATION OF MATERIALS RELATING TO AMERICAN JEWISH HISTORY. THE LIBRARY AND ARCHIVAL COLLECTIONS ARE ALSO BEING PRESERVED FOR FUTURE GENERATIONS.

FORM 990, SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS: ENDOWMENT FUNDS ARE USED TO SUPPORT THE LIBRARY ARCHIVES, PUBLICATIONS, AND OTHER PUBLIC PROGRAMS.

FORM 990, PART X, QUESTION 2

FIN 48 DISCLOSURE:

THE SOCIETY FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE SOCIETY'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE SOCIETY'S FINANCIAL STATEMENTS.

SUBSEQUENT TO YEAR-END, THE PROVISION IN THE TAX CODE REQUIRING THE SOCIETY TO REMIT A TAX ATTRIBUTABLE TO TRANSPORTATION FRINGE BENEFITS WAS REPEALED RETROACTIVELY TO DECEMBER 31, 2017, THEREFORE ELIMINATING THE SOCIETY'S OBLIGATION FOR THIS TAX.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number

13-1764804

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DINNER (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	456,808.			456,808.
	2 Less: Contributions	420,597.			420,597.
	3 Gross income (line 1 minus line 2)	36,211.			36,211.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	36,211.			36,211.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				36,211.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number

13-1764804

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ANNIE POLLARD EXECUTIVE DIRECTOR	(i) 223,573. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 223,573. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
2		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
3		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
4		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
5		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
6		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
7		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
8		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
9		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
10		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
11		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
12		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
13		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
14		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
15		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)
16		(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)	(i) (ii) (iii)

Schedule J (Form 990) 2019

Page **3**

Part III Supplemental Information

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

FORM 990, SCHEDULE J, LINE 3

EXECUTIVE COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE

BOARD OF TRUSTEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number

13-1764804

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3.	312,355.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000

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

FORM 990, SCHEDULE M, PART I, LINE 9

THE SOCIETY RECEIVES DONATED SECURITIES WHICH IN TURN ARE CONVERTED TO
CASH PROCEEDS FROM SALES OF DONATED SECURITIES THROUGH AN UNRELATED
INTERMEDIARY ORGANIZATION.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number

13-1764804

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

REVIEW OF FORM 990: THE DRAFT FORM 990 IS REVIEWED BY THE SOCIETY'S
MANAGEMENT, THEN BY THE SOCIETY'S FINANCE COMMITTEE, AND THEN PROVIDED TO
ALL MEMBERS OF THE BOARD OF TRUSTEES BEFORE BEING ELECTRONICALLY FILED
WITH THE INTERNAL REVENUE SERVICE.

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

CONFLICT OF INTEREST POLICY: THE ORGANIZATION HAS A CONFLICT OF INTEREST
POLICY AND MONITORS AND REVIEWS THE POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A AND B

EXECUTIVE AND OTHER MANAGEMENT COMPENSATION: EXECUTIVE COMPENSATION IS
DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.
COMPENSATION OF OTHER EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR
AND IS SUBJECT TO BOARD APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18 AND 19

AVAILABILITY OF FORMS AND GOVERNING DOCUMENTS: THE AFOREMENTIONED
DOCUMENTS AND FORMS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN JEWISH HISTORICAL SOCIETY IS THE OLDEST ETHNIC, CULTURAL
ARCHIVE IN THE UNITED STATES. AJHS PROVIDES ACCESS TO MORE THAN 25
MILLION DOCUMENTS AND 50,000 BOOKS, PHOTOGRAPHS, ART AND ARTIFACTS

Name of the organization AMERICAN JEWISH HISTORICAL SOCIETY	Employer identification number 13-1764804
--	--

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THAT REFLECT THE HISTORY OF THE JEWISH PRESENCE IN THE UNITED STATES FROM 1654 TO THE PRESENT. AT OUR HOME ON WEST 16TH STREET IN DOWNTOWN MANHATTAN, AJHS ILLUMINATES AMERICAN JEWISH HISTORY THROUGH OUR MANY ARCHIVAL TREASURES, SCHOLARSHIP, EXHIBITIONS AND PUBLIC PROGRAMS. AMONG THE TREASURES OF THIS HERITAGE ARE THE HANDWRITTEN ORIGINAL OF EMMA LAZARUS' THE NEW COLOSSUS, WHICH GRACES THE STATUE OF LIBERTY; RECORDS OF THE NATION'S LEADING JEWISH COMMUNAL ORGANIZATIONS; AND IMPORTANT COLLECTIONS IN THE FIELDS OF EDUCATION, PHILANTHROPY, SCIENCE, SPORTS, BUSINESS AND THE ARTS. AJHS IS THE FUTURE OF THE AMERICAN JEWISH PAST.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

PUBLIC PROGRAMS - PROGRAMMING AND EXHIBITIONS RELATING AND CONTRIBUTING TO AJHS'S ESTABLISHED ARCHIVAL COLLECTION ON AMERICAN JEWRY TOOK PLACE THROUGHOUT THE YEAR. THEY INCLUDED FILM SCREENINGS, PANEL DISCUSSIONS, POETRY READINGS, MUSIC PROGRAMS, BOOK TALKS AND MORE. IN 2019 AJHS CURATED THE EXHIBIT REWIND: VOICES OF THE PAST ADVISING THE FUTURE AN EXHIBITION EXPLORING THE UNITED JEWISH APPEAL-FEDERATION ORAL HISTORY COLLECTION. IN 2019, AJHS HOSTED A SERIES OF EVENTS ENTITLED NOT JUST FUNNY GIRL: JEWISH AMERICAN WOMEN IN COMEDY. THIS SERIES INCLUDED A FILM SCREENING OF "LOVE, GILDA: THE ETERNAL SPIRIT OF GILDA RADNER" AND "FROM JEAN CARROLL TO MRS. MAISEL: JEWISH WOMEN COMEDIANS AS AN INSPIRATION," A PANEL DISCUSSION WITH NOAF GARDENSWARZ, WRITER FOR

Name of the organization AMERICAN JEWISH HISTORICAL SOCIETY	Employer identification number 13-1764804
--	--

ATTACHMENT 2 (CONT'D)

THE MARVELOUS MRS. MAISEL, AND GRACE OVERBEKE, DRAMATURG CURRENTLY
AT NORTHWESTERN UNIVERSITY.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EXHIBITS		469,068.	
	TOTALS	<u>469,068.</u>	

ATTACHMENT 4FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
DESIGN DEVELOPMENT	269,388.	222,691.	8,911.	37,786.
TOTALS	<u>269,388.</u>	<u>222,691.</u>	<u>8,911.</u>	<u>37,786.</u>

SCHEDULER

(Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number

13-1764804

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	CENTER FOR JEWISH HISTORY, INC. 15 WEST 16TH STREET NEW YORK, NY 10011 13-3863344	REPOSITORY	NY	501 (C) (3)	7	N/A		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2019

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

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
														Yes	No		Yes	No	
(1)																			
(2)																			
(3)																			
(4)																			
(5)																			
(6)																			
(7)																			

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

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
															Yes
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. **1a** Yes No
 - b Gift, grant, or capital contribution to related organization(s) **1b** Yes No
 - c Gift, grant, or capital contribution from related organization(s) **1c** Yes No
 - d Loans or loan guarantees to or for related organization(s) **1d** Yes No
 - e Loans or loan guarantees by related organization(s) **1e** Yes No

- f Dividends from related organization(s) **1f** Yes No
- g Sale of assets to related organization(s) **1g** Yes No
- h Purchase of assets from related organization(s) **1h** Yes No
- i Exchange of assets with related organization(s) **1i** Yes No
- j Lease of facilities, equipment, or other assets to related organization(s) **1j** Yes No

- k Lease of facilities, equipment, or other assets from related organization(s) **1k** Yes No
- l Performance of services or membership or fundraising solicitations for related organization(s) **1l** Yes No
- m Performance of services or membership or fundraising solicitations by related organization(s) **1m** Yes No
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n** Yes No
- o Sharing of paid employees with related organization(s) **1o** Yes No

- p Reimbursement paid to related organization(s) for expenses. **1p** Yes No
- q Reimbursement paid by related organization(s) for expenses **1q** Yes No

- r Other transfer of cash or property to related organization(s) **1r** Yes No
- s Other transfer of cash or property from related organization(s) **1s** Yes No

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

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

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

ADDITIONAL RELATED PARTY INFORMATION:

IN OCTOBER 1995, THE SOCIETY, ALONG WITH THREE OTHER NOT-FOR-PROFIT ORGANIZATIONS, THE LEO BAECK INSTITUTE, INC., THE YIVO INSTITUTE FOR JEWISH RESEARCH, INC., AND THE YESHIVA UNIVERSITY MUSEUM SIGNED AN AGREEMENT FORMING THE CENTER FOR JEWISH HISTORY, INC. (THE "CENTER"), A SEPARATE, 501(C)(3) NOT-FOR-PROFIT CORPORATION. THEREAFTER, THE AMERICAN SEPHARDI FEDERATION ENTERED INTO A SUPPLEMENTAL AGREEMENT WITH THE INITIAL MEMBERS WHICH PROVIDED FOR ITS MEMBERSHIP INTO THE CENTER. UPON LIQUIDATION OF THE CENTER, MEMBER ORGANIZATIONS WOULD BE ENTITLED TO RECEIVE A SHARE OF THE PROCEEDS OF THE LIQUIDATION, SUBJECT TO CERTAIN SENIOR CLAIMS. LIQUIDATION OF THE CENTER REQUIRES THE CONSENT OF ALL MEMBER ORGANIZATIONS.

THE CENTER PROVIDES FOR THE OPERATION OF THE SOCIETY'S OPERATING FACILITY, INCLUDING (I) MAINTENANCE OF ALL OFFICES AND SPECIALIZED AREAS; (II) CONTROL OF THE MECHANICAL SYSTEMS FOR THE BUILDING; (III) MAINTENANCE OF ELEVATORS; (IV) SUPPORT FOR ALL TECHNOLOGY; (V) SECURITY; AND (VI) MANY OTHER RELATED SERVICES. THE CENTER ALSO SERVES AS THE CENTRAL REPOSITORY FOR THE SOCIETY'S ARCHIVAL DOCUMENTS, BOOKS, PHOTOGRAPHS, PAINTINGS, AND ARTIFACTS. ALTHOUGH THE CENTER DERIVES ITS REVENUE FROM SOURCES TYPICAL OF NOT-FOR-PROFIT ENTERPRISES, REVENUES GENERATED BY THE CENTER ARE NOT SUFFICIENT TO COVER ITS OPERATING EXPENSES. FOR THE YEARS 2019 AND 2018, THE SOCIETY AND OTHER MEMBERS AGREED TO CONTRIBUTE AN AGGREGATE AMOUNT OF \$1,200,000 EACH YEAR, TO COVER THE CENTER'S OPERATING COSTS. THE AMOUNT CONTRIBUTED BY EACH MEMBER IS BASED UPON THE MEMBER'S ALLOCATED SPACE AT THE CENTER.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

IN ADDITION TO THE FACILITY SERVICES AGREEMENT, DURING 2014, THE SOCIETY AND THE CENTER ENTERED INTO AN AGREEMENT WHEREBY THE CENTER WOULD PROVIDE ACCOUNTING AND OTHER ADMINISTRATIVE FUNCTIONS TO THE SOCIETY. HOWEVER, FOR 2017 AND THEREAFTER, THE SOCIETY AMENDED THIS RELATIONSHIP WITH THE CENTER, WHICH WILL NO LONGER HANDLE THE BULK OF THE ACCOUNTING SERVICES FOR THE SOCIETY; INSTEAD, THE SOCIETY WILL HANDLE ITS OWN ACCOUNTING FUNCTION. DURING 2019, THE SOCIETY CAME TO AN AGREEMENT WITH THE CENTER WHERE THE CENTER WOULD HANDLE THE BULK OF THE ACCOUNTING SERVICES FOR THE SOCIETY. DURING 2017, THE CENTER AND OTHER MEMBER ORGANIZATIONS ENTERED INTO AN AMENDED AGREEMENT THAT INCLUDED UPDATED BYLAWS AND OTHER GOVERNANCE RELATED MATTERS TO FURTHER ENHANCE AND STRENGTHEN THE COLLABORATION AMONG THE FIVE MEMBER ORGANIZATIONS.

IN RELATION TO ITS AGREEMENTS WITH THE CENTER, THE SOCIETY INCURRED OPERATING EXPENSES OF \$245,460 AND \$233,772 FOR 2019 AND 2018, RESPECTIVELY. AMOUNTS DUE TO THE CENTER WERE \$16,437 AND \$15,158 AS OF DECEMBER 31, 2019 AND 2018, RESPECTIVELY, AND ARE INCLUDED IN ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.