Form **990**

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or th	e 2020 calendar year, or tax year beginning , 2020, and endi	ing		, 20		
-		C Name of organization		D Employer identifi	cation numb	per	
В	heck if a	pplicable: AMERICAN JEWISH HISTORICAL SOCIETY		13-17648	0 4		
	Addre	Doing business as					
	_	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	le	E Telephone number	er		
	-	roturn 15 WEST 16TH STREET, 5TH FLOOR		(212) 294-	6160		
	Final	City or town, state or province, country, and ZIP or foreign postal code					
	Amor	nated NEW YORK, NY 10011		G Gross receipts \$	2	,639,04	18.
-		cation F Name and address of principal officer: GEMMA BIRNBAUM		H(a) Is this a group re	eturn for	Yes X	No
	pend	15 WEST 16TH STREET, 5TH FLOOR, NEW YORK, NY 1001	1	subordinates? H(b) Are all subordinate	s included?	Yes	No
ī	Tay-ey		527	If "No," attach	a list. See inst	tructions	-
		ite: NWW.AJHS.ORG		H(c) Group exemption	number >		
	0-0/000/0-0-0-		er of format	ion: 1898 M Stat		micile:	DC
Personal Property	art I	Summary			J		_
	1	Briefly describe the organization's mission or most significant activities: AJHS PROVIDE	ES ACC	ESS TO OVER	25 MI	LLION	_
a		DOCUMENTS AS WELL AS BOOKS, PHOTOGRAPHS AND ARTIFACTS	REFLEC	TING THE			_
nce		HISTORY OF THE JEWISH PRESENCE IN THE U.S. FROM 1654 TO					
rna	,						
Governance	2	Check this box if the organization discontinued its operations or disposed of more Number of voting members of the governing body (Part VI, line 1a)		1.2	1	2	20.
න න	3	3 3 1					20.
es	4	Number of independent voting members of the governing body (Part VI, line 1b)					0.
viti	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			_		7.
Activities &	6	Total number of volunteers (estimate if necessary)					0.
•		Total unrelated business revenue from Part VIII, column (C), line 12					0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year		rent Year	
	_			1,662,189.		668,21	1
ne	8	Contributions and grants (Part VIII, line 1h)		220,686.		000,23	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		111,916.		168,00	- 5 - 5
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		81,210.		76,14	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,076,001.		,912,35	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,076,001.		, 912, 3	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0			0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1 000	748,431.	- II	768,19	0.000
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		740,451.		700,13	0.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	•	U	•	2000 1000	0.
Σxp	b	Total fundraising expenses (Part IX, column (D), line 25) 89, 405.	_	957,093.		999,629	
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,705,524.		,767,82	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	• —				
. 10	19	Revenue less expenses. Subtract line 18 from line 12		370,477.		144,52	20.
s or		Total assets (Part X, line 16)	Begin	ning of Current Yea		d of Year	12
sset	20	Total assets (Part X, line 16)	• -	6,045,549.	_	763,40	
t Ag	21 22	Total liabilities (Part X, line 26)	• -	235,155.		394,86	
		Net assets or fund balances. Subtract line 21 from line 20.		5,810,394.	. 0	,368,53	5/.
	art II	Signature Block					
Un	der pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and st ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	atements, a r has any ki	and to the best of mowledge.	y knowledge	and belief,	it is
-110	0, 00	0 - '		11/10	12.2		
e:	.			Data	2/202	-1	
Sig He		Signature of officer		Date			
116	10	Gemma Birnbaum, Executive Director					
		Type or print name and title			DTIN		
Pai	d	Print/Type preparer's name Preparer's lighture Date	12024	Check if	PTIN	007171	
	u parer		3/2021	self-employed		307171	
	Only	Firm's name ►EISNER ADVISORY GROUP LLC		Firm's EIN ▶ 87-			
		Firm's address ►/33 THIRD AVENUE NEW YORK, NY 10017-2703		Phone no. 212	2-949-8		
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)		<u> </u>		'es	No
For	Pape	erwork Reduction Act Notice, see the separate instructions.			For	m 990 (2	020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

So to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

	3 Torrit, visit www.ns.gov/c ine providere/e ine i								
	ic 6-Month Extension of Time. Only subm								
All corpora	ations required to file an income tax return other	er than Forr	ກ 990-T (including 1120)-C filers), partnerships,	RE	MICs,	and trusts		
must use	Form 7004 to request an extension of time to f	file income	tax returns.						
	Name of everyther experience or other filer, see in	etructions		Taypayar identification nu	mho	· /TINI)			
Type or	Name of exempt organization or other filer, see in	istructions.		Taxpayer identification nu	IIIDe	(1114)			
print	AMERICAN JEWISH HISTORICAL SO	CTETY		13-1764804	4				
- File by the	THEREON CENTER HECTORESIS								
due date for	for 15 MEST 16TH STREET - 5TH FLOOR								
filing your return. See	City, town or post office, state, and ZIP code. For		dress, see instructions.						
instructions.	NEW YORK, NY 10011								
		in for (file	a congrate application fo	r oach return)			0 1		
Enter the	Return Code for the return that this application	is for (file)	a separate application to	reach return,					
Application	n	Return	Application				Return		
ls For		Code	Is For				Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporati	on)			07		
Form 990-	3000000 00000000 000000000 00000000000	02	Form 1041-A				08		
Form 472	0 (individual)	03	Form 4720 (other than	n individual)			09		
Form 990-	PF	04	Form 5227	rm 5227					
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		
	MELANIE MEYERS								
The bo	oks are in the care of \blacktriangleright 15 WEST 16TH ST	REET NE	W YORK NY 10011						
				0.000					
	one No. ▶ 212 294-6160		Fax No. ▶ 212 294						
	rganization does not have an office or place of								
 If this is 	for a Group Return, enter the organization's fo	our digit Gro	oup Exemption Number (GEN)	Т				
	ole group, check this box		art of the group, check t	nis dox ▶ [ano a	ittach		
a list with	the names and TINs of all members the extens uest an automatic 6-month extension of time u	sion is for.	11/15 203	1 to file the evernt	orc	ioniza	tion roturn		
				, to file the exempt	. Or ç	jailiza	illon return		
for ti	ne organization named above. The extension is	s for the org	ganization's return tor.						
⊾ [s	oplander year 20 20 or								
	calendar year 20 <u>20</u> or tax year beginning	20	and ending		20				
	tax year beginning	, 20	, and chang	,					
2 If the	e tax year entered in line 1 is for less than 12 m	nonths chec	ck reason: Initial re	eturn Final retur	n				
	Change in accounting period	10/11/0, 0/10	J. (10400)						
3a If th	is application is for Forms 990-BL, 990-PF, 9	90-T. 4720	0, or 6069, enter the	tentative tax, less any					
	efundable credits. See instructions.				3a	\$	0.		
	is application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any re	fundable credits and					
	nated tax payments made. Include any prior yea				3b	\$	0.		
c Bala	nce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	quired, by using EFTPS					
(Ele	ctronic Federal Tax Payment System). See instru	uctions.			3с		0.		
Caution: If	you are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, se	e Form 8453-EO and Forn	n 88	79-EO	for payment		
instructions	S								
For Privac	y Act and Paperwork Reduction Act Notice, see inst	ructions.			For	n 886	8 (Rev. 1-2020)		

AMERICAN JEWISH HISTORICAL SOCIETY

	1 990 (20		Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly	describe the organization's mission:	
		ACHMENT 1	
		e organization undertake any significant program services during the year which were not listed on the	. V.
		**************************************	res X No
		" describe these new services on Schedule O.	
		ne organization cease conducting, or make significant changes in how it conducts, any program	res X No
		," describe these changes on Schedule O.	
4	Describ	be the organization's program service accomplishments for each of its three largest program services, as	measured by
	expens	ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others,
	the tota	al expenses, and revenue, if any, for each program service reported.	
	•) (Expenses \$600, 503. including grants of \$) (Revenue \$)
	ATTA	ACHMENT 2	·
,			
-			
4b	(Code:) (Expenses \$95,819. including grants of \$) (Revenue \$)
		ACHMENT 3	
			417
	<u> </u>		
10	(Code:) (Expenses \$ 35,498. including grants of \$) (Revenue \$)
		ICATIONS - AMERICAN JEWISH HISTORICAL JOURNAL - SCHOLARLY	
		NAL OF PUBLISHED ARTICLES ON AMERICAN JEWISH HISTORY THEMES.	
	C. C. Bushacos	JOURNAL EDITORIAL BOARD PUBLISHED 4 VOLUMES IN 2019, AND	-
	CREAT	FED AN AMENDED SCHEDULE IN 2020 THAT CONSISTED OF ONE DOUBLE	
	ISSUE	E AND 3 SINGLE VOLUMES TO ACCOMMODATE PRODUCTION ISSUES	
	STEMM	MING FROM THE COVID-19 PANDEMIC.	
		THE ACTION APPLACIANENTS A	
4d		program services (Describe on Schedule O.) ATTACHMENT 4	
4	(Expen		
4e	rotal p	program service expenses ► 735,950.	- 000 (2020)

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)? 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	liv.	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 Revenue Procedure 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	Х	
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	0.000	١,,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	- 11	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII.	12a	X	
_	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,	144		
D	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. –	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts Land II.	21	1	X

Form 9	90 (2020)		Р	age 4
Part	IV Checklist of Required Schedules (continued)		W	N =
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			v
	persons? If "Yes," complete Schedule L, Part III	27	40.00	Х
28	Was the organization a party to a business transaction with one of the following parties (see 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	20-		Х
·	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	20-		Х
	"Yes," complete Schedule L, Part IV	28c	Х	21
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 11	
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
JZ	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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 in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	N-
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17		res	No
	Enter the number reported in Box 5 of Form 1050. Enter 40- in not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?		RECOUNTY.	
JSA	reportable genning (gambling) withings to prize williers:		990	(2020)

PAGE 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_ u	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
42	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
~	See instructions for filling 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		Х
c	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		Х
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		100000000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	200000000000000000000000000000000000000	1000000000
9	Sponsoring organizations maintaining donor advised funds.	200		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1001	
10	Section 501(c)(7) organizations. Enter:	es es		
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)	120		
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
	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			
7.42-11	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	14a	0.000	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see 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
. 0	If "Yes," complete Form 4720, Schedule O.			

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

Sect	on A. Governing Body and Management					NI-
		. 1	20	250,486	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee explain on Schedule O.	46	20			
b	Enter the number of voting members included on line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business re			•		х
	any other officer, director, trustee, or key employee?			2		Λ
3	Did the organization delegate control over management duties customarily performed by or un			,		Х
	supervision of officers, directors, trustees, or key employees to a management company or other	persor	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's			6		X
6	Did the organization have members or stockholders?	• • •		0		
7a	Did the organization have members, stockholders, or other persons who had the power to el			7a		x
	one or more members of the governing body?			ra		
b	Are any governance decisions of the organization reserved to (or subject to approval			7b		x
	stockholders, or persons other than the governing body?			7.0		11
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:			8a	Х	
а	The governing body?			8b	Х	
b	Each committee with authority to act on behalf of the governing body?			OD		
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	pe re	acned at	9		х
Socti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal	Revenue)	
Secu	on b. Poncies (This Section B requests information about policies not required by the ma	,,,,,	10101140	0000	Yes	No
40 -	Did the appropriation have been been been as offlicted?			10a		Х
	Did the organization have local chapters, branches, or affiliates?					
b				10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before f			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiiig tii	e ioiii: •			
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	SEC. 81 (84)	80 No. 200 No. 400	12a	Х	- Procedure 1983
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
b	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review at					
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	ır arra	ingement			
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	guard the	2.00		
	organization's exempt status with respect to such arrangements?			16b		
Secti	on 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 990-1	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
	Own website Another's website X Upon request Other (explain on So					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents	conflict c	f inte	rest p	oolicy,
	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 GEMMA BIRNBAUM 15 WEST 16TH STREET NEW YORK, NY 10011 212-294-6160	books	and record	ls 🕨		
	212-274-0100					

Form 990 (2020)

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

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.

L	Check this box if neither the organization nor	any related	organization of	compensate	d any current offic	er, director, or trus	stee.
_			1				

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or direct	not ch unless	s pe	ition more	e than of the both sor/trust employee	an	(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
(1)ANNIE POLLAND (THRU 12/2020)	35.00									
EXECUTIVE DIRECTOR	0.			Χ				233,765.	0.	0.
(2) SIDNEY LAPIDUS	2.00									
CHAIRMAN	2.00	Х		Χ				0.	0.	0.
(3) FELICIA HERMAN	1.00									
PRESIDENT	0.	Х		Χ				0.	0.	0.
(4) SCOTT EINHORN	1.00									
VICE PRESIDENT	0.	Х		Χ				0.	0.	0.
(5) JOSHUA H. LANDES	1.00									
VICE PRESIDENT	0.	Х		X				0.	0.	0.
(6) SHARI LEVY	1.00									
VICE PRESIDENT	0.	Х		Χ				0.	0.	0.
(7) SAMUEL R. KARETSKY	2.00									
TREASURER	0.	Х		Χ				0.	0.	0.
(8) LILA CORWIN BERMAN	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(9) RONALD C. CURHAN	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) CHARLES KNAPP	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(11) DEBORAH DASH-MOORE	1.00							200	000	
TRUSTEE	0.	Х						0.	0.	0.
(12) JEFFREY S. OPPENHEIM, M.D.	1.00							Nonel		
TRUSTEE	0.	Х						0.	0.	0.
(13) NANCY T. POLEVOY	1.00								_	
TRUSTEE	0.	Х			<u> </u>			0.	0.	0.
(14) DANA RAUCHER	1.00	-							_	_
TRUSTEE	0.	Х						0.	0.	0.

Form 990 (2020)

Part VII Section A. Officers, Directors,	Γrustees, Ke	y Em	plo	yee	es,	and I	lig		ed Employees (1
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	(C) Position heck more than oness person is both at d a director/trustee			an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
15) LOUISE P. ROSENFELD TRUSTEE (THRU 2/2020)	1.00	Х						0	0.	
16) JULIE SALAMON	1.00									
TRUSTEE 17) BRUCE SLOVIN	1.00	Х						0	0.	
TRUSTEE	2.00	Х						0	0.	
18) MORTON M. STEINBERG TRUSTEE	$\frac{1.00}{0.}$	Х						0	0.	
19) RONALD S. TAUBER	1.00							0	0	
TRUSTEE 20) JUSTIN L. WYNER	1.00	Х						0	0.	
TRUSTEE	0.	Х						0	0.	
21) HEDY ZANKEL TRUSTEE	1.00	Х						0	0.	
22) LAURENCE ZUCKERMAN TRUSTEE	1.00	Х						0	0.	
									3	
								Υ		
1b Sub-total	Section A .						A A	233,765. 0. 233,765.	0 0	
Total number of individuals (including but n reportable compensation from the organiza	ot limited to t	hose					o re		\$100,000 of	
3 Did the organization list any former or										Yes N
employee on line 1a? If "Yes," complete School 4 For any individual listed on line 1a, is the	e sum of rep	ortab	ole d	com	per	satio	n a	nd other compen	sation from the	3 >
organization and related organizations individual								complete Scheau	ne J for such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If										5 ×
Complete this table for your five highest compensation from the organization. Report year.	ompensated in t compensati	ndepe on for	ende the	ent e ca	con lend	tracto dar ye	rs t	that received more ending with or wit	e than \$100,000 hin the organizati	of on's tax
(A) Name and business	address		-				T	(B) Description of se	ervices	(C) Compensation
							-			
							- 1			

Part VIII Statement of Revenue AMERICAN JEWISH HISTORICAL SOCIETY

		Check if Schedule O co	ontains a respon	se or note to any	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						
عَ ق	С	Fundraising events		408,583.				
fts,	d	Related organizations						
Ω.E	e	Government grants (contribu		206,994.				
Sir,	f	All other contributions, gifts,						
ë ë		and similar amounts not included		1,052,634.				
ğ	g	Noncash contributions include						
받	9	lines 1a-1f		407,395.				
a Co	h	Total. Add lines 1a-1f			1,668,211.			
		Total. Add lines 14-11		Business Code				
gi,	_				STATE OF THE STATE	20000 2 St. 021 No. 3 No		
ž "	2a				-			
Ser	b	b						
E S	С							
gra Re	d							
Program Service Revenue	е							
ъ.	f	All other program service rev		•	0.			
	g	Total. Add lines 2a-2f			0.			
	3	Investment income (include	-5:		119,448.			119,448.
		other similar amounts).		•	0.			
	4 5	Income from investment of			39,128.			39,128.
	3	Royalties	(i) Real	(ii) Personal	33,120.			
			The contract	(ii) i craonar				
	6a	Gross rents 6a	16,154.					
	b	Less: rental expenses 6b	16.154					
	С	Rental income or (loss) 6c	16,154.		16.151		<u> </u>	16,154.
	d	Net rental income or (loss).			16,154.			10,134.
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	766,224.					
ne	b	Less: cost or other basis						
/eu		and sales expenses 7b	717,667.					
Re	С	A CONTRACTOR CONTRACTO	48,557.					48,557.
-	d	Net gain or (loss)	<u></u>		48,557.			40,557.
Other Revenue	8a	Gross income from f	undraising					
U		events (not including \$	408,583.					
		of contributions reported	on line					
		1c). See Part IV, line 18	8a	9,025.				
	b	Less: direct expenses		9,025.				
	С	Net income or (loss) from fu	indraising events.	▶	0.		1910 10 19 19 19 19 19 19 19 19 19 19 19 19 19	
	9a	Gross income from	gaming					
		activities. See Part IV, line 19	9a 9	0.				
	b	Less: direct expenses	9ь	0.				
	С	Net income or (loss) from g	jaming activities.	▶	0.			
	10a	Gross sales of invent	ory, less					
		returns and allowances	<u>10a</u>	0.				
	b	Less: cost of goods sold		0.				
	С	Net income or (loss) from sa	les of inventory	▶	0.	TOTAL STREET, THE STREET, OR SHOULD SELECT STREET		
2				Business Code				
30U	11a	MISCELLANEOUS REVENUES	10	900099	20,850.			20,858
ane	b							
eve	c							
Miscellaneous Revenue	d	1.14						
2	е	Total. Add lines 11a-11d .	<u> </u>	. >	20,858.			
	12	Total revenue. See instruction			1,912,356.			244,145.
JSA								Form 990 (2020)

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 Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
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	0	7 2		
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	222 765		233,765.	
trustees, and key employees	233,765.		255,705.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)	410,611.	257,251.	153,360.	
7 Other salaries and wages	410,011.	2377231.	15575001	
8 Pension plan accruals and contributions (include	10,747.		10,747.	
section 401(k) and 403(b) employer contributions)	69,199.	43,770.	25,429.	
9 Other employee benefits	43,877.	16,735.	27,142.	VIII.
10 Payroll taxes	1370771	20,1001		
11 Fees for services (nonemployees):	0.			
a Management	3,417.		3,417.	
b Legal	80,847.		80,847.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17. f Investment management fees	0.		HILLIAN BUCCHOOMS OF KINST ITTURNOOD GOD TO BO DANK GAR SHO	
		*******		- Andrew
g Other. (If line 11g amount exceeds 10% of line 25, column	47,499.	27,890.	19,444.	165
(A) amount, list line 11g expenses on Schedule O.)	86,165.	33,012.		53,153
13 Office expenses	70,654.	22,726.	23,842.	24,086
14 Information technology.	0.			
15 Royalties	0.			
16 Occupancy	255,278.	106,775.	148,503.	
17 Travel	11,593.	3,916.	7,384.	293
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	230,785.	95,462.	135,323.	
22 Depreciation, depletion, and amortization	4,017.	1,662.	2,355.	
23 Insurance	40,825.		40,825.	
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	88,651.	81,973.	6,678.	21 (20, 40)
b PRINTING	47,588.	38,712.	5,119.	3,757
c SOLICITATION	29,629.	4,645.	17,033.	7,951
dMISCELLANEOUS	2,681.	1,421.	1,260.	
e All other expenses			0.10 150	00.10=
25 Total functional expenses. Add lines 1 through 24e	1,767,828.	735,950.	942,473.	89,405
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if				
following SOP 98-2 (ASC 958-720)	0.			Form 990 (202)

Form 990 (2020) Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	379,287.	1	191,829.
2	Savings and temporary cash investments	57,381.	2	115,230.
3	Pledges and grants receivable, net	146,590.	3	109,500.
4	Accounts receivable, net	2,600.	4	5,557.
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.
Assets	Inventories for sale or use	0.	8	0.
ğ ğ	Prepaid expenses and deferred charges	20,474.	9	15,025.
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 402,230.			
b	Less: accumulated depreciation 10b 384,336.		10c	17,894.
11	Investments - publicly traded securities	5,439,217.	11	6,308,368.
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)	6,045,549.	16	6,763,403.
17	Accounts payable and accrued expenses	133,196.	17	157,731.
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	U.
<u>s</u> 22	Loans and other payables to any current or former officer, director,			
≝	trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0 .
Liabilities	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	132,672.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	102,012
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	101,959.	25	104,463.
26	of Schedule D	235,155.	26	394,866.
26	Organizations that follow FASB ASC 958, check here X X		20	
Ses	and complete lines 27, 28, 32, and 33.			
E 27	Net assets without donor restrictions	5,165,684.	27	5,860,993.
28	Net assets with donor restrictions	644,710.	28	507,544.
믿	Organizations that do not follow FASB ASC 958, check here ▶			
교	and complete lines 29 through 33.			
ō 29	Capital stock or trust principal, or current funds	Principles of Additional Little Action Section 2015	29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	313
31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balance 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Total net assets or fund balances	5,810,394.	32	6,368,537.
$\tilde{z} _{33}$	Total liabilities and net assets/fund balances	6,045,549.	33	6,763,403.

Form **990** (2020)

The second second	90 (2020)				Pag	je 12	
Part	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			12,3		
2							
3	Revenue less expenses. Subtract line 2 from line 1	3			44,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			10,3		
5	Net unrealized gains (losses) on investments	5		4	22,7	95.	
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			-9, 1	.80.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		6,3	68,5	37.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in				
	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						
h	Were the organization's financial statements audited by an independent accountant?		L	2b	Х		
b	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					000000000000000000000000000000000000000	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersial	nt of				
·	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.	L	2c	Χ		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	on				
	Schedule O.						
3 3	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
Ja	Single Audit Act and OMB Circular A-133?		L	3a		X	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b			

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

		e organization					Employer identifi	
AM:	ERIC	CAN JEWISH HISTORICA					13-176480	
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	orga	nization is not a private fou						
1	\square	A church, convention of chu						
2		A school described in secti						
3	\square	A hospital or a cooperative						(III)
4		A medical research organiz		conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)	(III). Enter the
		hospital's name, city, and st					- t - t 1 1	
5		An organization operated to		a college or universit	y owner	or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		71 97 9		. 470//		
6	17	A federal, state, or local go						مالطينية المستستان عباء سيا
7	X	An organization that norma			pport fro	om a gov	ernmental unit or tro	om the general public
_	\Box	described in section 170(b)			D-4 II \			
8	\vdash	A community trust describe					ta anatomatina with a	land areat calless
9	Ш	An agricultural research org						
		or university or a non-land-	grant college of ag	iriculture (see instruct	ions). Ei	nter the r	iame, city, and state of	the college of
		university:	II	thee 224 (2.0)/ of its	aaart	from con	tributions momborsh	in food, and arose
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt f nent income and ui in after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able incc (a)(2). (C	ceptions ome (less Complete	; and (2) no more than s section 511 tax) from Part III.)	1 331/3 % of its
11		An organization organized						2.50
12		An organization organized						
		of one or more publicly su						
		Check the box in lines 12a t						
а	L	$oxedsymbol{oxed}$ Type I. A supporting orga						
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	_	_ supporting organization. `						
b	L	Type II. A supporting org						
		control or management of			the sam	e person	s that control or man	age the supported
		organization(s). You must						
C		Type III functionally integ						ly integrated with,
		its supported organization						
d		Type III non-functionally						
		that is not functionally into						an attentiveness
	_	_ requirement (see instruct						
е	L	Check this box if the orga						I, Type III
_	_	functionally integrated, or				organizat	ion.	
f		ter the number of supported						
g		ovide the following information						4.3.4
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
	_	Anniek en f			Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

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

Sche	dule A (Form 990 or 990-EZ) 2020						Page 2
Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on li	ine 5, 7, or 8 c	of Part I or if th	ne organization	n failed to quali	vi) fy under
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,157,394.	645,318.	1,505,527.	1,642,189.	1,668,211.	7,618,639.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,157,394.	645,318.	1,505,527.	1,642,189.	1,668,211.	7,618,639.
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) Public support. Subtract line 5 from line 4						1,749,000. 5,869,639.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,157,394.	645,318.	1,505,527.	1,642,189.	1,668,211.	7,618,639.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	153,034.	254,700.	263,473.	189,626.	174,730.	1,035,563.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . A TCH. 1	7,860.	18,168.	2,424.	974.	20,858.	50,284.
11	Total support. Add lines 7 through 10						8,704,486.
12	Gross receipts from related activities, etc. (s					12	1,546,833.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Sup					T I	(7 4)
14	Public support percentage for 2020 (lin						67.43 % 66.33 %
15	Public support percentage from 2019					15	
16a	331/3% support test - 2020. If the organization of					1/3 % or more, ch	eck this ► X

	. apite support percentage manifestation and an arrangement of the percentage and arrangement of the percentage arrangement of the per	
16a	331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this	_
	box and stop here. The organization qualifies as a publicly supported organization	
b	331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check	_
	this box and stop here. The organization qualifies as a publicly supported organization	L

17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....

b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	j					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						-
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) • • • • • • • • • • •						
14	First 5 years. If the Form 990 is for	the organization	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔼
Sec	tion C. Computation of Public Supp	oort Percenta	ge	6497			
15	Public support percentage for 2020 (line 8,	column (f), divid	ed by line 13, colu	ımn (f))	*****	15	%
16	Public support percentage from 2019 Sche	dule A, Part III, Iir	ne 15			16	%
Sec	tion D. Computation of Investmen	Income Perc	centage				
17	Investment income percentage for 2020 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or	ganization did r	ot check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . 🕨 🔙
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check	this box and st	top here. The or	ganization qualif	ies as a publicly	supported organ	ization 🕨
20	Private foundation. If the organization of	lid not check a	box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

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Part IV **Supporting Organizations**

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

AMERICAN JEWISH HISTORICAL SOCIETY

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete P	art v	.)	
Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	
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).	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.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b	Per Sena.	
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	3 (25/3)	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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.	10a		
ь	5.1. Il 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			

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10b Schedule A (Form 990 or 990-EZ) 2020

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
		000000000	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 in lines 11b and			33363
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		Pagaran
Secti	on B. Type I Supporting Organizations	110		
	on an appearance of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		Total Section	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			ıs).
				No
2	Activities Test. Answer lines 2a and 2b below.			
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	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 Part VI the role played by the organization in this regard.	3b		

AMERICAN JEWISH HISTORICAL SOCIETY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting							
1 Check here if the organization satisfied the Integral Part Test as a quinstructions. All other Type III non-functionally integrated supporting	ualifying trust on organizations r	Nov. 20, 1970 (<i>expla</i> nust complete Section	in in Part VI). See ns A through E.				
Section A - Adjusted Net Income (A) Prior Year (B) Current (optional)							
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)							
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI)	: 1e						
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 amosee instructions).	unt,						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 0.035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1						
2 Enter 0.85 of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-fun (see instructions).	ctionally integra	ated Type III supportir	ng organization				

Schedu	le A (Form 990 or 990-EZ) 2020				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer	npt 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	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		4	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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	15	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			22000000	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

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

	OMUMP THEOM			:	ATTACHMENT 1	
SCHEDULE A, PART II -	- OTHER INCOME	7				
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	7,860.	18,168.	2,424.	974.	20,858.	50,284.
TOTALS	7,860.	13,168.	2,424.	974.	20,858.	50,284.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

AMERICAN JEWISH HISTORICAL SOCIETY 13-1764804 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)
Name of organization AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number 13-1764804

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	N/A	\$\$.	Person 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	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	N/A	\$55,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)
Name of organization AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number 13-1764804

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7 N/A		\$\$	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
			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.)

Name of organization AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number 13-1764804

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1_	DONATED SECURITIES	_	
		\$\$	10/20/2020
(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
		 \$	

Employer identification number 13-1764804

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 o	one contributor. C	Complete columns (a) through (e) and				
	the following line entry. For organizati	ons completing Part	III, enter the total	of exclusively religious, charitable, etc.,				
	contributions of \$1,000 or less for the	e year. (Enter this inf	ormation once. Se	ee instructions.) ► \$				
-/	Use duplicate copies of Part III if addit	onal space is neede	a.					
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I			11.010 (2017)					
	-							
		(e) Transfe	r of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
		-						
(a) No. from	(h) Burness of gift	(c) Use	of aiff	(d) Description of how gift is held				
Part I	(b) Purpose of gift	(c) 03e	or gire	(d) Besoription of now gire in its				
				- 10				
	(e) Transfer of gift							
				Relationship of transferor to transferee				
	Transferee's name, address, ar	10 ZIP + 4	Kelatio	iship of transferor to transferee				
		-						
(a) No. from								
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, a	nd 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) Transf	er of gift					
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

OMB No. 1545-0047

Open to Public Inspection Employer identification number

13-1764804 AMERICAN JEWISH HISTORICAL SOCIETY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a).... 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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: Assets included in Form 990, Part X..... For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

		KICAN OFMISH I	ITDIONIC	AL SOC	TLII		10 1	. , 0 1 0 0 1	Da	ge 2
THE RESERVE	ule D (Form 990) 2020 t III Organizations Maintaini	na Callactions of	Art Histor	ical Tro	acurac	or Other	Similar Assots	Continue		ige Z
	Using the organization's acquisition	ng Collections of A	Art, mistor	cai ire	asures,	be fellow	ing that make a	ionificant i	uso of	f itc
3			ither record	is, check	any or	ne ronow	ing that make s	signincant t	196 01	แจ
	collection items (check all that appl	y):	a V	Loano	r oveben	ao program	m			
a	X Public exhibition		d X		ir excitati	ge prograr	11			
b	X Scholarly research		е	Other						
С	X Preservation for future gener					e a mere ne sa	or to all all and			Dort
4	Provide a description of the organ	ization's collections	and expla	in now t	ney turth	er the org	ganization's exer	mpt purpos	e in i	Part
	XIII.									
5	During the year, did the organization	n solicit or receive d	lonations of	art, histo	orical trea	sures, or o	other similar		V	
	assets to be sold to raise funds rath		ained as par	t of the c	rganizati	on's collec	tion?	Yes	Λ	No
Pai	t IV Escrow and Custodial A	rrangements.		. 000 D		0		ount on Ea		
	Complete if the organiza	tion answered "Ye	s" on Forn	n 990, P	art IV, III	ne 9, or re	eported an am	ount on Fo	orm	
	990, Part X, line 21.									
1 a	Is the organization an agent, trus									
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement is	n Part XIII and comp	olete the foll	owing tab	ole:					
							Amo	unt		
C	Beginning balance					С				
d	Additions during the year				1	d				
е	Distributions during the year				1	e				
f	Ending balance					f				
2a	Did the organization include an am	ount on Form 990, F	Part X, line	21, for e	scrow or	custodial	account liability?	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	planation	has beer	provided	on Part XIII			
	t V Endowment Funds.									
	Complete if the organiza	ation answered "Ye	es" on Forr	n 990, F	Part IV, li	ne 10.				
		(a) Current year	(b) Prior			ears back	(d) Three years ba	ck (e) Four	years b	back
1.	Beginning of year balance	408,195.	385	,055.	3.9	7,505.	394,10	6.	395,	651
1a										
b	Contributions									
С	Net investment earnings, gains,	35,761.	34	,960.		-633.	15,05	2.	9,	925
	and losses									
	Grants or scholarships									
е	Other expenditures for facilities	11,837.	1.1	,820.	-	11,817.	11,65	3.	11,	470
	and programs	22,0011	U	,						
f	Administrative expenses	432,119.	408	3,195.	38	35,055.	397,50	5.	394,	106
g	End of year balancel									
2	Provide the estimated percentage	of the current year	end balance %	e (line 1g,	column (a)) neid as				
a	Board designated or quasi-endown		_ ′0							
	Permanent endowment ► 80.4 Term endowment ► 19.5700	0/								
С			1000/							
	The percentages on lines 2a, 2b, a			tion that	aro hold	and admir	pictored for the			
3a	Are there endowment funds not in	the possession of the	ie organiza	lion mai	are neiu	anu auniii	istered for the	1	Yes	No
	organization by:							. 3a(i)		X
	(i) Unrelated organizations							3a(ii)	-+	X
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the relate							30		
4	Describe in Part XIII the intended u		tion's endov	vment fur	nds.					
Pa	rt VI Land, Buildings, and Equ Complete if the organize	וו pment. ation answered "Yo	es" on For	m 990. I	Part IV. I	ine 11a. S	See Form 990,	Part X, lir	ne 10	
	Description of property	(a) Cost or	other basis	(b) Cost of	or other basi	s (c) Ac	cumulated	(d) Book v	alue	
		(invest	tment)	(0	ther)	depr	eciation			
1a	Land									
b	Buildings				01 011		4 017		17 (0.0.4
C	Leasehold improvements				21,911		4,017.		17,8	,,,,,
d	Equipment			3	380,319	3.	80,319.			
е_	Other				Acres 10				17 1	0 1
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part .	X, columi	n (B), line	10c.)	▶		17,8	394.

Schedule D (Form 990) 2020

Part VII	Complete if the organization answered			
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(B) Book value	Cost or end-of-year marke	
• •	al derivatives			
. ,	held equity interests			
(A)				
(B)				
(C) (D)			35	
(E)				
(F)				***************************************
(G)	-			
(H)		10.00		3.40
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on:
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(6) (7) (8) (9)				
(7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 13.) .			
(7) (8) (9)	Other Assets.			
(7) (8) (9) Total. (Colum		"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Colum	Other Assets. Complete if the organization answered	"Yes" on Form 990 scription	, Part IV, line 11d. See Form 990,	Part X, line 15.
(7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Colum Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De	scription		
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De fumn (b) must equal Form 990, Part X, col. (B) It Other Liabilities. Complete if the organization answered	scription		(b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25.	scription		(b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25.	ine 15.)		(b) Book value m 990, Part X, (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description	ine 15.)		(b) Book value m 990, Part X, (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fede	Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description of the organization answered line 25.	ine 15.)		(b) Book value m 990, Part X, (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fede (2) DEFF	Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description of the organization answered line 25.	ine 15.)		(b) Book value m 990, Part X, (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fede (2) DEFF (3)	Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description of the organization answered line 25.	ine 15.)		(b) Book value m 990, Part X, (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fede (2) DEFF (3) (4)	Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description of the organization answered line 25.	ine 15.)		(b) Book value m 990, Part X, (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fede (2) DEFE (3) (4) (5)	Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description of the organization answered line 25.	ine 15.)		(b) Book value m 990, Part X, (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) DEFF (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description of the organization answered line 25.	ine 15.)		(b) Book value m 990, Part X, (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) DEFE (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Description of the organization answered line 25.	ine 15.)		(b) Book value

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.	
		1	2,335,151.
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		
a	Donated services and use of facilities		
b	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	422,795.
3	Subtract line 2e from line 1	3	1,912,356.
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 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	1,912,356.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,912,330.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	111.	
1	Total expenses and losses per audited financial statements	1	1,777,008.
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.)		0 100
е	Add lines 2a through 2d	2e	9,180.
3	Subtract line 2e from line 1	3	1,707,020.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part Aiii.)	4c	
c	Add lines 4a and 4b	5	1,767,828.
5 Dor	XIII Supplemental Information.	-	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
		-	

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

THE SOCIETY IS SUBJECT TO 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.

FORM 990, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER RETURN; OTHER - CHANGE IN RESERVE FOR UNCOLLECTABLE AMOUNTS \$9,180.

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

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.

	of the organization					Employer identification	n number
	ICAN JEWISH HISTORICAL SO	CIETY				13-1764804	
Part	Fundraising Activities. Comp	lete if the organi	zation an	swered "	Yes" on Form 99	0, Part IV, line 1	7.
	Form 990-EZ filers are not re	quired to comple	te this pa	rt.		W. H	
1	Indicate whether the organization rais						
а	Mail solicitations	e			non-government g		
b	Internet and email solicitations	f			government grants	5	
C	Phone solicitations	g	Spec	iai iunorai	ising events		
d	In-person solicitations			eserans a tizza	-1	inantara truotana	
	Did the organization have a written of or key employees listed in Form 990. If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services? L	Yes No fundraiser is to be
			T			(v) Amount paid to	
	(i) Name and address of individual or entity (fundraiser)	(ii) Aclivity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(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 organiza registration or licensing.	tion is registered of	or license	d to solicit	t contributions or	has been notified	it is exempt from
	registration of floorising.						
1							
				ent,			

	2727	e G (Form 990 or 990-EZ) 2020			- 000 B + N/	Page 2
Pa	rt I	Fundraising Events. Comple	te if the organization	answered "Yes" on I	orm 990, Part IV,	line 18, or reported
		more than \$15,000 of fundrevents with gross receipts greater	aising event contributi	ons and gross incom	ie on Follii 990-EZ	, illies i aliu ob. List
_		events with gross receipts gre	(a) Event #1	(b) Event #2	(c) Other events	/ D Total consts
			DINNER	(b) Event #2	(c) outer events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ф			(30.000)/ (7			
en	1	Gross receipts	417,608.			417,608
Revenue						
_	2	Less: Contributions	408,583.			408,583
	3	Gross income (line 1 minus				0.005
		line 2)	9,025.			9,025
		0				
	4	Cash prizes				
	5	Noncash prizes				
	3	Noncasii prizes				
Direct Expenses	6	Rent/facility costs				
	-	, , , , , , , , , , , , , , , , , , , ,				
Ϋ́	7	Food and beverages	9,025.			9,025
ct						
Ë	8	Entertainment				
	_	Other diseast assessed				
	9	Other direct expenses				
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	mn (d)		9,025
	11	Net income summary. Subtract I	ine 10 from line 3. colu	ımn (d)		
Pa			nanization answered "	Yes" on Form 990.	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lir	ne 6a.			
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enc			(a) Billigo	bingo/progressive bingo	,,,	col. (a) through col. (c))
Revenue	١.					
<u>ш</u>	1	Gross revenue				
S	١,	Cash prizes				
se	*	Cash prizes				
Expenses	3	Noncash prizes				
Щ		,				
Direct	4	Rent/facility costs				
ä						
	5	Other direct expenses				
			Yes %			6
	6	Volunteer labor	No	No	No	
	١,	Direct expense summary. Add lin	nee 2 through 5 in colu	ımn (d)	•	
	\ '	Direct expense summary. Add in	163 Z tillough o in cold	······ (a)		-
	8	Net gaming income summary. S	ubtract line 7 from line	1, column (d)		
		, , , , , , , , , , , , , , , , , , , ,		, ,		
9		Enter the state(s) in which the org	ganization conducts ga	aming activities:	(1)	
	a	Is the organization licensed to con	nduct gaming activities	s in each of these stat	es?	Yes No
	b	If "No," explain:				
40	_	Were any of the organization's gamir	a licenses revoked ava	nended or terminated d	Juring the tay year?	Yes No
10	a b	If IIVa a II availains	-=:			
	J	11 103, explain.	The second secon			
-					Schedule	G (Form 990 or 990-EZ) 2020

AMERICAN JEWISH HISTORICAL SOCIETY

Sched	ule G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes . No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a % An outside facility 13b %
	All Outside Identity
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Tecolus.
	Name ▶
	Address ►
15 2	Does the organization have a contract with a third party from whom the organization receives gaming
15 a	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? Yes No
b	
	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanation required by Part II, 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).
	(000 mon donoria).

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Inspection Employer identification number

13-1764804

Part	Questions Regarding Compensation			
	Obselvible appropriate how/or) if the appropriation provided any of the following to or for a parson listed as Form		Yes	No
та	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	41-		
_	explain	1b		SSEC.
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		P1.27 93
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			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			X
a	The organization?	6a		X
b	Any related organization?	6b		^
~				
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	7		X
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		- Sampon

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC 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		in column (B) reported as deferred on prior Form 990
ANNIE POLLAND (THRU 12/ (I)	=	233,765.	0	0	0	.0	233,765.	0.
1EXECUTIVE DIRECTOR (ii)	<u> </u>	.0	.0	0	0.	0	0.	0.
	<u>-</u>							
2 (ii)	<u>.</u>							
(5)	<u>.</u>							
3 (ii)	<u> </u>							
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16	E							
							Sch	Schedule J (Form 990) 2020

JSA

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Schedule J (Form 990) 2020

Part III Supplemental Information

Page 3

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 J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Employer identification number

AME	RICAN JEWISH HISTORICAL :	SOCIETY			13-1764804			
Par	t 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	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household				1			
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		4.	407,39	5. FAIR MARK	KET V	ALUE	Ē
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
•	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation						02.000	
	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 ora	anization during the tax v	year for contributions	for			
LJ	which the organization completed							
	Willow the organization completes	01111 0200,	7 411 17 2 01100 7 1011110 111 7 9 9			0.000.000.000	Yes	No
30a	During the year, did the organization	tion receive	by contribution any prope	erty reported in Part I,	lines 1 through			
3 3 3	28, that it must hold for at least t							
	to be used for exempt purposes for					30a		Х
b	If "Yes," describe the arrangement		, , , , , , , , , , , , , , , , , , ,					
31			tance policy that require	es the review of a	ny nonstandard			
· ·	contributions?					31	Х	
322	Does the organization hire or us							
-Lu	contributions?					32a	Х	
h	If "Yes," describe in Part II.				···· ··· · · · · · · · · · · · · · · ·			
33	If the organization didn't report an	amount in a	column (c) for a type of pro	perty for which colum	n (a) is checked,			
	describe in Part II.		managem (=) and = () pro ell plo	en English (1997) (1997) (1997)				

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

Schedule M (Form 990) 2020

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

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)

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 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.

AMERICAN JEWISH HISTORICAL SOCIETY

13-1764804

Employer identification number

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E1227 1.000 5687HB L161 11/8/2021

Schedule O (Form 990 or 990-EZ) (2020)

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 4A

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. IN 2020, DUE TO THE COVID-19 PANDEMIC PHYSICAL ACCESS TO
THE AJHS COLLECTIONS WAS NOT POSSIBLE. HOWEVER, MANY SCHOLARS AND
MEMBERS OF THE PUBLIC WERE ABLE TO USE THE DIGITAL FINDING AIDS TO
SEARCH AND VIEW DIGITIZED MATERIAL THAT DOCUMENT THE AMERICAN
JEWISH EXPERIENCE. IN THE LAST QUARTER OF 2020 STATISTICS ON

Name of the organization
AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number 13-1764804

ATTACHMENT 2 (CONT'D)

DIGITAL USE FOUND THAT IN A THREE MONTH SPAN THE TOP THREE

COLLECTIONS SEARCHED WERE: HEBREW IMMIGRANT AID SOCIETY- ACCESSED

434 TIMES, THE NATIONAL JEWISH WELFARE BOARD BUREAU OF WAR

RECORDS- ACCESSED 294 TIMES, AND AMERICAN JEWISH CONGRESS
ACCESSED 207 TIMES. WE SAW A DIRECT IMPACT BETWEEN TOPS OF OUR

DIGITAL PROGRAMS AND WHAT INDIVIDUALS THEN SEARCHED IN OUR

DATABASE, SHOWING A STRONG FOLLOW UP AND CONNECTION WITH

MEMBERSHIP.

ATTACHMENT 3

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
THE MARVELOUS MRS. MAISEL, AND GRACE OVERBEKE, DRAMATURG CURRENTLY
AT NORTHWESTERN UNIVERSITY. IN 2020, PROGRAMMING AT AJHS BECAME

Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Employer identification number 13-1764804

ATTACHMENT 3 (CONT'D)

ENTIRELY VIRTUAL IN 2020 FOR THE SAFETY OF EMPLOYEES AS WELL AS MEMBERS, DUE TO THE COVID-19 PANDEMIC. THANKS TO THE FLEXIBILITY OF MANY OF OUR GRANT FUNDERS WE WERE ABLE TO USE FUNDS TO PRODUCE DIGITAL CONTENT SUCH AS: LIVE FROM THE ARCHIVES, A 10 EPISODE ONLINE SERIES FOCUSING ON KEY ARTIFACTS AND THEMES FOUND IN THE AJHS COLLECTIONS. FUNDED BY AN NEH CARES GRANT, THIS PROGRAM USED THE EXPERTISE OF OUR DIRECTOR OF COLLECTIONS, MELANIE MEYERS, OUR EXECUTIVE DIRECTOR, ANNIE POLLAND, AND SEVERAL GUEST HISTORIANS. WE ALSO PIVOTED THE EMMA LAZARUS PROJECT FUNDED BY THE COVENANT FOUNDATION AND RIGHTEOUS PERSONS GROUP TO PROVIDE 10 ONLINE POETRY CLASSES TAUGHT BY LYNN MELNICK, AND 6 WEEKS OF SUMMER CAMP CLASSES FOR THE FRESH AIR FUND- WHERE OVER 800 CHILDREN GOT TO "TRAVEL BACK IN TIME" TO MEET A COSTUMED INTERPRETER PLAYING THE POET EMMA LAZARUS.

> ATTACHMENT 4 **EXPENSES** REVENUE 4,130.

TOTALS

4,130.

DESCRIPTION

EXHIBITS

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

GRANTS

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN JEWISH HISTORICAL SOCIETY

Part I

Open to Public 2020 Inspection

OMB No. 1545-0047

Employer identification number

13-1764804

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
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
Part	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.	e organization ansv	wered "Yes" on Fo	rm 990, Part IV	, line 34, because	it had

(a) Name, address, and EIN of related organization	slated 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?	12(b)(13) olled ty?
							Yes	No
(1) CENTER FOR JEWISH HISTORY, INC. 15 WEST 16TH STREET	13-3863344 NEW YORK, NY 10011	REPOSITORY	λN	501(C)(3)	7	N/A		×
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions for Form 9	90.				Schedule R (Form 990) 2020	(Form 99	0) 2020

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

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Schedule R (Form 990) 2020

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. Part III

	because it had one of more related organizations ireated as a partitle sind during the tax year.	more related orgo	שוולמווחוו	s ilealed as a p	a mersing during m	e lay yeal.					
Nan	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (elated, unrelated, excluded from excluded from its under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportoration alboarbors?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
1000			country)		100000000000000000000000000000000000000			Yes No		Yes No	
(1)											
(2)											
(3)											
(4)											
(2)											
(9)											
(2)											
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.	ted Organizations	s Taxable ated orga	e as a Corporate anizations treate	ion or Trust. Comp ed as a corporation	or trust during	nization answel	ed "Yes"	on Form 990,	, Part IV,	
)			-		į		-	1
				-				•			

	Section 12(b)(13) controlled entity?	Yes No	-			+				_	າ) 2020
	(h) Percentage ownership	>									Schedule R (Form 990) 2020
	(g) Share of end-of-year assets										Schedule
	(f) Share of total income										æ
ig the tax year.	(e) Type of entity (C corp, S corp, or trust)										
on or trust durin	(d) Direct controlling entity										
corporation i	(c) Legal domicile (state or foreign country)										
ons treated as a	(b) Primary activity										
line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization										
		E		(2)	(3)		(4)	(5)	(9)	(7)	

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Yes

Method of determining 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. 1s 19 E 무 10 19 무 Reimbursement paid to related organization(s) for expenses. e Loans or loan guarantees by related organization(s) Dividends from related organization(s) Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved 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? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a)Name of related organization Part V <u>а</u> ь Ξ (2)

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Schedule R (Form 990) 2020

47

PAGE

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, nrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	(k) Percentage ownership
			sections 512 - 514)	Yes No			Yes		Yes No	
(1)										
(2)										
(3)										
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(8)										
(6)										
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PAGE 48

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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 2020 AND 2019, THE SOCIETY AND OTHER MEMBERS

AGREED TO CONTRIBUTE AN AGGREGATE AMOUNT OF \$1,340,000 AND \$1,288,000,

RESPECTIVELY, TO COVER THE CENTER'S OPERATING COSTS. THE AMOUNT

CONTRIBUTED BY EACH MEMBER IS BASED UPON THE MEMBER'S ALLOCATED SPACE AT

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Page 5

Part VII Supplemental Information

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

THE CENTER.

DURING 2019, THE SOCIETY CAME TO AN AGREEMENT WITH THE CENTER WHEREBY THE CENTER WOULD HANDLE THE BULK OF THE ACCOUNTING SERVICES FOR THE SOCIETY.

DURING 2020, THE ACCOUNTING SERVICES AGREEMENT WITH THE CENTER WAS

TERMINATED AND THE SOCIETY RETAINED EXTERNAL SUPPORT FOR THEIR ACCOUNTING SERVICES. 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 \$255,278 AND \$245,460 FOR 2020 AND 2019, RESPECTIVELY. AMOUNTS DUE TO THE CENTER WERE \$81,104 AND \$16,437 AS OF DECEMBER 31, 2020 AND 2019, RESPECTIVELY.

IN ADDITION, DURING 2020 THE CENTER CHARGED EACH OF THE PARTNERS ITS

SHARE OF A SPECIAL ASSESSMENT FOR OPERATING DEFICITS INCURRED BY THE

CENTER DURING 2020. THE SOCIETY'S SHARE OF THE ASSESSMENT WAS \$230,785.