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Form	J	J	U

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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



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

ΑF	or th	e 2021 calendar year, or tax year beginning and	ending				
B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number		
	Addre	THE CENTER FOR JEWISH HISTORY, INC.					
	Name		13-3863344				
	Initial		E Telephone number				
		15 WEST 16ΤΗ STREET	Room/suite		4-8322		
	termi			G Gross receipts \$	10,477,624.		
	Amer			H(a) Is this a group re			
	Appli tion			for subordinates			
L	pendi	^{ng} 15 WEST 16TH STREET, NEW YORK, NY 1001	1	H(b) Are all subordinates in			
I T	- ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)		1	list. See instructions		
		te: ► WWW.CJH.ORG		H(c) Group exemptio			
_		f organization: X Corporation Trust Association Other ►	I Year		State of legal domicile: DE		
		Summary					
~	1	Briefly describe the organization's mission or most significant activities: PRES					
Governance		HISTORY & CULTURE THROUGH ARCHIVE, LIBRAR	Y, EXH	IIBITS, AND	PROGRAMS.		
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	21		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21		
s 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	55		
/itie	6	Total number of volunteers (estimate if necessary)			13		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		6,315,231.	7,675,732.		
Revenue	9	Program service revenue (Part VIII, line 2g)		2,797,972.	1,795,774.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		241,931.	246,453.		
Ê		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,466.	86,120.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,445,600.	9,804,079.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		132,015.	116,166.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		Ο.	0.		
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,068,594.	4,088,334.		
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		Ο.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 571,50	00.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,071,504.	4,155,396.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,272,113.	8,359,896.		
		Revenue less expenses. Subtract line 18 from line 12		1,173,487.	1,444,183.		
or		· · · · · · · · · · · · · · · · · · ·	Be	ginning of Current Year	End of Year		
lanc	20	Total assets (Part X, line 16)		50,225,214.	52,466,984.		
Ass I Ba	21	Total liabilities (Part X, line 26)		2,202,540.	1,983,601.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		48,022,674.	50,483,383.		
	irt II	Signature Block		<i>·</i> · ·	<i>·</i> ·		
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is		
		ct, and complete, Declaration of preparer (other than officer) is based on all information of wh					
,		OMD (Ym)		11/2/202	2		
Sigr	า	Signature of officer		Date			
Her		RIO DANIEL, CHIEF EXECUTIVE OFFICER					
		Type or print name and title	1				

	Type of print name and the		
	Print/Type preparer's name Prepare	r's sign fure	
Paid	WILLIAM EPSTEIN	N. GM 11/2/2	2022 ^{ff} self-employed P01307171
Preparer	Firm's name 🕒 EISNER ADVISORY GROU	PLLC	Firm's EIN 🕨 87-1353108
Use Only	Firm's address 733 THIRD AVENUE		
	NEW YORK, NY 10017-2	703	Phone no. 212 - 949 - 8700
May the IF	RS discuss this return with the preparer shown above? See	instructions	X Yes No
			000

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	Disfly describe the convertention is a single or
1	Briefly describe the organization's mission:
	TO PROTECT AND PRESERVE THE HISTORY OF THE JEWISH PEOPLE; MAKE
	AVAILABLE INFORMATION AND FOSTER RESEARCH; AND TO EDUCATE DIVERSE
	CONSTITUENCIES THROUGH PUBLIC PROGRAMS AND EXHIBITIONS. (CONTINUED
	SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,783,101. including grants of \$0.) (Revenue \$1,714,347.
	BUILDING OPERATIONS: AS THE HOME TO FIVE PARTNER ORGANIZATIONS WITH
	OVER HALF A MILLION BOOKS AND FIVE MILES OF ARCHIVES, THE CENTER
	MAINTAINS HVAC TUNED FOR PRESERVATION OF COLLECTION MATERIALS,
	MAINTENANCE AND CLEANING OF OFFICE SPACES, UPKEEP OF BUILDING ENVELOPE,
	SHARED ONLINE PUBLIC ACCESS CATALOG, SHARED DATABASE FOR DIGITAL
	OBJECTS, ELEVATORS, READING ROOM MANAGEMENT SOFTWARE AND IT SERVICES -
	ALL FOR THE BENEFIT OF ALL OF THE PARTNERS, VISITORS TO THE FACILITY,
	AND OUR MANY ONLINE RESEARCHERS.
4b	(Code:)(Expenses \$2,555,394. including grants of \$1,850.) (Revenue \$75,422. ARCHIVE AND LIBRARY SERVICES: READING ROOM, GENEALOGY INSTITUTE, AND LIBRARY SYSTEMS ARE GATEWAYS FOR EXPLORING COLLECTIONS HOUSED AT THE CENTER. STAFF ARE AVAILABLE IN PERSON, BY PHONE, EMAIL AND ONLINE CHAT.
4b	ARCHIVE AND LIBRARY SERVICES: READING ROOM, GENEALOGY INSTITUTE, AND LIBRARY SYSTEMS ARE GATEWAYS FOR EXPLORING COLLECTIONS HOUSED AT THE
4b 4c	ARCHIVE AND LIBRARY SERVICES: READING ROOM, GENEALOGY INSTITUTE, AND LIBRARY SYSTEMS ARE GATEWAYS FOR EXPLORING COLLECTIONS HOUSED AT THE CENTER. STAFF ARE AVAILABLE IN PERSON, BY PHONE, EMAIL AND ONLINE CHAT. ARCHIVAL PROCESSING ENSURES ACCESS TO THE PARTNERS' COLLECTIONS THROUGH DETAILED DESCRIPTION. DIGITIZATION PROVIDES HIGH-QUALITY DIGITAL FACSIMILES OF ITEMS. PRESERVATION STABILIZES, MAINTAINS AND PROLONGS THE LIFE OF THE PAPER-BASED COLLECTIONS, WHICH ARE SUBJECT TO DETERIORATION DUE TO ENVIRONMENTAL CONDITIONS, AGE AND HANDLING. (Code:)(Expenses _ 472,096. including grants of \$ 114,316.) (Revenue \$ 6,005. ACADEMIC AND PROGRAM SERVICES: THE CENTER ALSO SERVES AS A PROFESSIONAL RESOURCE FOR SCHOLARS, PROVIDING AVENUES THROUGH WHICH THEY CAN PRESENT RESEARCH FINDINGS, RECEIVE GUIDANCE FROM EXPERIENCED PROFESSIONALS AND COORDINATE WITH OTHER RESEARCHERS FOR FUTURE PROJECTS. THIS INCLUDES FUNDED FELLOWSHIPS AS WELL AS ACADEMIC WORKING GROUPS. PUBLIC PROGRAMS
	ARCHIVE AND LIBRARY SERVICES: READING ROOM, GENEALOGY INSTITUTE, AND LIBRARY SYSTEMS ARE GATEWAYS FOR EXPLORING COLLECTIONS HOUSED AT THE CENTER. STAFF ARE AVAILABLE IN PERSON, BY PHONE, EMAIL AND ONLINE CHAT. ARCHIVAL PROCESSING ENSURES ACCESS TO THE PARTNERS' COLLECTIONS THROUGH DETAILED DESCRIPTION. DIGITIZATION PROVIDES HIGH-QUALITY DIGITAL FACSIMILES OF ITEMS. PRESERVATION STABILIZES, MAINTAINS AND PROLONGS THE LIFE OF THE PAPER-BASED COLLECTIONS, WHICH ARE SUBJECT TO DETERIORATION DUE TO ENVIRONMENTAL CONDITIONS, AGE AND HANDLING. (Code:)(Expenses § 472,096. including grants of \$ 114,316.) (Revenue \$ 6,005. ACADEMIC AND PROGRAM SERVICES: THE CENTER ALSO SERVES AS A PROFESSIONAL RESOURCE FOR SCHOLARS, PROVIDING AVENUES THROUGH WHICH THEY CAN PRESENT RESEARCH FINDINGS, RECEIVE GUIDANCE FROM EXPERIENCED PROFESSIONALS AND COORDINATE WITH OTHER RESEARCHERS FOR FUTURE PROJECTS. THIS INCLUDES
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Form	990	(2021)

 Form 990 (2021)
 THE CENTER FOR JEWISH HISTORY, INC.

 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
Ŭ		24c		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		<u>24u</u>		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	- 23	
30				x
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(compliant) with the state with the state of	1c		
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Form 990						HISTORY,		13-38
Part V	Statements R	legardi	ng Other II	RS Fili	ngs and Ta	IX Compliance	(continued)	

2a					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	55		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions			0-		X
				3a oh		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
ła	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	coun	t)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			5-		v
				5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the second state of the			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5</u> c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				x
L.	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		0			
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).			_		X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and server to the relation of the part of t			7a		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•		L_		- -
	to file Form 8282?			7c		X
d	, , , , , , , , , , , , , , , , , , , ,	7d	2	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u>^</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
				8		
)	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b				9b		
)	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
b	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
b 3 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a		
b a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			13a		
b a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	······	<u>13a</u>		
b a b c	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand					
b a b c a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13b 13c		14a		X
b a b c a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>	13b 13c ≆ 0				X
b a b c a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	13b 13c = O ation o	 	14a		
b a b c a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	13b 13c = O ation o	 	14a		x
b a b c a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13b 13c e O ation o	Dr	14a 14b		x
b a b c a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	13b 13c e O ation o	Dr	14a 14b		
b a b c la	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13b 13c e O ation o	Dr	14a 14b 15		x
b a b c a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13b 13c e O ation o	Dr	14a 14b 15		x
b a b c a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	13b 13c ∋ O ation o incom	or ne?	14a 14b 15		x

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Form 990 (2021)
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THE CENTER FOR JEWISH HISTORY, INC.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		Х
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point c	ne or				
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			Γ		T	_
	persons other than the governing body?			L	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			Γ			
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at	the	Γ			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
						Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			Γ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the fo	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			Γ	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			····· F	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_i			F			
	on Schedule O how this was done	· ·			12c	х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official			Γ	15a	Х	
	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·····			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a				
	taxable entity during the year?			Γ	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-				
	exempt status with respect to such arrangements?			Г	16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed CA , CT , FL , IL , M	О, М <i>А</i>	A,MI,NC	J,NY,	PA,	VA	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an						ble
	for public inspection. Indicate how you made these available. Check all that apply.				•••		
	Own website Another's website X Upon request Other (explain	on Sci	hedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			licy, and t	inano	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	records	•			
	MIMI WU - 212-294-8313		F				
	15 WEST 16TH STREET, NEW YORK, NY 10011						
2006	12-09-21				Form	990	(2021
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11	02 721252 305268 2021.05000 THE CENTE	ER F	OR JEW	ISH I	HIS	30	526

Form 990 (2021)	THE CENTER	FOR JEWISH	HISTORY, INC	2. 13-38	363344	Page 7	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors							
Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Dir	ectors, Trustees, Key Em	ployees, and Highest (Compensated Employ	ees			
<i>`</i>	· · · ·			ees rear ending with or within the	organization's	tax year.	
1a Complete this table for	r all persons required to be	listed. Report compens	ation for the calendar		0	,	

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an			s both	n an	compensation	compensation	amount of	
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BERNARD MICHAEL	40.00									
CEO/PRESIDENT	0.00			Х				269,865.	0.	28,045.
(2) RIO DANIEL	40.00									
COO/CFO	0.00			Х				217,434.	0.	12,941.
(3) DANIEL NADELMANN	40.00									
CHIEF DEVELOPMENT OFFICER	0.00					X		175,885.	0.	8,137.
(4) LOUIS PINZON	40.00									
DIRECTOR OF IT	0.00					X		107,538.	0.	29,620.
(5) MELISSA MINAYA	40.00									
DIRECTOR OF OPERATIONS	0.00					X		106,981.	0.	20,465.
(6) MIMI WU	40.00									
CONTROLLER	0.00					X		118,417.	0.	8,058.
(7) RACHEL MILLER	40.00									
DIRECTOR ARCHIVE & LIBRARY SERVICES	0.00					X		112,247.	0.	6,222.
(8) PETER BALDWIN	2.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(9) DAVID FRIEDMAN	2.00									-
VICE CHAIR	0.00	Х		X				0.	0.	0.
(10) RONALD LIEBERMAN	2.00									-
TREASURER	0.00	Х		X				0.	0.	0.
(11) ELISHEVA CARLEBACH	2.00									-
SECRETARY	0.00	Х		X				0.	0.	0.
(12) MICHAEL BAMBERGER	2.00									•
DIRECTOR	2.00	Х						0.	0.	0.
(13) ALEXANDER BLAVATNIK	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(14) LEONARD BLAVATNIK	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(15) DAVID DANGOOR	2.00								•	•
DIRECTOR	2.00	Х						0.	0.	0.
(16) MICHAEL JESSELSON	2.00								•	<u>^</u>
DIRECTOR	6.00	X						0.	0.	0.
(17) SAMUEL KARETSKY	2.00								•	<u>^</u>
DIRECTOR (THRU 4/2021)	0.00	Х						0.	0.	0. Form 990 (2021)

132007 12-09-21

Form **990** (2021)

	990 (2021) THE CENTE	R FOR J	ΓEW	IIS	Η	HI	ST	OR	RY, INC.	13-38	633	344	Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average	(do		Pos heck		۱ than o	one	Reportable	Reportable		Estin	nated
		hours per week					is both pr/trus		compensation	compensation	ו י		unt of
		(list any							from the	from related organizations			her nsation
		hours for	Individual trustee or director				-		organization	(W-2/1099-MIS			n the
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			ization
		organizations	trust	nal tru		oyee	ompe		1099-NEC)	,		•	elated
		below	vidual	Institutional trustee	cer	Key employee	Highest compensated employee	ner				organi	zations
		line)	Indi	Inst	Officer	Key	High	Former					
	CHARLES KNAPP	2.00											•
	CTOR	0.00	X				-		0.		0.		0.
	SIDNEY LAPIDUS	2.00							0		<u> </u>		•
	CTOR	2.00	Х				-		0.		0.		0.
	RACHEL LAUFER	2.00							0		<u> </u>		•
	CTOR	2.00	Х				-		0.		0.		0.
	RUTH LEVINE	2.00							0		<u> </u>		0
	CTOR	2.00	Х						0.		0.		0.
	JOEL MARCUS	2.00							0		<u> </u>		0
	CTOR	2.00	Х						0.		0.		0.
	IRENE PLETKA	2.00							0		<u> </u>		0
	CTOR	0.00	Х				-		0.		0.		0.
	ROBERT RIFKIND	2.00	v						0		<u> </u>		0
	CTOR	2.00	Х				-		0.		0.		0.
	BRUCE SLOVIN	2.00	x						0.		0.		0
	CTOR ALEXANDER SOROS		^				-		0.		0.		0.
		2.00	x						0.		0.		0
	CTOR	0.00	Λ						1,108,367.		0.	112	0.
	Subtotal								0.		0.	113	0.
	Total from continuation sheets to Part VII								1,108,367.		0.	113	488.
	Total (add lines 1b and 1c) Total number of individuals (including but no										••	113	, 1001
2	compensation from the organization		ose	iiste	u al	Jove	<i>)</i> wii	ore	ceived more than \$100,				7
												Y	es No
3	Did the organization list any former officer,	director trust	ا مم		mnl		e or	hia	hest compensated empl		ſ	-	
Ū	line 1a? If "Yes," complete Schedule J for su	-			•	-		Ŭ	• • •			3	x
4	For any individual listed on line 1a, is the su										···		
•	and related organizations greater than \$150											4 2	x
5	Did any person listed on line 1a receive or a	,		'								-	
-	rendered to the organization? If "Yes." com											5	X
Sec	tion B. Independent Contractors	piete concaute	<u>, , , , , , , , , , , , , , , , , , , </u>	01 00		0010	011 .						
1	Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	ensat	ion from	
	the organization. Report compensation for t	he calendar ye	ear e	endin	ıg w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)								(B)			(C)	
	Name and business	address							Description of s	ervices	С	ompensa	ation
SEC	CURIT, 25-18 FRANCIS LE	WIS BOU	\mathbf{LE}	VA	RD	,		l	UNARMED SECUI	RITY			
FLU	JSHING, NY 11358								GUARDS, FIRE	& LIFE		394	,315.
											_		
2	Total number of independent contractors (in	•	ot lin	nitec	d to t	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz					1	L						
	SEE PART VII, SECTION	A CONT	IN	ŰΑ	ΤT	ON	S	ΗE	ETS			Form 99	0 (2021)

132008 12-09-21

Form 990 THE CENTER FOR JEWIS					VISH HISTORY, INC. 13-3863344							
Part VII Section A. Officers, Directors, Trustees, Key Em						ligh	est (Compensated Employ				
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average		Position		Reportable	Reportable	Estimated					
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week (list any	or				Highest com pensated em ployee		the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10100)	organization		
	related	ee or	stee			nsate				and related		
	organizations	Individual trustee or director	Institutional trustee		Key employee	ompe				organizations		
	below	vidual	tutior	er	em plo	lest c	ner					
	line)	Indiv	Insti	Officer	Key	High	Former					
(27) ED STELZER	2.00											
DIRECTOR (THRU 12/2021)	2.00	Х						0.	0.	0.		
(28) MICHELE TOCCI	2.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(29) SHELBY WHITE	2.00											
DIRECTOR	0.00	х						0.	0.	0.		
(30) SIMON ZIFF	2.00											
DIRECTOR	0.00	х						0.	0.	0.		
		1										
		1										
			-			-						
		-										
		-	-		-							
		1										
		1										
					1							
		1										
Total to Part VII, Section A, line 1c												
				-	_							

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	n 990 (2		CENTER FO	<u>R JEW</u> ISH	HISTORY,	INC.	13-3863	344 Page 9
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
°,°	с	Fundraising events	1c	2,000.				
ar /	d	Related organizations	1d					
imi)	е	Government grants (contri	ibutions) 1e 1 ,	179,492.				
tion S	f	All other contributions, gifts,						
the		similar amounts not included		494,240.				
d dr	g	Noncash contributions included in	lines 1a-1f 1g \$	266,841.				
ရှိ ပိ	h	Total. Add lines 1a-1f			7,675,732.			
				Business Code				
e	2 a					1,485,975.		
e vi	b			531110	228,372.	228,372.		
Program Service Revenue	с	ARCHIVAL AND		519100	43,454.	43,454.		
ran Sev	d	PROGRAM ADMIS	SION FEES	611710	25,576.	25,576.		
5 E	е			519130	12,397.	12,397.		
٩	f	All other program service						
	g	Total. Add lines 2a-2f			1,795,774.			
	3	Investment income (includ	-		242 222			242 222
		other similar amounts)			242,223.			242,223.
	4	Income from investment o		•				
	5	Royalties						
	•		(i) Real 6a 13,000.	(ii) Personal				
	-	Gross rents						
	b	Less: rental expenses	6b 0. 6c 13,000.					
	C	Rental income or (loss)			13,000.			13,000.
		Net rental income or (loss) Gross amount from sales of) (i) Securities	(ii) Other	15,000.			13,000.
	7 а	assets other than inventory	7a 677,775.					
	h	Less: cost or other basis	14011,115.					
Ð	D	and sales expenses	7ы673,545.					
evenue	~	Gain or (loss)	7c 4,230.					
Sev.		Net gain or (loss)			4,230.			4,230.
er F		Gross income from fundraisin			1,200.			1,200.
Other R	Ja	including \$2						
Ŭ		contributions reported on						
		Part IV, line 18		0.				
	b	Less: direct expenses		-				
		Net income or (loss) from			0.			
		Gross income from gamin		F				
	-	Part IV, line 19	-					
	b	Less: direct expenses						
		Net income or (loss) from		>				
		Gross sales of inventory, I						
		and allowances		a				
	b	Less: cost of goods sold						
		Net income or (loss) from		>				
				Business Code				
si o	11 a	REIMBURSEMENT	S AND REF	900099	73,120.			73,120.
Miscellaneous Revenue	b							
eve eve	с							
Ais B B	d	All other revenue						
<		Total. Add lines 11a-11d			73,120.			
	12	Total revenue. See instruction	ons	►	9,804,079.	1,795,774.	0.	332,573.
13200	9 12-09-	-21						Form 990 (2021)

THE CENTER FOR JEWISH HISTORY, INC.

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THE CENTER FOR JEWISH HISTORY, Part IX Statement of Functional Expenses

INC.

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

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	116,166.	116,166.		
3	Grants and other assistance to foreign	110,1000			
U	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5		675,704.	114,400.	561,304.	
~	trustees, and key employees	075,704.	114,400.	JU1, JU4.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 707 004	2 400 200		
7	Other salaries and wages	2,797,824.	2,409,260.	82,569.	305,995.
8	Pension plan accruals and contributions (include		7 2 010	1 050	2 4 2 2
	section 401(k) and 403(b) employer contributions)	77,702.	73,219.	1,053.	3,430.
9	Other employee benefits	320,209.	303,729.	549.	15,931.
10	Payroll taxes	216,895.	194,161.	3,110.	19,624.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	7,500.	7,500.		
С	Accounting	48,000.		48,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	772,443.	567,778.	89,061.	115,604.
12	Advertising and promotion	14,814.	14,814.		
13	Office expenses	75,484.	54,727.	5,938.	14,819.
14	Information technology	318,201.	236,744.	35,737.	45,720.
15	Royalties		-		
16	Occupancy	532,650.	532,650.		
17	Travel	10,823.	2,178.	4,356.	4,289.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,507.	937.	2,570.	
20	Interest	72,573.		72,573.	
20	Payments to affiliates	,		,	
22	Depreciation, depletion, and amortization	1,862,118.	1,824,521.	35,387.	2,210.
22	Insurance	178,923.	175,081.	3,616.	226.
23 24	Other expenses. Itemize expenses not covered			5,010.	220.
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.) EQUIPMENT RENTAL & MAIN	95,747.	88,973.	6,774.	
a b	PRINTING	69,965.	40,917.	124.	28,924.
D	TELEPHONE & INTERNET	47,014.	47,014.	144.	40,944.
C.			±/,014•		
d		45,634.	5,822.	25,084.	14,728.
-	All other expenses	8,359,896.	6,810,591.	977,805.	571,500.
25	Total functional expenses. Add lines 1 through 24e	0,000,000.	0,010,391.	511,005.	571,500.
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)				Form 990 (2021)

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THE CENTER FOR JEWISH HISTORY, INC.

13-3863344 Page 11

		Check if Schedule O contains a response or note	to an	v line in this Part V			
			to any	y mentunoratia			(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,983,845.	1	1,179,230.
	2	Savings and temporary cash investments			2,605,961.	2	4,618,347.
	3	Pledges and grants receivable, net			2,393,308.	3	2,270,409.
	4	Accounts receivable, net			1,024,906.	4	1,061,894.
	5	Loans and other receivables from any current or				-	1,001,0010
	ľ	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi				Ŭ	
	ľ	under section 4958(f)(1)), and persons described				6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_			254,389.	9	306,407.
		Land, buildings, and equipment: cost or other	I		,	-	
		basis. Complete Part VI of Schedule D	10a	68,459,847.			
	b	Less: accumulated depreciation	10b	39,838,967.	29,857,334.	10c	28,620,880.
	11	Investments - publicly traded securities			12,105,471.	11	14,409,817.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			50,225,214.	16	52,466,984.
	17	Accounts payable and accrued expenses			435,082.	17	792,954.
	18	Grants payable				18	
	19	Deferred revenue			234,371.	19	322,788.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
ŝ	22	Loans and other payables to any current or forme	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abi		controlled entity or family member of any of these	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelat	ed thir	d parties	698,042.	23	
	24	Unsecured notes and loans payable to unrelated	third p	parties	818,038.	24	818,038.
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			17,007.	25	49,821.
	26	Total liabilities. Add lines 17 through 25			2,202,540.	26	1,983,601.
		Organizations that follow FASB ASC 958, chec	k here	e ▶ 🛛 🔰			
če		and complete lines 27, 28, 32, and 33.					24 205 204
Ilan	27	Net assets without donor restrictions	<u>32,720,970.</u> 15,301,704.	27 28	31,387,994.		
B	28						19,095,389.
n		Organizations that do not follow FASB ASC 95					
Ĕ		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or equ		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Re	32	Total net assets or fund balances		····· -	48,022,674.	32	50,483,383.
	33	Total liabilities and net assets/fund balances			50,225,214.	33	52,466,984.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

	1990 (2021) THE CENTER FOR JEWISH HISTORY, INC.	13-3	863344	Pag	_{ge} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,804						
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1 3 1,44								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,022	2,6'	74.				
5	Net unrealized gains (losses) on investments	5	1,278	3,5:	34.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-262	2,00	08.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	50,483	<u>3,38</u>	83.				
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>						
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
			_	aan /					

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	ne of t	the organization							identification number	
D -				JEWISH HISTO					3-3863344	_
Pa	πι	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		_
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general p	public described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	-			-		-	-	
		university:						-		
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exen						-	•	
		income and unrelated busir							-	
		See section 509(a)(2). (Co		,		•	,		,	
11		An organization organized a	• •	velv to test for public sat	fetv. See	section 50)9(a)(4).			
12	\square	An organization organized a	-	•	•			rrv out the	purposes of one or	
		more publicly supported or	-	-				-		
		lines 12a through 12d that								
а		Type I. A supporting orga	• •					-	aivina	
		the supported organization		-	• • •	-				
		organization. You must o			·····j-···j -				1-1	
b		Type II. A supporting org	-		tion with its	s supporte	d organizatio	h(s), by hav	ina	
		control or management o	-				•		-	
		organization(s). You mus			ante perce			je ine enpp		
с		Type III functionally inte			in connect	tion with, a	and functional	lv integrate	d with	
-		its supported organization						.,	,	
d		Type III non-functionally		-				ted organiz	ration(s)	
		that is not functionally int						-		
		requirement (see instruct			•		-	anatoni		
e		Check this box if the orga	,	•				I Type III		
Ŭ		functionally integrated, or					1960, 1960	,, , , po		
f	Ente	er the number of supported of								٦
a		vide the following information	-							-
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
										-
										-
										-
										-
Tota										-

Schedule A (Form 990) 2021					HISTORY			Page 2
Part II Support Schedule	for Org	anizations	Descr	ibed in Sec	ctions 170(b)	(1)(A)(iv)	and 170(b)(1)(A)(vi)	

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

Catendar year (or fixed year beginning) ► (e) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and yearts, 1) 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 3 The value of services or facilities 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 5 The portion of total contributions by each person (fabre than a governmental unit to the organization without charge 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 5 The portion of total contributions by each person (fabre than a governmental unit to publicly supported organization) included on line 1 thaccoads 254 01the amount shown on line 11. (c) 2018 (c) 2019 (d) 2020 (d) 2020 (d) 2020 (d) 2021 (f) Total 6 Dottic support. Senter to estimate 4. 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 6 Grass income from intervet, distribution of the social support sentervet or the social support sentervet or the social support sentervet or the social support sentervet. 296, 797. 329, 617. 351, 237. 189, 507. 255, 223. 1422381. 1	Sec	ction A. Public Support								
membership fees received. (Do not include any pursueal grants) 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 2 Tax revenues leved for the organ- lation's benefit and ether pad to or expended on its behalt 5 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 3 The value of services or facilities turnished by agovernmental unit to the organization without charge 5 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 the accesds 2% of the amount shown on line 11. 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 6 Public support. Substatile Store tet. 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 6 Oross income from interest. 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 7 Anounts from line 4 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 8 Oross income from interest. 296, 797. 329, 617. 351, 237. 189, 507. 255, 223. 1422381.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
include any 'unusual grants." 5727902. 5869744. 4679957. 6315231. 7675732. 80268566. 2 Tax memuse wied for the organization without charge interview of a services or facilities function of the organization without charge interview of the organization without charge interview of the organization included on its behalf. 5727902. 5869744. 4679957. 6315231. 7675732. 80268566. 3 The value of the organization without charge interview of the organization included on line 1 that exceeds 2% of the amount shown on line 11. 5727902. 5869744. 4679957. 6315231. 7675732. 80268566. Section B. Total Support 5727902. 5869744. 4679957. 6315231. 7675732. 80268566. Section B. Total Support 1	1									
2 Tar versues levid for the organization without charge 3 The value of services or facilities furnished by a government unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (offer than a government) unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public support, server the store in e4 8 Gross income from interest. 9 Net income from interest. 10 Other income. Do not include gan or inset with the business is regularly carried on securities loans, ends. royatiles, and income from interest. 11 Total support. Add lines 7 through 10 12 9, 707. 13 14 14 40.972. 15 86, 707. 16 9, 707. 16 9, 707. 16 9, 707. 16 9, 707. 16 9, 707. 16 9, 707.			5727902.	5869744.	4679957.	6315231.	7675732.	30268566.		
iteration's benefit and either pair to or expended on its behalf	2	Tax revenues levied for the organ-								
or expended on its behalf 3 The value of avrices or facilities trunished by a governmental unit to the organization without charge 4 Total. Add lines it through 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 29 of the amount shown on line 11, column (n). 6 Public support. Serves line 5 too iter.1 6 Public support. Serves line 5 too iter.1 5 To a start is a start in the exceeds 29 of the amount shown on line 11, column (n). 6 Public support. Serves line 5 too iter.1 6 Public support. Serves line 5 too iter.1 6 Calledar year (or fiscal year beginning in) > 7 Amounts from line 4 7 Amounts from line 4 9 Net income from similar sources and income the sale of capital asset (Explain in Part VI) 10 Other income. Do not include gind or loss from the sale of capital asset (Explain in Part VI) 11 Total support. Add lines 1 through 10 12 (first support percentage for 2021 (line 6, column (l), divided by line 11, column (l) 14 Public support percentage for 2021 (line 6, column (l), divided by line 11, column (l) 14 Public support percentage for 2021 (line 6, column (l), divided by line 11, column (l) 14 Public supp		0								
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the organization without charge 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 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 (i) 17013712. 6 Public support. Skrtact time the time to a mount shown on line 11, column (i) 17013712. 6 Public support. Skrtact time to the time to a mount shown on line 11, column (i) 1001011 7 Amounts from line 4 5727902. 5869744. 4679957. 6315231. 7675732. 30268566. 9 Costs support. Skrtact the time to time	-									
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132022 01-04-22

1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ization's benefit and either paid to								
or expended on its behalf								
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disgualified persons								
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.)								
Section B. Total Support				1				
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(f) Total	
9 Amounts from line 6								
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
c Add lines 10a and 10b								
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain								
or loss from the sale of capital								
assets (Explain in Part VI.)								
14 First 5 years. If the Form 990 is for the	e organization's fi	irst second third	fourth or fifth tax	vear as a section F	1 501(c)(3) or		n	
check this box and stop here	•			•		•	· _	
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16 Public support percentage from 2020					16			%
Section D. Computation of Inves								70
17 Investment income percentage for 20			ling 13 column (f))		17			%
18 Investment income percentage from 2					18			
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THE CENTER FOR JEWISH HISTORY,

(b) 2018

(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

(c) 2019

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

(a) 2017

qualify under the tests listed below, please complete Part II.)

132023 01-04-22

Schedule A (Form 990) 2021

13-386<u>3344</u> Page 3

(f) Total

(e) 2021

INC.

(d) 2020

13401102 721252 305268

Schedule A (Form 990) 2021

Section A. Public Support

Calendar year (or fiscal year beginning in)

^{2021.05000} THE CENTER FOR JEWISH HIS 305268_1

1

2

3a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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132024 01-04-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 THE CENTER FOR JEWISH HISTORY, INC. 13-3863344 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> 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.	
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, supporting organization

<u></u>	
Section C. Type II Supporting Org	anizations

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)

Section D	. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

2

Yes No

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Sche	dule A (Form 990) 2021 THE CENTER FOR JEWISH H			13-3863344 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on l	Nov. 20, 1970 (<i>explain il</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

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

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 THE CENTER FOR JEWISH HISTORY, INC.
 13-3863344
 Page 8

 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.)

FORM 990, SCHEDULE A, PART II, SECTION B, LINE 10

OTHER INCOME FOR THE CENTER FOR JEWISH HISTORY CONSISTS OF PAYMENTS OF

REIMBURSEMENTS TO THE CENTER FROM THE PARTNER ORGANIZATIONS FOR BACK

OFFICE SERVICES FOR 2017 THROUGH 2021. IN ADDITION, FOR THE YEAR ENDING

DECEMBER 31, 2018, THE CENTER HAD OTHER INCOME IN THE FORM OF INSURANCE

PROCEEDS FROM FLOOD DAMAGE TOTALING \$141,307.

Schedule A (Form 990) 2021

132028 01-04-22

123451 11-11-21

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

6		
	THE CENTER FOR JEWISH HISTORY, INC.	13-3863344
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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), 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.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

THE CENTER FOR JEWISH HISTORY, INC.

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

(a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 2,600,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 818,038. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 740,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 618,655. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 363,086. Noncash X \$ (Complete Part II for noncash contributions.)

Employer identification number

13-3863344

Name of organization

Part I

123452 11-11-21

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Schedule B (Form 990) (2021)

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THE CENTER FOR JEWISH HISTORY, INC.

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Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	shal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$184,296. 	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
123452 11-11		\$	Person Payroll Payroll Occupient Payroll Payroll Part II for noncash contributions.) Schedule B (Form 990) (2021)

Employer identification number

13-3863344

THE CI	ENTER FOR JEWISH HISTORY, INC.		13-3863344
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
6	SECURITIES	_	
6_		\$181,93	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		-	
123453 11-11	1-21	_ \$	

Schedule B (Form 990) (2021) Name of organization

13401102 721252 305268

Employer identification number

27 2021.05000 THE CENTER FOR JEWISH HIS 305268_1

	B (Form 990) (2021) organization		Page 4 Employer identification number				
THE CI Part III	ENTER FOR JEWISH HISTO		<u>13-3863344</u> ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns	(a) through (e) and the following line ent s, charitable, etc., contributions of \$1,000 or I					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee				
·	ITAIISIELEE'S Hame, audress,						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		-					
·		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	!				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
123454 11-11	1.21		Schedule B (Form 990) (2021)				
.20-04 11-11	· - ·		Schedule D (1 0111 350) (2021)				

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SCHEDULE)
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(Form 9	90)
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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization THE CENTER FOR JEWISH HISTORY, INC.	Employer identification nur 13-3863344	mber
Par			
Fai	organizations waintaining Donor Advised Funds of Other Similar Funds of organization answered "Yes" on Form 990, Part IV, line 6.	Accounts. Complete if the	
	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		۰
	are the organization's property, subject to the organization's exclusive legal control?		_ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con		-
Dor	impermissible private benefit?	Yes	No
Par		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (for example, recreation or education)	historically important land area	
	Protection of natural habitat	certified historic structure	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of		
	day of the tax year.	Held at the End of the Tax	Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
с	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	e	
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	rganization during the tax	
	year 🕨		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	rvation easements during the year	
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year	
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ts that describes the	
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	d balance sheet works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	herance of public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bal	lance sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga		
	the following amounts required to be reported under FASB ASC 958 relating to these items:	· · ·	
а		▶ \$	
	Assets included in Form 990, Part X	N A	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990)) 2021
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Pa	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, o	r Other S	Similar Ass	sets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make sigr	nificant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	am				
b	Scholarly research	e		indinge pregre					
c	Preservation for future generations	C C							
4									
5	During the year, did the organization solicit o						art All.		
5	to be sold to raise funds rather than to be ma						Yes	v	No
Pa	t IV Escrow and Custodial Arrange								
I U	reported an amount on Form 990, Par		ete il the organizatio	n answereu	Tes OIT	onn 990, Part	IV, III e 9, 0		
10			on for contribution	o or other oor	oto not in	aludad			
1a	Is the organization an agent, trustee, custodi							_	٦
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:				A		
							Amour	It	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial acco	unt liability	?	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on I	Part XIII				
Pa	t V Endowment Funds. Complete i	f the organization and							
		(a) Current year	(b) Prior year	(c) Two year	rs back (c	d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	10,954,777.	9,885,734.	8,073	8,828.	8,854,4	15. 7	,602,	873.
b	Contributions	626,000.	1,250,000.	625	5,000.	25,0	00.	25,	000.
с	Net investment earnings, gains, and losses	1,322,627.	1,256,340.	1,788	3,783.	-619,8	37. 1	,708,	716.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	661,902.	1,437,297.	601	L,877.	185,7	50.	482,	174.
f	Administrative expenses								
g	End of year balance	12,241,502.	10,954,777.	9,885	5,734.	8,073,8	28. 8	,854,	415.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment > 76.0580	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse		tion that are held ar	nd administer	ed for the	organization			
	by:	eelen er ine erganiza				organization		Yes	No
	(i) Unrelated organizations						3a(i)		x
	(ii) Related organizations								x
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				<u>od(n)</u> 3b		
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm		witherit fullus.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990	. Part X. lir	ne 10.			
	Description of property	(a) Cost or o		or other		cumulated	(d) Boo		
	Description of property	basis (investr		(other)	• •	eciation	(u) Boo	n valu	C
10	Land	· · · · ·	,	0,366.	Gobi		1,01	0 3	66
	Land			1,542.	27 30	94,628.	26,76		
	Buildings		54,10	1,J44•	41,5	J±,040•	40,70	5,9.	<u>- -</u>
	Leasehold improvements		0 11	5,247.	0 6	07,327.	E ^	7,9	20
	Equipment				2 0,0	01, 341.			
	Other			2,692.		37,012.		5,6	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part)	X, column (B), line 1	0c.)			28,62		
						Sche	dule D (Forr	n 990)	2021

Schedu	ıle D (Form 990) 2021	THE CENTER	FOR JEWISH	HISTORY,	INC.	13-3863344 Page 3
Part		Other Securities.				
		anization answered "Yes'	on Form 990, Part IV	, line 11b. See Fo	orm 990, Part X, line	12.
(a) De	escription of security or cate	gory (including name of security)	(b) Book value	(c) Me	thod of valuation: Co	ost or end-of-year market value
• •						
		; 				
(3) Oth	ner					
(A)						
<u>(B)</u>						
(C) (D)						
(E)						
(E) (F)						
(G)						
(H)						
	Col. (b) must equal Form 99	0, Part X, col. (B) line 12.) 🕨				
Part	VIII Investments -	Program Related.	·			
		ganization answered "Yes'	on Form 990, Part IV	, line 11c. See Fo	orm 990, Part X, line	13.
	(a) Description of	investment	(b) Book value	(c) Me	thod of valuation: Co	ost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
<u>(9)</u>						
Part		0, Part X, col. (B) line 13.) 🕨				
		anization answered "Yes'	on Form 990. Part IV	. line 11d. See Fo	orm 990. Part X. line	15.
			Description	,		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	Column (b) must equal F	orm 990, Part X, col. (B) lin	e 15.)			►
Part						
		ganization answered "Yes'	on Form 990, Part IV	, line 11e or 11f.	See Form 990, Part	
1.		escription of liability				(b) Book value
(1)	Federal income taxes					40.001
(2)	ANNUITIES PA	YABLE				49,821.
(3)						
(4)						
(5)						
(6)						
<u>(7)</u> (8)						
(9)						
	Column (b) must source 5	orm 000 Port V col (D) !:-	25)			▲ 49,821.
	., .	o <u>rm 990, Part X, col. (B) lin</u> sitions. In Part XIII, provide	,			
	•			-		s been provided in Part XIII X

132053 10-28-21

Schedule D (Form 990) 2021

_	edule D (Form 990) 2021 THE CENTER FOR JEWISH HIST				3863344 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,095,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,278,534.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d	12,992.		
е	Add lines 2a through 2d			2e	1,291,526. 9,804,079.
3	Subtract line 2e from line 1			3	9,804,079.
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.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,804,079.
	(This Hast odda'r onn oos, r arth, nno TE.)			-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per F	Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses per F	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi a.	th Expenses per F	Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi a.	th Expenses per F	1	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	th Expenses per F	1	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	th Expenses per F	1	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	th Expenses per F	1	n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	th Expenses per F	1	n. 8,634,896.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	th Expenses per F	1	n. 8,634,896. 275,000.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	1	n. 8,634,896.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	1 2e	n. 8,634,896. 275,000.
Pa 1 2 a b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per F	1 2e	n. 8,634,896. 275,000.
Pa 1 2 a b c d e 3 4	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	th Expenses per F	1 2e	n. 8,634,896. 275,000.
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 	275,000.	1 2e 3	n. <u>8,634,896</u> . <u>275,000</u> . 8,359,896. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e 3	n. 8,634,896. 275,000. 8,359,896.

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

PART III, LINE 1A:

IN ADDITION TO THE CENTER'S BUILDING HOUSING THE PARTNERS' ARCHIVES AND
COLLECTIONS, THE CENTER HAS ITS OWN BOOK COLLECTION. THESE COLLECTIONS ARE
HELD FOR SCHOLARLY AND PUBLIC USE. EACH ITEM IN THE CENTER'S BOOK
COLLECTION IS CATALOGUED, PRESERVED, AND CARED FOR, AND ACTIVITIES
VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED
CONTINUOUSLY. IN ACCORDANCE WITH COLLECTION POLICIES OF ARCHIVAL
ORGANIZATIONS, THE COST OR VALUE OF THE COLLECTION IS NOT INCLUDED IN THE
STATEMENTS OF FINANCIAL POSITION. ITEMS PURCHASED FOR THE COLLECTION ARE
RECORDED AS EXPENSES IN THE YEAR IN WHICH THE ITEMS ARE PURCHASED.

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PART V, LINE 4:

132054 10-28-21

Schedule D (Form 990) 2021 THE CENTER FOR JEWISH HISTORY, INC. 13-3863344 Page 5 Part XIII Supplemental Information (continued)
ENDOWMENT FUNDS ARE USED TO SUPPORT GENERAL OPERATIONS, FELLOWSHIPS,
GENEALOGICAL SERVICES, CULTURAL PROGRAMS, THE PRESERVATION LABORATORY, AND
THE RARE BOOK ROOM.
PART X, LINE 2:
THE CENTER IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING
STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC")
TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR
UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE CENTER'S GENERAL TAX-EXEMPT
STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT
ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE CENTER'S FINANCIAL
STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUES OF SPLIT-INTEREST AGREEMENTS 12,992.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
REFUND OF CONTRIBUTION TO DONOR 275,000.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDUL (Form 990)		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ùni	ted States		OMB No. 1545-0047
Department of			jj	Attach to For		····, ···· _· _· _·		Open to Public
Internal Revenu	ue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of th	e organization THE CENTE	R FOR JEW	ISH HISTORY	, INC.				Employer identification number $13 - 3863344$
Part I	General Information on Grants a	nd Assistance						
1 Does	the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	
criter	ria used to award the grants or assis	stance?						X Yes No
	ribe in Part IV the organization's pro							
Part II	Grants and Other Assistance to recipient that received more than \$	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
1 (a) N	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	r total number of section 501(c)(3) a							👌
	r total number of other organization							

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

Schedule I (Form 990) 2021

13-3863344

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ELLOWSHIPS	5	85,899.	0.		
ONORARIUMS	18	30,167.	0.		

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

PART I, LINE 2:

FELLOWSHIP RECIPIENTS PERFORM RESEARCH AT THE CENTER DURING THE AWARD YEAR.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2021			
-	-	Compensated Employees		ZU		1	
Dono	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nam	e of the organization		Employer i			nber	
		THE CENTER FOR JEWISH HISTORY, INC.	13-3	386334	4		
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	,					
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffer	ir, cnet)				
h	If any of the haves	on line to are checked, did the exception follow a written policy recording powerst or					
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or		46			
0	•			<u>1b</u>			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's					
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.	51110				
	X Compensation						
		ompensation consultant					
	X Form 990 of o		ommittee				
			ommittee				
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 re						
а	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				X	
с		eive payment from an equity-based compensation arrangement?				X	
		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
		ation?				X	
	If "Yes" on line 5a o	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
	contingent on the r	et earnings of:					
						X	
b		ation?		6b	_	X	
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		ies 5 and 6? If "Yes," describe in Part III		7	X	<u> </u>	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie				
				8	_	X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section			9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2021	

132111 11-02-21

36 2021.05000 THE CENTER FOR JEWISH HIS 305268_1

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BERNARD MICHAEL	(i)	269,865.	0.	0.	11,000.	17,045.	297,910.	0.
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RIO DANIEL	(i)	192,434.	25,000.	0.	8,800.	4,141.	230,375.	0.
COO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL NADELMANN	(i)	175,885.	0.	0.	0.	8,137.	184,022.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 7:

RIO DANIEL, COO/CFO, RECEIVED A BONUS IN CALENDAR YEAR 2021 BASED ON

MEETING CERTAIN OBJECTIVE PERFORMANCE CRITERIA/METRICS. THIS BONUS WAS

AUTHORIZED BY THE BOARD.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treas	Irv
Internal Revenue Service	

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

Attach to Form 990.

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

Name of the organization

Employer identification number 13 - 3863344

ZUZ

			FOR	JEWISH	HISTORY,	INC.
Part I	Types of Propert	У				

	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		0	 3
1	Art - Works of art			, , <u>,</u>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	266,841.	COMPARABLE	SALE	ES	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organization completed Form 828							
			0	·····			Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?		·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
	Does the organization hire or use third parties							
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.			. ,				

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

Schedule M (Form 990) 2021

132141 11-17-21

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

SCHEDULE M, PART I, COLUMN (B):

AMOUNT REPRESENTS THE NUMBER OF STOCK DONATIONS RECEIVED.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

(10111-000)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

THE CENTER FOR JEWISH HISTORY, INC.

<u>13-3</u>863344

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(CONTINUED FROM PAGE 2, PART III, LINE 1) THE CENTER OPENED ITS DOORS

IN LATE 2000 AS THE NEW CENTRAL ADDRESS OF FIVE ORGANIZATIONS DEDICATED

TO PRESERVING JEWISH HISTORY: AMERICAN JEWISH HISTORICAL SOCIETY,

AMERICAN SEPHARDI FEDERATION, LEO BAECK INSTITUTE, YESHIVA UNIVERSITY

MUSEUM AND YIVO INSTITUTE FOR JEWISH RESEARCH. THE FIVE PARTNERS HOLD

COLLECTIONS THAT TOTAL MORE THAN 500,000 VOLUMES AND 100 MILLION

ARCHIVAL DOCUMENTS, INCLUDING TENS OF THOUSANDS OF TEXTILES, RITUAL

OBJECTS, RECORDINGS, FILMS AND PHOTOGRAPHS, AND WORKS OF ART.

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

FAMILY OR BUSINESS RELATIONSHIP: ALEX BLAVATNIK, DIRECTOR, AND LEONARD

BLAVATNIK, DIRECTOR, ARE BROTHERS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH CONSTITUENT ORGANIZATION (MEMBER) APPOINTS 2 DIRECTORS TO THE BOARD OF

DIRECTORS FOR A TOTAL OF 10. 15 ADDITIONAL EXTERNAL DIRECTORS AT LARGE WILL

BE ELECTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING DECISIONS REQUIRE THE APPROVAL OF THE MEMBERS. THEY RELATE

TO: I) TRANSFER, MORTGAGE OR OTHER HYPOTHECATION OF MEMBER INTERESTS; II)

 SALE OF PREMISES OR ANY INTEREST THEREIN; III) RENOVATION THAT RESULTS IN

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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Name of the organization THE CENTER FOR JEWISH HISTORY, INC.	Employer identification number 13-3863344
AN INCREASE IN THE BUDGET OF 10% OR MORE. IV)REALLOCATION (OF MEMBER SPACE;
V) ANY CHANGE IN THE REQUIRED MINIMUM AMOUNT OF THE RESERVE	E FUND; VI)
ADOPTION OF THE ANNUAL BUDGET; VII) AMENDMENT OF THE CERTI	FICATE OF
INCORPORATION, BY-LAWS, OR ANY OTHER FUNDAMENTAL ORGANIZAT	IONAL DOCUMENTS;
AND VIII) ALL OTHER ACTIONS REQUIRING THE UNANIMOUS VOTE OF	F MEMBERS AS
SPECIFIED IN THE BY-LAWS OF THE CORPORATION.	

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

DRAFT TAX RETURN IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AND IT MONITORS AND

REVIEWS THE POLICY ANNUALLY.

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

THE COMPENSATION OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND CHIEF

FINANCIAL OFFICER WAS DETERMINED BY BOARD OF DIRECTORS. AN EMPLOYMENT

AGREEMENT WAS CONTRACTED BETWEEN THE CENTER AND THE PRESIDENT & CHIEF

EXECUTIVE OFFICER. THE COMPENSATION OF THE CFO WAS

REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THE AFOREMENTIONED FORMS ARE AVAILABLE UPON REQUEST.

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

DOCUMENTS REQUIRED BY LAW TO BE DISCLOSED ARE AVAILABLE UPON REQUEST.

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Schedule O (Form 990) 2021 Name of the organization THE CENTER FOR JEWISH HISTORY, INC.	Page 2 Employer identification number 13-3863344
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	15 5005544
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	12,992.
REFUND OF CONTRIBUTION TO DONOR	-275,000.
TOTAL TO FORM 990, PART XI, LINE 9	-262,008.
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Schedule R (Form 990) 2021

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE CENTER FOR JEWISH HISTORY, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
YIVO INSTITUTE FOR JEWISH RESEARCH, INC							
13-1641082, 15 WEST 16TH STREET, NEW YORK,							
NY 10011	ARCHIVE / LIBRARY	NEW YORK	501(C)(3)	LINE 7	N/A		х
LEO BAECK INSTITUTE, INC 13-5659965							
15 WEST 16TH STREET							
NEW YORK, NY 10011	ARCHIVE / LIBRARY	NEW YORK	501(C)(3)	LINE 7	N/A		х
AMERICAN SEPHARDI FEDERATION - 23-7338689							
15 WEST 16TH STREET							
NEW YORK, NY 10011	ARCHIVE / LIBRARY	NEW YORK	501(C)(3)	LINE 7	N/A		х
AMERICAN JEWISH HISTORICAL SOCIETY -							
13-1764804, 15 WEST 16TH STREET, NEW YORK,							
NY 10011	ARCHIVE / LIBRARY	NEW YORK	501(C)(3)	LINE 7	N/A		х

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

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

13-3863344

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section S contr organia	g) 512(b)(13 trolled ization? No
YESHIVA UNIVERSITY MUSEUM - 13-1624225						Yes	NO
C/O YESHIVA UNIV. 500 W. 185 STREET							
NEW YORK, NY 10033	MUSEUM	NEW YORK	501(C)(3)	LINE 2	N/A		x
							1
	—						

Schedule R (Form 990) 2021 THE CENTER FOR JEWISH HISTORY, INC.

13-3863344 Page 2

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

(a) (b) (c) (d) (d) (e) (f) (g) (h) (i) (j) (k) Name, address, and EIN of related organization Primary activity Direct controlling entity Direct controlling entity Predeminant income entity Share of total income Share of total endedings? Share of endedings? Dispropriotate endedings? Code V-UB code V-UB assets Code V-UB code V-UB endedings? Code V-UB code V-UB assets Code V-UB endedings? Code V-UB code V-UB endedings? Code V-UB code	organizatione treated as a pa	······································	·)										
Name, address, and EIN of related organization Primary activity (state or roreign county) Legal (mathe (state or roreign county) Direct controlling entity Predominant income (related unrelated, sections 512-514) Share of total income Share of end of year assets Discoprimate assets Code V-UB 20 of Schedule Generation (anaging 20 of Schedule	(a)	(b)			(e)	(f)	(g)	(1	h)				(k)
Integration Integration Integration Integration Image: country Image: country Image: country Image: country Image: co	Name, address, and EIN of related organization	Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	al or Per ging er?	rcentage vnership
			country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
]											
]											
]											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion o)(13) rolled ity?
		country)		5. 1. 000				Yes	No
	1								

Schedule R (Form 990) 2021 THE CENTER FOR JEWISH HISTORY, INC.

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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

Schedule R (Form 990) 2021 THE CENTER FOR JEWISH HISTORY, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Disproj tiona allocatio Yes I	por- te ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 THE CENTER FOR JEWISH HISTORY, INC. 13-3863344 Page 5 Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART VII

RELATED PARTIES:

[1] SPECIAL CAPITAL CONTRIBUTIONS FROM THE PARTNERS:

IN OCTOBER 1995, YIVO, AJHS, LBI, AND YUM SIGNED AN AGREEMENT FORMING THE CENTER, A SEPARATE NOT-FOR-PROFIT CORPORATION. UNDER THE TERMS OF THE AGREEMENT, YIVO CONTRIBUTED A TOTAL OF \$6,500,000 AS ITS "SPECIAL CAPITAL CONTRIBUTION" TO THE CENTER, WHICH INCLUDED DONATING THE REAL PROPERTY AND CERTAIN CONSTRUCTION COSTS. IN ADDITION, YUM CONTRIBUTED \$4,000,000 AS ITS SPECIAL CAPITAL CONTRIBUTION, AND AJHS RAISED APPROXIMATELY \$1,000,000 FOR THE CAPITAL CAMPAIGN OF THE CENTER, WHICH WAS RECOGNIZED AS ITS SPECIAL CAPITAL CONTRIBUTION. AS A RESULT OF AN AGREEMENT WITH LBI, THE CENTER RECOGNIZED A \$4,000,000 SPECIAL CAPITAL CONTRIBUTION AS OF DECEMBER 31, 1999 FROM THE PROCEEDS OF THE SALE OF LBI'S BUILDING AT 129 EAST 73RD STREET. THE CENTER RECEIVED THESE PROCEEDS IN 2002. ASF THEN ENTERED INTO A SUPPLEMENTAL AGREEMENT WITH THE INITIAL MEMBERS WHICH PROVIDED FOR ITS MEMBERSHIP IN THE CENTER. UNDER THE TERMS OF THE AGREEMENT, ASF RAISED APPROXIMATELY \$500,000 IN PLEDGES TOWARD THE CAPITAL CAMPAIGN OF THE CENTER AND PAID AN ADDITIONAL \$500,000 TO THE CENTER. UNDER THE TERMS OF THE 1995 AGREEMENT, THE SPECIAL CAPITAL CONTRIBUTIONS DO NOT BEAR INTEREST. DURING 2017, THE CENTER AND THE 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.

[2] DUE FROM PARTNER ORGANIZATIONS:

 THE CENTER PROVIDES FOR THE OPERATION OF ITS FACILITY, INCLUDING: (I)

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THE CENTER FOR JEWISH HISTORY, INC. 13-3863344 Page 5 Schedule R (Form 990) 2021 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. 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 FOR THE ENTIRE BUILDING; AND (VI) MANY OTHER RELATED SERVICES. THE CENTER ALSO SERVES AS THE CENTRAL REPOSITORY FOR THE PARTNERS' VARIOUS ARTS, BOOKS AND OTHER TYPES OF COLLECTIONS. ALTHOUGH THE CENTER DERIVES ITS REVENUE FROM SOURCES TYPICAL OF NOT-FOR-PROFIT ENTERPRISES, REVENUE IS ALSO PROVIDED BY ITS PARTNERS TO COVER OPERATING EXPENSES. IN EACH OF THE YEARS ENDED 2021 AND 2020, THE PARTNERS AGREED TO CONTRIBUTE APPROXIMATELY \$1,358,000 AND \$1,340,000, RESPECTIVELY, IN THE AGGREGATE, TO COVER CERTAIN CENTER OPERATING COSTS. DURING 2020, THE CENTER COLLECTED A SPECIAL ASSESSMENT TOTALING \$1,211,000 IN ORDER TO OFFSET THE CENTER'S OPERATING DEFICIT.

AMOUNTS DUE FROM THE PARTNERS, INCLUDING CHARGES FOR OPERATING COSTS, AMOUNTED TO \$275,776 AND \$447,159 FOR 2021 AND 2020, RESPECTIVELY. DURING 2010, THE CENTER RESERVED APPROXIMATELY \$253,000 OF AMOUNTS DUE FROM ONE OF THE PARTNERS AS UNCOLLECTABLE. DURING 2013, THE CENTER AND THE PARTNER ORGANIZATION NEGOTIATED A SETTLEMENT OF ALL AMOUNTS DUE IN ARREARS THROUGH 2013, WHEREBY THE RESPECTIVE PARTNER AGREED TO PAY TO THE CENTER \$149,584, AND A MEMBER OF THE PARTNER'S BOARD OF DIRECTORS AGREED TO PAY THE REMAINING AMOUNTS DUE. THE BOARD MEMBER HAS SIGNED A PROMISSORY NOTE TO THE CENTER IN THE AMOUNT OF \$245,000, DISCOUNTED TO PRESENT VALUE, WHICH IS TO BE PAID OVER EIGHT EQUAL INSTALLMENTS OF \$30,625, AND BEGAN IN 2014 AND EXTENDING THROUGH 2021. THE PROMISSORY NOTE WAS FULLY PAID AS OF DECEMBER 31, 2021.

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