

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** 10/01, 2008, and ending 09/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> THE UNITED STATES HOLOCAUST MEMORIAL		<b>D Employer identification number</b> 52-1309391
		Doing Business As		<b>E Telephone number</b> (202) 488-0400
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 RAOUL WALLENBERG PLACE, S.W.		<b>G Gross receipts \$</b> 144,079,330.
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20024		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F Name and address of principal officer:</b> SARA J. BLOOMFIELD 100 RAOUL WALLENBERG PLACE, SW WASHINGTON, DC 20024		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		
<b>J Website:</b> WWW.USHMM.ORG		<b>H(c) Group exemption number</b> ▶		
<b>K Type of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ US GOVT-INDE		<b>L Year of formation:</b> 1980 <b>M State of legal domicile:</b> DC		

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>AMERICA'S NATIONAL INSTITUTION FOR THE DOCUMENTATION, STUDY, AND INTERPRETATION OF HOLOCAUST HISTORY AND THE COUNTRY'S MEMORIAL TO THE MILLIONS OF PEOPLE MURDERED DURING THE HOLOCAUST</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 65
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 65
	5	Total number of employees (Part V, line 2a)	5 520
	6	Total number of volunteers (estimate if necessary)	6 715
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	7b NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year 85,275,569. Current Year 77,038,711.
	9	Program service revenue (Part VIII, line 2g)	NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,716,355. -15,448,503.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,325,886. 2,629,200.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,317,810. 64,219,408.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	616,400.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,689,974. 42,512,587.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,446,862.
	16b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 10,946,995.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	48,444,572. 39,411,365.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	88,134,546. 84,987,214.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,183,264. -20,767,806.
	20	Total assets (Part X, line 16)	Beginning of Year 307,557,609. End of Year 307,559,173.
	21	Total liabilities (Part X, line 26)	23,991,580. 22,614,254.
	22	Net assets or fund balances. Subtract line 21 from line 20	283,566,029. 284,944,919.

### Part II Signature Block

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

**Sign Here** ▶ Minnie P. Carmichael | 8/16/2010  
Signature of officer Date  
Minnie P. Carmichael, CFO  
Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	<u>[Signature]</u>	07/14/2010	<input type="checkbox"/>	P00451522
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	
	KPMG LLP 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102	13-5565207	703-286-8000	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

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

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM</b>	Employer identification number <b>52-1309391</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 RAOUL WALLENBERG PLACE, S.W.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20024</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ THE CHIEF FINANCIAL OFFICER

Telephone No. ▶ 202 488-0400 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning 10/01, 2008 , and ending 09/30, 2009 .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM</b>	Employer identification number <b>52-1309391</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 RAOUL WALLENBERG PLACE, S.W.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20024</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MINNIE CARMICHAEL**  
Telephone No. **202 488-0400** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **08/15/2010**
- For calendar year \_\_\_\_\_, or other tax year beginning **10/01/2008** and ending **09/30/2009**
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	NONE
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	NONE
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	NONE

**Signature and Verification**

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

Signature **[Signature]** Title **CPA** Date **5/14/10**

KPMG LLP  
1660 INTERNATIONAL DRIVE  
MCLEAN, VA 22102-4848

Form 8868 (Rev 4-2009)

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 58,982,708. including grants of \$ 616,400. ) (Revenue \$ \_\_\_\_\_ )

SEE STATEMENT 2

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4e Total program service expenses ► \$ 58,982,708. (Must equal Part IX, Line 25, column (B).)

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .	1a	477		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	520		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c			
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	X		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		X	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8			
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>				
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	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			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . . . . .	1a	65
b	Enter the number of voting members that are independent . . . . .	1b	65
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6	Does the organization have members or stockholders? . . . . .	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9a	Does the organization have local chapters, branches, or affiliates? . . . . .	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11	X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
13	Does the organization have a written whistleblower policy? . . . . .	13	X
14	Does the organization have a written document retention and destruction policy? . . . . .	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
b	Other officers or key employees of the organization? . . . . .	15b	X
Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► N/A
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MINNIE CARMICHAEL 100 RAOUL WALLENBERG PL. SW WASHINGTON, DC 20024 202 488-0400







**Part VIII Statement of Revenue**

52-1309391

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b	9,527,044.			
	c	Fundraising events . . . . .	1c	3,329,574.			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e	43,438,449.			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	20,743,644.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		157,611.			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		77,038,711.			
Program Service Revenue			<b>Business Code</b>				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
g	<b>Total.</b> Add lines 2a-2f . . . . .		NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	STMT 5 . . . . .	3,820,332.		-6,208.	3,826,540.
	4	Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	5	Royalties . . . . .		61,342.			61,342.
			(i) Real	(ii) Personal			
	6a	Gross Rents . . . . .					
	b	Less: rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .			NONE		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory . . . . .		58,819,420.			
	b	Less: cost or other basis and sales expenses . . . . .		78,088,255.			
	c	Gain or (loss) . . . . .		-19,268,835.			
	d	Net gain or (loss) . . . . .		-19,268,835.			-19,268,835.
	8a	Gross income from fundraising events (not including \$ 3,329,574. of contributions reported on line 1c). See Part IV, line 18. . . . .	a	STMT 6 578,450.			
	b	Less: direct expenses . . . . .	b	819,147.			
c	Net income or (loss) from fundraising events . . . . .	STMT 7 . . . . .	-240,697.			-240,697.	
9a	Gross income from gaming activities. See Part IV, line 19. . . . .	a					
b	Less: direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . . . .			NONE			
10a	Gross sales of inventory, less returns and allowances . . . . .	a	2,082,410.				
b	Less: cost of goods sold . . . . .	b	952,520.				
c	Net income or (loss) from sales of inventory. . . . .	STMT 8 . . . . .	1,129,890.	1,129,890.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a	CAFE . . . . .		900099 124,780.			124,780.	
b	IMPUTED FINANCING SOURCES . . . . .		900099 1,246,312.	1,246,312.			
c	OTHER REVENUE . . . . .		900099 307,573.	307,573.			
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		1,678,665.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		64,219,408.	2,683,775.	-6,208.	-15,496,870.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	616,400.	616,400.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,374,149.		1,010,908.	363,241.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	31,200,816.	20,020,194.	7,461,921.	3,718,701.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	3,951,521.	2,710,432.	896,780.	344,309.
9 Other employee benefits . . . . .	3,845,417.	2,224,213.	1,278,515.	342,689.
10 Payroll taxes . . . . .	2,140,684.	1,394,158.	503,839.	242,687.
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	41,825.		41,825.	
c Accounting . . . . .	221,835.		221,835.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	2,446,862.			2,446,862.
f Investment management fees . . . . .	562,036.		528,769.	33,267.
g Other . . . . .	17,895,047.	14,591,410.	1,732,163.	1,571,474.
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	4,714,436.	3,609,621.	544,303.	560,512.
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	4,749,752.	4,404,259.	33,764.	311,729.
17 Travel . . . . .	1,218,129.	883,672.	268,905.	65,552.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . .	7,469,674.	7,453,638.	7,000.	9,036.
23 Insurance . . . . .	231,396.	132,246.	99,150.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a POSTAGE . . . . .	948,772.		92,644.	856,128.
b OTHER MISCELLANEOUS EXPENSE . . . . .	1,358,463.	942,465.	335,190.	80,808.
c . . . . .				
d . . . . .				
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f	84,987,214.	58,982,708.	15,057,511.	10,946,995.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing . . . . .	12,674,149.	1	14,981,567.
	2	Savings and temporary cash investments . . . . .		2	
	3	Pledges and grants receivable, net . . . . .	23,940,524.	3	21,112,488.
	4	Accounts receivable, net . . . . .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sales or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .		9	
	10a	Land, buildings, and equipment: cost basis . . . . .	10a 181,972,668.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 88,187,636.		
			97,051,458.	10c	93,785,032.
	11	Investments - publicly traded securities . . . . .	139,147,110.	11	130,645,438.
	12	Investments - other securities. See Part IV, line 11 . . . . .	33,737,721.	12	45,817,414.
	13	Investments - program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
15	Other assets. See Part IV, line 11 . . . . .	1,006,647.	15	1,217,234.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	307,557,609.	16	307,559,173.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	11,271,974.	17	11,031,402.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .	4,500,000.	19	NONE
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable. . . . .		24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	8,219,606.	25	11,582,852.
	26	<b>Total liabilities.</b> Add lines 17 through 25. . . . .	23,991,580.	26	22,614,254.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets . . . . .	136,744,665.	27	134,534,609.
	28	Temporarily restricted net assets . . . . .	34,158,674.	28	34,761,314.
	29	Permanently restricted net assets . . . . .	112,662,690.	29	115,648,996.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances</b> . . . . .	283,566,029.	33	284,944,919.	
34	<b>Total liabilities and net assets/fund balances.</b> . . . . .	307,557,609.	34	307,559,173.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c	If "Yes" to lines 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? . . . . .	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
b	If "Yes," did the organization undergo the required audit or audits? . . . . .		





**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (See instructions.) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1-5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%

- 19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .



Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

Table with 2 columns: \$, X. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

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

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	164,015,073.				
b Contributions . . . . .	3,232,477.				
c Investment earnings or losses . . . . .	6,607,398.				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	2,000,000.				
f Administrative expenses . . . . .	395,144.				
g End of year balance . . . . .	171,459,804.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 30.0000 %
- b Permanent endowment ▶ 70.0000 %
- c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

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







**Part XIV** Supplemental Information (continued)

PART III, LINE 1A

IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE IS ASSIGNED TO THE COLLECTIONS IN THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECOGNIZED AS REDUCTIONS IN UNRESTRICTED NET ASSETS IN THE PERIOD OF ACQUISITION. PROCEEDS FROM DEACCESSIONS OF COLLECTION ITEMS ARE RECOGNIZED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS AND ARE DESIGNATED FOR FUTURE COLLECTION ACQUISITIONS.

PART III, LINE 4

THE MUSEUM ACQUIRES ITS COLLECTIONS, WHICH INCLUDE WORKS OF ART, ARTIFACTS, ARCHIVES, FILM AND VIDEO, ORAL HISTORY, AND HISTORICAL TREASURES, BY PURCHASE OR BY DONATION. ALL COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH. THE MUSEUM'S COLLECTION POLICY INCLUDES GUIDANCE ON THE PRESERVATION, CARE, AND MAINTENANCE OF THE COLLECTIONS AND PROCEDURES RELATED TO THE ACCESSION/DEACCESSION OF COLLECTION ITEMS. THE MISSION AND PURPOSE OF THE MUSEUM'S COLLECTION IS TO PRESERVE FOR FUTURE GENERATIONS THE PHOTOGRAPHIC, DOCUMENTARY, AND ARTIFACTUAL RECORD OF THIS FATEFUL PERIOD IN JEWISH AND WORLD HISTORY.

**Part XIV** Supplemental Information (continued)

PART V, LINE 4

THE MUSEUM'S ENDOWMENT CONSISTS OF APPROXIMATELY 54 INDIVIDUAL FUNDS

ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT SERVES AS A

PERPETUAL FUNDING SOURCE FOR THE MUSEUM.

FIN 48 FOOTNOTE FROM AUDIT REPORT

THE MUSEUM HAS NOT YET ADOPTED THE PROVISIONS OF FIN 48. HOWEVER,

MANAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS REFLECT OR INCLUDE

ANY UNCERTAIN TAX POSITIONS.

PART XII, LINE 2D AND PART XIII, LINE 2D

THESE RECONCILING ITEMS REPRESENT THE MUSEUM SHOP COST OF GOODS SOLD.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		CHICAGO BOOK AN (event type)	DAYS OF REMEMBR (event type)	12 (total number)		
Revenue	1	1,524,564.	415,028.	1,968,432.	3,908,024.	
	2	1,336,724.	250,948.	1,741,902.	3,329,574.	
	3	187,840.	164,080.	226,530.	578,450.	
Direct Expenses	4					
	5					
	6					
	7	217,742.	197,060.	404,345.	819,147.	
	8	Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				( 819,147. )
	9	Net income summary. Combine lines 3 and 8 in column (d). . . . . ▶				-240,697.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1					
Direct Expenses	2					
	3					
	4					
	5					
	6	Yes _____ % No	Yes _____ % No	Yes _____ % No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		Yes	No								
<b>13</b>	Indicate the percentage of gaming activity operated in:										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>a</b></td> <td style="width: 60%;">The organization's facility . . . . .</td> <td style="width: 10%; text-align: center;"><b>13a</b></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td style="width: 5%;"><b>b</b></td> <td style="width: 60%;">An outside facility . . . . .</td> <td style="width: 10%; text-align: center;"><b>13b</b></td> <td style="width: 10%; text-align: right;">%</td> </tr> </table>	<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%	<b>b</b>	An outside facility . . . . .	<b>13b</b>	%		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%								
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%								
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special event books and records:										
	Name ▶ _____										
	Address ▶ _____										
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>									
	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ <b>c</b> If "Yes," enter name and address:  Name ▶ _____  Address ▶ _____										
<b>16</b>	Gaming manager information:										
	Name ▶ _____										
	Gaming manager compensation ▶ \$ _____										
	Description of services provided ▶ _____										
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor										
<b>17</b>	Mandatory distributions:										
	<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>									
	<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____										



SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEE SCHEDULE I-1					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

SCHOLARSHIPS, FELLOWSHIPS AND SIMILAR AWARDS ARE GRANTED ON A COMPETITIVE BASIS TO SUPPORT SIGNIFICANT RESEARCH AND WRITING ABOUT THE HOLOCAUST. THE MUSEUM WELCOMES PROPOSALS FROM SCHOLARS IN ALL RELEVANT DISCIPLINES INCLUDING HISTORY, POLITICAL SCIENCE, LITERATURE, JEWISH STUDIES, PHILOSOPHY, RELIGION, PSYCHOLOGY, COMPARATIVE GENOCIDE STUDIES, LAW AND OTHERS.



**Part III** Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CENTER FOR ADVANCED HOLOCAUST STUDIES FELLOWSHIP	1	7,700.			
BEN AND ZELDA COHEN FELLOWSHIP	1	16,200.			
GERALD M FISCH MEMORIAL FELLOWSHIP	1	10,200.			
YETTA AND JACOB GEILMAN FELLOWSHIP	2	32,900.			
PHYLLIS GREENBERG HEDIFERMAN/RICHARD D HELDEMAN FELL	3	36,000.			
PAUL HILBERG FELLOWSHIP	1	11,700.			
LHA LEVINE INVITATIONAL SCHOLAR FELLOWSHIP	2	75,200.			
LEON MILMAN MEMORIAL FELLOWSHIP	2	36,000.			
LAURIE AND AND OKUR FELLOWSHIP	1	6,000.			
JUDITH B. AND BURTON P. RESHICK AWARD	1	28,750.			
JUDITH B. AND BURTON P. RESHICK FELLOWSHIP	2	17,700.			
PEARL RESHICK POSTDOCTORAL FELLOWSHIP	2	25,700.			
CHARLES H REYSON FOUNDATION FELLOWSHIP	7	103,700.			
BARBARA AND RICHARD ROSENBERG FELLOWSHIP	2	14,000.			
DAVID AND FELA SHAPELL FELLOWSHIP	1	9,400.			
J. B. AND H. C. SHAPIRO SENIOR SCHOLAR-IN-RESIDENCE	2	56,500.			
SOSLAND FOUNDATION	2	31,900.			
SUMMER GRADUATE RESEARCH ASSISTANTSHIP	5	34,950.			
TIZPORAH WIESEL FELLOWSHIP	1	22,200.			

Schedule I-1 (Form 990) 2008



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part I Questions Regarding Compensation**

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment? . . . . .

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

a The organization? . . . . .

b Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization? . . . . .

b Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SARA BLOOMFIELD	(i)	450,622.	55,000.	37,032.	112,100.	5,696.	660,450.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM PARSONS	(i)	132,850.	24,557.	1,263.	45,518.	12,317.	216,505.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MINNIE CARMICHAEL	(i)	130,280.	5,000.	10,040.	10,040.	6,879.	162,239.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMY FARRIER	(i)	196,468.	17,200.	14,822.	25,484.	4,162.	258,136.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JILL WEINBERG	(i)	177,271.	20,000.	20,439.	24,471.	18,588.	260,769.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GEORGE HELLMAN	(i)	135,740.	13,685.	20,805.	19,254.	8,195.	197,680.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAUL SHAPIRO	(i)	134,575.	8,000.	21,370.	17,499.	6,736.	188,180.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARCIE BRECHER	(i)	132,084.	NONE	25,567.	17,673.	5,696.	181,020.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JORDAN TANNENBAUM	(i)	279,120.	35,000.	21,532.	27,600.	22,088.	385,340.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4B

THE US HOLOCAUST MEMORIAL MUSEUM ESTABLISHED A SECTION 457(F) PLAN FOR SARA BLOOMFIELD ON DECEMBER 19, 2007. THE EMPLOYER CONTRIBUTIONS UNDER THIS PLAN ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. AMOUNTS DEFERRED UNDER THE PLAN ARE REPORTED ON SCHEDULE J, PART II, COLUMN C.



SCHEDULE J-2  
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM  
Employer Identification number: 52-1309391

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRED S ZEIDMAN CHAIRMAN	3.	X					NONE	NONE	NONE	
JOEL M GEIDERMAN VICE CHAIRMAN	3.	X					NONE	NONE	NONE	
DEBBIE ABRAMS COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
ELLIOTT ABRAMS COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
MIRIAM O ADELSON COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
TOM A BERNSTEIN COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
NORMAN R BOBINS COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
JOSHUA B BOLTEN COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
JOSEPH M BRODECKI COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
ALAN I CASDEN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
MICHAEL CHERTOFF COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
MAREK J CHODAKIEWICZ COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
CAROL B COHEN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
WILLIAM J DANHOF COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
MICHAEL DAVID EPSTEIN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
DONALD ETRA COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
DAVID M FLAUM COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
MARILYN R FOX COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
MICHAEL J GERSON COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
JOANNE T GINSBERG COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
CONSTANCE B GIRARD-DICARLO COUNCIL MEMBER	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

94824U 2502

V08-8.3 2398150

SCHEDULE J-2  
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ZVI Y GITELMAN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
MARC S GOLDMAN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
SANFORD L GOTTESMAN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
CHERYL F HALPERN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
J DAVID HELLER COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
ANDREW S HOCHBERG COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
AMY KASLOW COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
EZRA KATZ COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
EDWARD I KOCH COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
HOWARD KONAR COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
DOUGLAS R KORN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
M RONALD KRONGOLD COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
MICHAEL I LEBOVITZ COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
ELENA N LEFKOWITZ COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
NORMA LERNER COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
WILLIAM S LEVINE COUNCIL MEMBER	2.	X					NONE	NONE	NONE	
STEVEN M LEVY COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
HADASSAH F LIEBERMAN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
MARCIA P MCCRAW COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
KENNETH B MEHLMAN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
MICHAEL A MORRIS COUNCIL MEMBER	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

94824U 2502

V08-8.3 2398150

SCHEDULE J-2  
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL B MUKASEY COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
DENNIS PRAGER COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
PIERRE-RICHARD PROSPER COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
ALAN N RECHTSCHAFFEN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
J PHILIP ROSEN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
FLORENCE SHAPIRO COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
DANIEL SILVA COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
WILLIAM F WELD COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
ELIE WIESEL COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
JEFFREY S WILPON COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
BRADLEY D WINE COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
JUDITH YUDOF COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
THE HONORABLE ERIC I CANTOR COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
THE HONORABLE STEVEN C LATOURETTE COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
THE HONORABLE HENRY A WAXMAN COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
THE HONORABLE ORRIN G HATCH COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
THE HONORABLE FRANK R LAUTENBERG COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
THE HONORABLE BERNARD SANDERS COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
AMBASSADOR J CHRISTIAN KENNEDY COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
PHILIP H ROSENFELT COUNCIL MEMBER	1.	X					NONE	NONE	NONE	
JANE M LYDER COUNCIL MEMBER	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

94824U 2502

V08-8.3 2398150

40



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .	X	283		
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .	X			
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	19	157,611.	SELLING PRICE
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 . . . . .	X	4		
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** NONE

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

JSA

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948240 2502

V08-8.3 2398150

**Part II** Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, LINE 32B

SMITH BARNEY WAS USED AS A BROKER TO SELL STOCK GIFTS.

PART I, LINE 33

IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE IS ASSIGNED TO THE COLLECTIONS DONATED TO THE MUSEUM IN THE STATEMENT OF ACTIVITIES. THE AMOUNTS SHOWN IN PART I, COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF CONTRIBUTED ITEMS. IT IS IMPRACTICABLE FOR THE MUSEUM TO QUANTIFY THE NUMBER AND TYPE OF DONATIONS IT RECEIVES FOR ITS COLLECTIONS. THE MUSEUM'S HOLDINGS INCLUDE:

ART: PERIOD DRAWINGS, PRINTS, SCULPTURE, POSTERS, AND OTHER CREATIVE

WORKS

BOOKS AND PAMPHLETS

BROADSIDES, ADVERTISEMENTS, AND MAPS

FILM AND VIDEO HISTORICAL FOOTAGE, AUDIO AND VIDEO ORAL TESTIMONIES;

MUSIC AND SOUND RECORDINGS

FURNISHINGS, ARCHITECTURAL FRAGMENTS, MODELS, MACHINERY, AND TOOLS

MICROFILM AND MICROFICHE OF GOVERNMENT DOCUMENTS AND OTHER OFFICIAL

RECORDS

**Part II** Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PERSONAL EFFECTS, RITUAL OBJECTS, JEWELRY, MUSICAL INSTRUMENTS, AND

NUMISMATICS (CURRENCY)

PERSONAL PAPERS: DOCUMENTS, CORRESPONDENCE, MEMOIRS, AND SCRAPBOOKS

PHOTOGRAPHS AND PHOTO ALBUMS

TEXTILES: UNIFORMS, COSTUMES, CLOTHING, BADGES, ARMBANDS, FLAGS, AND

BANNERS

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Employer identification number

52-1309391

FORM 990, PART VI, LINE 10

THE FORM 990 IS PREPARED BY THE OFFICE OF FINANCE UNDER THE DIRECTION OF THE MUSEUM'S CHIEF FINANCIAL OFFICER, WITH CONSULTATION PROVIDED BY THE MUSEUM'S INDEPENDENT AUDITOR. THE FORM 990 IS REVIEWED INTERNALLY BY THE MUSEUM'S INTERNAL AUDITOR, THE MUSEUM'S GENERAL COUNSEL THE MUSEUM'S CHIEF FINANCIAL OFFICER, AND THE MUSEUM'S DIRECTOR. THE DRAFT FORM 990 IS THEN REVIEWED BY THE MUSEUM'S INDEPENDENT ACCOUNTING FIRM, KPMG. A HARD COPY OF THE DRAFT FORM 990 IS THEN MAILED TO EACH COUNCIL MEMBER WITH A COVER LETTER STATING THE DATE THE FORM WILL BE FILED WITH IRS. THE LETTER ALSO STATES THAT QUESTIONS AND COMMENTS CAN BE FORWARDED TO THE FINANCE OFFICE. AFTER THE COMMENT PERIOD IS OVER, THE FORM 990 IS SUBMITTED TO THE IRS.



Name of the organization

Employer identification number

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

FORM 990, PART VI, LINE 12C

ALL OF THE MUSEUM'S EMPLOYEES (WHETHER PAID FROM FEDERAL APPROPRIATED FUNDS OR DONATED FUNDS) ARE SUBJECT TO THE MUSEUM'S "STANDARDS OF ETHICAL CONDUCT." THOSE STANDARDS FOR THE MOST PART TRACK THE FEDERAL ETHICS STANDARDS THAT ARE APPLICABLE TO EXECUTIVE BRANCH EMPLOYEES OF THE U.S. GOVERNMENT; HOWEVER THE STANDARDS ARE ADAPTED TO THE SPECIFIC CIRCUMSTANCES OF THE MUSEUM. IN ADDITION, THE UNITED STATES HOLOCAUST MEMORIAL COUNCIL, THE MUSEUM'S GOVERNING "BOARD OF TRUSTEES" HAS ADOPTED A "CONFLICTS OF INTEREST AND ETHICS POLICY." BOTH POLICIES REQUIRE SELF MONITORING AND REPORTING BY EMPLOYEES/COUNCIL MEMBERS. IN ADDITION, THE MUSEUM'S INTERNAL AUDITOR, THE MUSEUM'S GENERAL COUNSEL (WHO IS THE ETHICS OFFICER), AND THE COUNCIL'S GENERAL COUNSEL ALL MONITOR MUSEUM/COUNCIL ACTIVITIES IN ORDER TO IDENTIFY AND ADDRESS ANY ETHICAL OR CONFLICTS ISSUES THAT ARISE.

THE COUNCIL'S GENERAL COUNSEL ANNUALLY DISTRIBUTES AN ETHICS GUIDANCE AND CERTIFICATION FORM TO COUNCIL MEMBERS. COUNCIL MEMBERS CERTIFY AND RETURN THE FORM TO THE COUNCIL'S GENERAL COUNSEL WHO REVIEWS THE SUBMITTED MATERIAL AND TAKES ANY ACTION NECESSARY. THE MUSEUM'S GENERAL COUNSEL ANNUALLY (BEGINNING FY-2009) DISTRIBUTES TO DESIGNATED EMPLOYEES AN ANNUAL REPORTING FORM THAT EMPLOYEES FILL OUT AND SUBMIT TO THE MUSEUM GENERAL COUNSEL. THE MUSEUM GENERAL COUNSEL REVIEWS THE SUBMITTED REPORTS FROM EMPLOYEES WHO TAKES ANY ACTION NECESSARY.

RECUSAL OR OTHER ACTION THAT ELIMINATES, LIMITS, OR MITIGATES THE CONFLICT TO THE SATISFACTION OF THE REVIEWING OFFICIAL.

Name of the organization

Employer identification number

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

FORM 990, PART VI, LINES 15A &amp; 15B

PROCESS FOR DETERMINING DIRECTOR'S COMPENSATION

THE DIRECTOR OF THE MUSEUM IS THE CHIEF EXECUTIVE OFFICER OF THE MUSEUM.

THE DIRECTOR IS APPOINTED BY THE CHAIRPERSON OF THE MUSEUM'S COUNCIL (ITS

"BOARD OF TRUSTEES"), SUBJECT TO CONFIRMATION OF THE COUNCIL. TO

ESTABLISH THE DIRECTOR'S SALARY UNDER THE CURRENT CONTRACT, THE COUNCIL

RETAINED THE SERVICES OF A LAWYER AND CONSULTANT WHOSE EXPERTISE IS

COMPENSATION MATTERS FOR EXECUTIVES FOR NONPROFIT ENTITIES TO CONDUCT A

COMPARABLE COMPENSATION STUDY FOR THE DIRECTOR'S POSITION. WORKING WITH

THE EXECUTIVE REVIEW COMMITTEE OF THE COUNCIL, SEVERAL COMPARABLE

NON-PROFITS WERE SELECTED TO STUDY. THE CONSULTANT COLLECTED COMPENSATION

INFORMATION ON THE CHIEF EXECUTIVES OF THESE NON-PROFITS AND PROVIDED

THE EXECUTIVE REVIEW COMMITTEE WITH AN ANALYSIS. THE COMPARATIVE DATA

WAS USED BY THE EXECUTIVE REVIEW COMMITTEE IN ITS DISCUSSIONS WITH THE

CONSULTANT TO DEVELOP A RECOMMENDATION FOR A NEW COMPENSATION PACKAGE

BEGINNING IN FISCAL YEAR 2007. IT WAS DETERMINED THAT BEFORE THE STUDY,

THE MUSEUM DIRECTOR'S SALARY WAS BELOW THE 50TH PERCENTILE AMONG HER

PEERS AT OTHER SIMILAR NONPROFIT INSTITUTIONS. IN RECOGNITION OF THE

MUSEUM DIRECTOR'S PAST SUPERIOR PERFORMANCE, HER LONG TENURE AT THE

INSTITUTION, AND VALUE TO THE MUSEUM, THE EXECUTIVE REVIEW COMMITTEE

RECOMMENDED TO THE EXECUTIVE COMMITTEE OF THE COUNCIL THAT THE

DIRECTOR'S COMPENSATION RATE BE SET AT THE 75TH PERCENTILE GOING FORWARD,

AND ADJUSTED THE DIRECTOR'S BASE SALARY ACCORDINGLY. THE COMPENSATION

REVIEW ALSO IDENTIFIED A DEFICIENCY IN THE MUSEUM DIRECTOR'S RETIREMENT

PLAN WHEN COMPARED WITH OTHER SIMILARLY SITUATED SENIOR EXECUTIVES, AND

Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
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ADJUSTED IT ACCORDINGLY.

THE CURRENT WRITTEN EMPLOYMENT CONTRACT FOR THE MUSEUM DIRECTOR HAS A TERM FROM JANUARY 1, 2007 THROUGH DECEMBER 31, 2013, WITH AN OPTION TO EXTEND FOR TWO YEARS, EXERCISABLE BY THE MUSEUM. THE NEGOTIATIONS WITH THE MUSEUM DIRECTOR WAS CONDUCTED AT ARMS-LENGTH AND THE COUNCIL USED AN OUTSIDE LAW FIRM RATHER THAN THE MUSEUM'S GENERAL COUNSEL OR THE COUNCIL'S GENERAL COUNSEL TO CONDUCT NEGOTIATIONS WITH THE MUSEUM DIRECTOR.

PROCESS FOR DETERMINING CHIEF DEVELOPMENT OFFICER'S COMPENSATION TO ESTABLISH THE CHIEF DEVELOPMENT OFFICER'S COMPENSATION, THE MUSEUM RETAINED THE SERVICES OF A CONSULTING FIRM TO REVIEW THE COMPETITIVENESS IN THE PRIVATE FUNDRAISING INDUSTRY FOR THE DEVELOPMENT STAFF COMPENSATION STRUCTURE. THE CONSULTANT COLLECTED AND ANALYZED DATA FROM OTHER COMPARABLE ORGANIZATIONS. THEY CONCLUDED THAT THE CHIEF DEVELOPMENT OFFICER'S COMPENSATION WAS BELOW THE AVERAGE COMPENSATION OF THE COMPARABLE ORGANIZATIONS. BASED ON THIS CONCLUSION, A CONFERENCE CALL WAS HELD WITH THE CO-CHAIRS OF THE DEVELOPMENT COMMITTEE, CHAIR OF THE COUNCIL AND THE DIRECTOR. THE DECISION WAS MADE TO SET THE COMPENSATION AT THE AVERAGE COMPENSATION LEVEL.

THE CHIEF DEVELOPMENT OFFICER'S CURRENT WRITTEN EMPLOYMENT CONTRACT STARTED JANUARY 1, 2010 AND ENDS DECEMBER 31, 2011.

ALL OTHER OFFICERS ARE FEDERAL GOVERNMENT EMPLOYEES.

Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
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FORM 990, PART VI, LINE 19

THE MUSEUM MAKES AVAILABLE ON ITS PUBLIC WEBSITE THE FOLLOWING DOCUMENTS AND INFORMATION: 1) A COPY OF THE MUSEUM'S ENABLING LEGISLATION; 2) A COPY OF THE "REPORT TO THE PRESIDENT, PRESIDENT'S COMMISSION ON THE HOLOCAUST (SEPTEMBER 27, 1979); 3) A COPY OF THE UNITED STATES HOLOCAUST MEMORIAL COUNCIL'S BY-LAWS; 4) A COPY OF THE MUSEUM'S "STANDARDS OF ETHICAL CONDUCT" (APPLICABLE TO MUSEUM EMPLOYEES); 5) A COPY OF THE UNITED STATES HOLOCAUST MEMORIAL COUNCIL'S "CONFLICTS OF INTEREST AND ETHICS POLICY", AND 6) A COPY OF THE "CONFLICTS OF INTEREST POLICY AND DISCLOSURE STATEMENT" OF THE INVESTMENT SUBCOMMITTEE OF THE FINANCE COMMITTEE OF THE UNITED STATES HOLOCAUST MEMORIAL COUNCIL.

Name of the organization

Employer identification number

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

SCHEDULE G, PART I, LINE 2B

THE CONTRACTORS LISTED GIVE ADVICE ON MARKETING STRATEGY, BUT THE ACTUAL FUNDRAISING IS DONE BY THE MUSEUM. THE MUSEUM DOES NOT TIE DONATIONS TO THE ADVICE GIVEN BY THE CONTRACTORS. THE FOLLOWING SERVICES ARE PROVIDED BY THE CONTRACTORS:

DOUGLAS E. WHITE: ADVISES FOR PLANNED GIVING AND ENDOWMENT EFFORTS

ANNE TRAVERS CONSULTING LLC: IDENTIFIES FOUNDATION AND CORPORATE DONORS

TYCHERSTEIN LLC: ADVISES ON MARKETING AND ENDOWMENT EFFORTS

LAUTMAN MASK NEILL & CO: DIRECT MAIL MGMT/MAJOR GIFTS & PLANNED GIVING DONORS

LISA SELNER FREELANCE COPYWRITER: COPYWRITING SERVICES FOR DIRECT MAIL EFFORTS

ADS ALLIANCE DATA SYSTEMS, INC.: MARKETING SERVICES FOR MEMBERSHIP PROGRAM

BLACKBAUD SOFTWARE: DONOR MANAGEMENT SERVICES

PRODUCTION SOLUTIONS: DATA MANAGEMENT SERVICES

Name of the organization THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM	Employer identification number 52-1309391
---	--

SCHEDULE G, PART I, LINE 3

AS AN INDEPENDENT ESTABLISHMENT OF THE UNITED STATES GOVERNMENT, AND

PURSUANT TO THE SUPREMACY CLAUSE OF THE U.S. CONSTITUTION, THE MUSEUM IS

NOT SUBJECT TO STATE OR DISTRICT OF COLUMBIA REGULATION OF THE MUSEUM'S

FUNDRAISING ACTIVITY; THUS, THE MUSEUM CAN PERFORM FUNDRAISING ACTIVITIES

IN ANY STATE.

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

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM IS AMERICA'S NATIONAL INSTITUTION FOR THE DOCUMENTATION, STUDY, AND INTERPRETATION OF HOLOCAUST HISTORY, AND SERVES AS THIS COUNTRY'S MEMORIAL TO THE MILLIONS OF PEOPLE MURDERED DURING THE HOLOCAUST.

THE HOLOCAUST WAS THE STATE-SPONSORED, SYSTEMATIC PERSECUTION AND ANNIHILATION OF EUROPEAN JEWRY BY NAZI GERMANY AND ITS COLLABORATORS BETWEEN 1933 AND 1945. JEWS WERE THE PRIMARY VICTIMS - SIX MILLION WERE MURDERED; GYPSIES, THE HANDICAPPED AND POLES WERE ALSO TARGETED FOR DESTRUCTION OR DECIMATION FOR RACIAL, ETHNIC, OR NATIONAL REASONS. MILLIONS MORE, INCLUDING HOMOSEXUALS, JEHOVAH'S WITNESSES, SOVIET PRISONERS OF WAR AND POLITICAL DISSIDENTS, ALSO SUFFERED GRIEVOUS OPPRESSION AND DEATH UNDER NAZI TYRANNY.

THE MUSEUM'S PRIMARY MISSION IS TO ADVANCE AND DISSEMINATE KNOWLEDGE ABOUT THIS UNPRECEDENTED TRAGEDY; TO PRESERVE THE MEMORY OF THOSE WHO SUFFERED; AND TO ENCOURAGE ITS VISITORS TO REFLECT UPON THE MORAL AND SPIRITUAL QUESTIONS RAISED BY THE EVENTS OF THE HOLOCAUST AS WELL AS THEIR OWN RESPONSIBILITIES AS CITIZENS OF A DEMOCRACY.

CHARTERED BY A UNANIMOUS ACT OF CONGRESS IN 1980 AND LOCATED ADJACENT TO THE NATIONAL MALL IN WASHINGTON, DC, THE MUSEUM STRIVES TO BROADEN PUBLIC UNDERSTANDING OF THE HISTORY OF THE HOLOCAUST THROUGH MULTIFACETED PROGRAMS: EXHIBITIONS; RESEARCH AND PUBLICATION; COLLECTING AND PRESERVING MATERIAL EVIDENCE, ART AND ARTIFACTS RELATED TO THE HOLOCAUST; ANNUAL HOLOCAUST COMMEMORATIONS KNOWN AS DAYS OF REMEMBRANCE; DISTRIBUTION OF EDUCATION MATERIALS AND TEACHER RESOURCES; AND A VARIETY OF PUBLIC PROGRAMMING DESIGNED TO ENHANCE UNDERSTANDING OF THE HOLOCAUST AND RELATED ISSUES, INCLUDING THOSE OF CONTEMPORARY SIGNIFICANCE.

## FORM 990, PART III - PROGRAM SERVICES

## 4A PROGRAM SERVICE

-----  
A LIVING MEMORIAL TO THE HOLOCAUST, THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM INSPIRES CITIZENS AND LEADERS WORLDWIDE TO CONFRONT HATRED, PROMOTE HUMAN DIGNITY, AND PREVENT GENOCIDE. A PUBLIC-PRIVATE PARTNERSHIP, FEDERAL SUPPORT GUARANTEES THE MUSEUM'S PERMANENCE, AND ITS FAR-REACHING EDUCATIONAL PROGRAMS AND GLOBAL IMPACT ARE MADE POSSIBLE BY DONORS NATIONWIDE.

LOCATED AMONG OUR NATIONAL MONUMENTS TO FREEDOM ON THE NATIONAL MALL, THE MUSEUM PROVIDES A POWERFUL LESSON IN THE FRAGILITY OF FREEDOM, THE MYTH OF PROGRESS, THE NEED FOR VIGILANCE IN PRESERVING DEMOCRATIC VALUES. WITH UNIQUE POWER AND AUTHENTICITY, THE MUSEUM TEACHES MILLIONS OF PEOPLE EACH YEAR ABOUT THE DANGERS OF UNCHECKED HATRED AND THE NEED TO PREVENT GENOCIDE. AND WE ENCOURAGE THEM TO ACT, CULTIVATING A SENSE OF MORAL RESPONSIBILITY AMONG OUR CITIZENS SO THAT THEY WILL RESPOND TO THE MONUMENTAL CHALLENGES THAT CONFRONT OUR WORLD. TODAY WE FACE AN ALARMING RISE IN HOLOCAUST DENIAL AND ANTISEMITISM-EVEN IN THE VERY LANDS WHERE THE HOLOCAUST HAPPENED-AS WELL AS GENOCIDE AND THREATS OF GENOCIDE IN OTHER PARTS OF THE WORLD. ALL OF THIS WHEN WE ARE SOON APPROACHING A TIME WHEN HOLOCAUST SURVIVORS AND OTHER EYEWITNESSES WILL NO LONGER BE ALIVE.

THE MUSEUM WORKS CLOSELY WITH MANY KEY SEGMENTS OF SOCIETY WHO WILL AFFECT THE FUTURE OF OUR NATION. PROFESSIONALS FROM THE FIELDS OF LAW ENFORCEMENT, THE JUDICIARY AND THE MILITARY, AS WELL AS DIPLOMACY, MEDICINE, EDUCATION AND RELIGION STUDY THE HOLOCAUST, WITH EMPHASIS ON THE ROLE OF THEIR PARTICULAR PROFESSIONS AND THE IMPLICATIONS FOR THEIR OWN RESPONSIBILITIES. THESE PROGRAMS INTENSIFY THEIR SENSE OF COMMITMENT TO THE CORE VALUES OF THEIR FIELDS AND THEIR ROLES IN THE PROTECTION OF INDIVIDUALS AND SOCIETY.

IN ADDITION TO ITS LEADERSHIP TRAINING PROGRAMS, THE MUSEUM SPONSORS ON-SITE AND TRAVELING EXHIBITIONS, EDUCATIONAL OUTREACH, WEB SITE, CAMPUS OUTREACH AND HOLOCAUST COMMEMORATIONS, INCLUDING THE NATION'S ANNUAL OBSERVANCE IN THE U.S. CAPITOL. OUR CENTER FOR ADVANCED HOLOCAUST STUDIES WORKS TO ENSURE THE CONTINUED GROWTH AND VITALITY OF THE FIELD OF HOLOCAUST STUDIES. AS A LIVING MEMORIAL TO THE HOLOCAUST, WE WORK TO PREVENT GENOCIDE IN THE FUTURE THROUGH OUR ACADEMY FOR GENOCIDE PREVENTION WHICH TRAINS FOREIGN POLICY PROFESSIONALS. WORKING WITH HOLOCAUST SURVIVORS AND AN ARRAY OF ORGANIZATIONS, THE MUSEUM IS A LEADER IN GALVANIZING ATTENTION TO THE CRISIS IN SUDAN.



FORM 990, PART III - PROGRAM SERVICES

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SINCE ITS DEDICATION IN 1993, THE MUSEUM HAS WELCOMED NEARLY 30 MILLION VISITORS, INCLUDING MORE THAN 9 MILLION SCHOOL CHILDREN AND 85 HEADS OF STATE. TODAY 90 PERCENT OF THE MUSEUM'S VISITORS ARE NOT JEWISH, AND OUR WEB SITE, THE WORLD'S LEADING ONLINE AUTHORITY ON THE HOLOCAUST, HAD 25 MILLION VISITS IN 2008 FROM AN AVERAGE OF 100 DIFFERENT COUNTRIES DAILY. WITH HUNDREDS OF THOUSANDS OF ONLINE VISITORS FROM COUNTRIES WITH MAJORITY MUSLIM POPULATIONS, TRANSLATING OUR WEB SITE INTO ARABIC AND FARSI IS A TOP PRIORITY; ALREADY, PORTIONS ARE AVAILABLE IN MORE THAN 20 LANGUAGES.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS  
 =====

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
PRODUCTION SOLUTIONS 1953 GALLOWS ROAD VIENNA, VA 22182	FULFILLMENT SERVICES	2,412,957.
WACKENHUT SERVICES INCORPORATED 7121 FAIRWAY DRIVE PALM BEACH GARDENS, FL 33418	GUARD SERVICES	5,363,013.
NAM BROOKS JOINT VENTURE INC 1227 GOOD HOPE ROAD, SE WASHINGTON, DC 20020	JANITORIAL SERVICE	1,638,296.
LAYMAN DESIGN 1109 HARMS ROAD GLENVIEW, IL 60025	EXHIBIT DESIGN SVCS	830,726.
DISPLAY DYNAMICS, INC 8313 KIMMEL ROAD CLAYTON, OH 45315	EXHIBIT FABRICATION	542,958.
TOTAL COMPENSATION		----- 10,787,950. =====

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	3,826,540.			3,826,540.
LOSS FROM INVESTMENTS	-6,208.		-6,208.	
TOTALS	3,820,332.		-6,208.	3,826,540.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
CHICAGO BOOK AND AUTHOR EVENT	1,336,724.
DAYS OF REMEMBRANCE	250,948.
VARIOUS OTHER EVENTS	1,741,902.
TOTAL	3,329,574.

THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM

52-1309391

FORM 990, PART VIII - FUNDRAISING EVENTS  
=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
CHICAGO BOOK AND AUTHOR EVENT	187,840.	217,742.	-29,902.
DAYS OF REMEMBRANCE	164,080.	197,060.	-32,980.
VARIOUS OTHER EVENTS	226,530.	404,345.	-177,815.
TOTALS	578,450.	819,147.	-240,697.

=====

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

=====

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS:	
						ENDING INVENTORY	COST OF GOODS SOLD
MUSEUM SHOP	2,082,410.	199,439.	1,047,394.			294,313.	952,520.
TOTALS	2,082,410.	199,439.	1,047,394.			294,313.	952,520.

=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
DOMESTIC EQUITIES	58,122,201.	52,427,832.	FMV
INT'L & GLOBAL EQUITIES	24,576,368.	24,850,426.	FMV
FIXED INCOME	39,140,992.	39,889,262.	FMV
DISTRESSED CREDIT FUNDS		3,423,735.	
PORTFOLIO CASH	10,387,476.	4,535,408.	
OTHER	6,920,073.	5,518,775.	
TOTALS	139,147,110.	130,645,438.	