

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. Doing Business As			D Employer identification number 13-1656634	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (212) 687-6200	
	220 E. 42ND STREET		STE. 400		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017				
F Name and address of principal officer: DAVID M. SCHIZER 220 E. 42ND STREET, SUITE 400 NEW YORK, NY 10017					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 340,874,363.			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ▶ WWW.JDC.ORG					H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1914		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) IS THE WORLD'S LEADING JEWISH HUMANITARIAN ASSISTANCE ORGANIZATION, WORKING IN MORE THAN 70 COUNTRIES AND IN ISRAEL.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	175.	
	4	175.	
	5	186.	
	6	272.	
	7a	-156,943.	
7b	-292,701.		
Revenue	8	Prior Year	Current Year
	Contributions and grants (Part VIII, line 1h)	273,381,119.	280,697,460.
	Program service revenue (Part VIII, line 2g)	3,508,855.	3,549,575.
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,249,616.	5,250,273.
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,650,144.	3,108,598.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	294,789,734.	292,605,906.
Expenses	13	Prior Year	Current Year
	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	178,616,380.	208,844,470.
	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	52,219,699.	57,510,954.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	307,039.	342,750.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,691,291.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,454,415.	39,862,943.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	269,597,533.	306,561,117.	
19 Revenue less expenses. Subtract line 18 from line 12	25,192,201.	-13,955,211.	
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year
	Total assets (Part X, line 16)	479,015,516.	468,714,984.
	21 Total liabilities (Part X, line 26)	128,642,025.	121,900,608.
22 Net assets or fund balances. Subtract line 21 from line 20	350,373,491.	346,814,376.	

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____	
	OPHIR SINGAL CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name QI WEN LIANG	Preparer's signature <i>Qi Wen Liang</i>	Date 11/13/17	Check <input type="checkbox"/> if self-employed	PTIN P01270238
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013			Phone no. 212-599-0100	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SINCE 1914, THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) HAS ACTED ON BEHALF OF NORTH AMERICA'S JEWISH COMMUNITIES AND OTHERS TO FULFILL THE PRINCIPLE THAT "KOL YISRAEL AREVIM ZEH L'ZEH" - ALL JEWS ARE RESPONSIBLE FOR ONE ANOTHER. (CONTINUED ON SCH. O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 168,385,582. including grants of \$ 133,912,079.) (Revenue \$ 0.)

RELIEF, WELFARE AND HEALTH:

RELIEF AND WELFARE PROGRAMS PROVIDE HUMAN SERVICES TO JEWS IN NEED IN COUNTRIES AROUND THE WORLD. SERVICES ARE PROVIDED TO THOSE INDIVIDUALS THAT MEET CRITERIA RELEVANT TO THE LOCAL ENVIRONMENT, SUCH AS POVERTY AND INCOME LEVELS, THE EXISTENCE OR LACK OF AVAILABLE SOCIAL SERVICES WITHIN A COUNTRY, AND CONSIDERATION FOR PHYSICAL MOBILITY, DISABILITIES, AND UNIQUE CIRCUMSTANCES. (CONTINUED ON SCH. O)

4b (Code:) (Expenses \$ 40,474,774. including grants of \$ 32,188,392.) (Revenue \$ 0.)

EMPOWERMENT AND TRAINING:

EMPOWERMENT AND TRAINING PROGRAMS PROVIDE SERVICES AND OPPORTUNITIES TO THOSE IN NEED FOR INCREASED ACCESS TO EMPLOYMENT OPPORTUNITIES AND COMMUNITY INTEGRATION FOR VULNERABLE GROUPS WITHIN THE JEWISH COMMUNITY AROUND THE WORLD. PROGRAMS INCLUDE CREATING OPPORTUNITIES THAT PROMOTE JOB UPGRADING AND MOBILITY FOR VULNERABLE POPULATIONS, CONSULTING FOR OVERSEAS JEWISH COMMUNITIES AND PROFESSIONALS IN THE PUBLIC SECTOR. (CONTINUED ON SCH. O)

4c (Code:) (Expenses \$ 37,662,822. including grants of \$ 29,952,130.) (Revenue \$ 3,307,147.)

SOCIAL DEVELOPMENT AND STRENGTHENING OF JEWISH LIFE:

SOCIAL DEVELOPMENT PROGRAMS SEEK TO ENHANCE THE VIABILITY OF JEWISH COMMUNITIES AROUND THE WORLD AND TO ENHANCE RESPONSES TO SOCIAL NEEDS THROUGH TRAINING AND DEVELOPMENT. PROGRAMS FOCUS ON CAPACITY-BUILDING THROUGH EFFORTS TO SUPPORT THE CREATION AND MAINTENANCE OF JEWISH COMMUNITIES, TO STRENGTHEN COMMUNITIES BY BUILDING COMMUNAL PARTICIPATION, AND TO IMPROVE COMMUNITY LIFE. (CONTINUED ON SCH. O)

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 24,323,312. including grants of \$ 12,791,869.) (Revenue \$ 242,428.)

4e Total program service expenses 270,846,490.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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 sections 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, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 700J.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (175), 1b (175), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

ALIYAH KOZIROVSKY-RATSEN 220 E. 42ND STREET, SUITE 400 NEW YORK, NY 10017 212-687-6200

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PENNY BLUMENSTEIN CHAIR	1.00 3.00	X		X				0.	0.	0.
(2) STANLEY RABIN PRESIDENT	1.00 2.00	X		X				0.	0.	0.
(3) NANCY GRAND VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(4) CHARLES RIBAKOFF VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(5) JACOB SCHIMMEL VICE PRESIDENT	1.00 1.00	X		X				0.	0.	0.
(6) HARVEY SCHULWEIS VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(7) CARYN WOLF WECHSLER VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(8) PAULA SIDMAN TREASURER	1.00 0.	X		X				0.	0.	0.
(9) MARK SISISKY SECRETARY	1.00 0.	X		X				0.	0.	0.
(10) HELEN ABELES BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) GERALDINE ACUNA-SUNSHINE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) GARY AIDEKMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) CLAUDE ARNALL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) JONATHAN ART BOARD MEMBER	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) NORA LEE BARRON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
16) MICHAEL BARRY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
17) ALAN BATKIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
18) KATE BELZA ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
19) RAQUEL BENGUIAT ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
20) ELAINE BERKE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
21) MANDELL BERMAN ----- BOARD MEMBER (THRU 12/16)	1.00 ----- 0.	X						0.	0.	0.
22) RICHARD BERNSTEIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
23) ANGELICA BERRIE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
24) DENA BORONKAY RASHES ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
25) WENDY BRENNER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,812,160.	1,489,148.	664,918.
d Total (add lines 1b and 1c)								2,812,160.	1,489,148.	664,918.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 12

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) AMY BRESSMAN ----- BOARD MEMBER (THRU 08/16)	1.00 ----- 0.	X					0.	0.	0.	
(27) DAVID BROWN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(28) STUART BROWN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(29) DANIELLE FLUG CAPALINO ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(30) JAY CHERNIKOFF ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(31) JOHN COLMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(32) DAVID COLMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(33) GEOFFREY COLVIN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(34) RABBI ELLIOT COSGROVE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(35) SANDRA DANTO ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(36) MANUEL DUPKIN II ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) YECHIEL ECKSTEIN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(38) SHUKI EHRlich ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(39) NEVILLE EISENBERG ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(40) ALEJANDRO ERGAS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(41) ZACHARY FASMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(42) LAWRENCE FIELD ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(43) EVA FISCHL ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(44) MARTHA FREEDMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(45) MORTON FRIEDKIN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(46) JASON FRIEND ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(47) HOWARD FRIEND ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) JACK FRYDRYCH ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(49) PATRICIA GANTZ ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(50) LORRAINE GARFINKLE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(51) BROOKE GERMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(52) HAROLD GERNSBACHER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(53) ZVI GITELMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(54) CAROL GOLDBERG ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(55) DAVID GOLDBERG ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(56) YOINE GOLDSTEIN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(57) MURRAY GOODMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(58) RICHARD GOODMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) BENJAMIN GORDON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(60) IRVING GRANOVSKY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(61) NANCY GROSFELD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(62) RON GROSSMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(63) ANDREW GROVEMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(64) NANCY HACKERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(65) RABBI MENACHEM HACOHEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(66) AMIR HALEVY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(67) ELLEN HELLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(68) J. DAVID HELLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(69) ANDREW HOCHBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) MICHAEL HOROVITZ ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(71) DAVID HORWITZ ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(72) KAREN JAFFE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(73) MICHAEL JESSELSO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(74) RICHARD JOEL ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(75) PETER JOSEPH ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(76) NEIL KADISHA ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(77) BARRY KAHAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(78) TRICIA KALLET ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(79) CAROL KAPLAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(80) IRENE KAPLAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) BARBARA GREEN KAY ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(82) LISA KOHN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(83) S. LEE KOHRMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(84) JONATHAN KOLKER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(85) ARIEL KOR ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(86) STUART KURLANDER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(87) BETTINA KUROWSKI ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(88) DAVID LATCHMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(89) RONALD LAUDER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(90) NIGEL LAYTON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(91) ADELE LEBERSFELD ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) JOSEPH LEBOVIC ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(93) MICHAEL LBOVITZ ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(94) ALAN LEIFER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(95) SANDY LINGER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(96) MATTHEW LESTER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(97) H. FRED LEVINE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(98) MICHAEL LEVINSON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(99) LIZA LEVY ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(100) SHARI LEVY ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(101) JAMES LIBSON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(102) STEPHEN LIEBERMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) JAYNE LIPMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(104) DEBORAH LIPSTADT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(105) HANNAN LIS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(106) KRIS MACDONALD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(107) MERAV MANDELBAUM BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(108) ROBERT MANN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(109) KATHY MANNING BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(110) SABRINA MERAGE NAIM BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(111) EDWARD MERRIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(112) PHILIP MEYERS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(113) LAURA MILLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) LINDA MIRELS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(115) JOANNE MOORE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(116) EVE MYERS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(117) MARTIN PAISNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(118) RICHARD PARASOL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(119) TREVOR PEARS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(120) ELIZABETH OSHER DEL PICO BOARD MEMBER (THRU 06/16)	1.00 0.	X					0.	0.	0.	
(121) SAM POLLACK BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(122) SANDRA POST BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(123) STEVEN PRICE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(124) BOAZ RAAM BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) JEHUDA REINHARZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(126) DONALD ROBINSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(127) LESLIE ROSEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(128) MICHELE ROSEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(129) KELLEEN ROSENBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(130) LINDA ROSENBLATT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(131) PHILIP ROSENFELD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(132) NIGEL ROSS BOARD MEMBER (THRU 06/16)	1.00 0.	X					0.	0.	0.	
(133) ALAN ROTHENBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(134) JAY RUDERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(135) CAROL SAIVETZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) ANNIE SANDLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(137) NATHAN SANDLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(138) RICHARD SANDLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(139) JONATHAN D. SARNA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(140) NINA SASLOVE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(141) RABBI ARTHUR SCHNEIER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(142) MAX SCHRAYER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(143) JAYNIE SCHULTZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(144) LYNN SCHUSTERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(145) JODI SCHWARTZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(146) GARY SEGAL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **34**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) CYNTHIA SHAPIRA ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(148) BETSY SHEERR ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(149) HONEY SHERMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(150) BENJAMIN SIGEL ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(151) JOY SISISKY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(152) IRVING SMOKLER ----- BOARD MEMBER	1.00 ----- 2.00	X						0.	0.	0.
(153) EDGAR SNYDER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(154) JEROME SPITZER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(155) ADIN STEINSALTZ ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(156) SUSAN STERN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(157) MARTIN STORROW ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) JEFFREY SWARTZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(159) JANE SWERGOLD BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(160) STEVEN TAUB BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(161) PERRY TEICHER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(162) LOUIS THALHEIMER BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(163) EILON TIROSH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(164) ANDREW TISCH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(165) PATRICIA UHLMANN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(166) ANNIE ULEVITCH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(167) ELIZABETH VARET BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(168) BETTINA WAXMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) MARSHALL WEINBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(170) JANE WEITZMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(171) DIANE WERNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(172) DARIO WERTHEIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(173) MARK WILF BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(174) JOSEPH WILF BOARD MEMBER (THRU 08/16)	1.00 0.	X					0.	0.	0.	
(175) ELAINE WINIK BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(176) M. KENNETH WITOVER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(177) DAVID WOLPE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(178) ETTA GROSS ZIMMERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(179) HAROLD ZLOT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) MURRAY LAULICHT BOARD MEMBER (THRU 4/16)	1.00 0.	X					0.	0.	0.	
(181) RABBI AARON D. PANKEN BOARD MEMBER	1.00 0.	X					0.	7,082.	35,097.	
(182) ALAN GILL EXECUTIVE VP & CEO(THRU 12/16)	40.00 1.00			X			735,181.	0.	36,561.	
(183) OPHIR SINGAL CHIEF FINANCIAL OFFICER	40.00 1.00			X			327,656.	0.	53,568.	
(184) DIEGO ORNIQUE REGIONAL DIR (EUROPE)	40.00 0.				X		0.	220,761.	17,656.	
(185) PABLO WEINSTEINER CHIEF HUMAN RESOURCES OFFICER	40.00 0.				X		300,847.	0.	57,625.	
(186) GUY BILLAUER GENERAL COUNSEL	40.00 0.				X		216,169.	0.	35,532.	
(187) ELIOT GOLDSTEIN EXEC. DIRECTOR RESOURCE DVLPMT	38.00 2.00				X		0.	258,046.	37,466.	
(188) OFER GLANZ PROGRAM DIRECTOR	38.00 2.00				X		0.	267,977.	58,311.	
(189) MICHAL FRANK JDC FSU DIRECTOR GENERAL	40.00 0.				X		0.	211,876.	46,516.	
(190) YOSSI TAMIR DIRECTOR GENERAL, JDC ISRAEL	5.00 35.00				X		0.	257,626.	40,568.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **34**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) JACK HABIB ----- CEO, MYERS-JDC BROOKDALE	5.00 ----- 35.00				X			0.	265,780.	35,097.
(192) DEBORAH CHODROW ----- SENIOR DEVELOPMENT OFFICER	40.00 ----- 0.					X		221,152.	0.	32,208.
(193) DAVID ZACKON ----- DIRECTOR, FINANCIAL RD	40.00 ----- 0.					X		283,922.	0.	48,744.
(194) AMIR SHAVIV ----- ASST EXC VP SPECIAL OPERATIONS	40.00 ----- 0.					X		220,526.	0.	27,806.
(195) RICHARD HIRSCHHAUT ----- SR DEVELOPMENT OFFICER	40.00 ----- 0.					X		235,117.	0.	63,323.
(196) MICHAEL NOVICK ----- EX DIR STRATEGIC DEVELOPMENT	40.00 ----- 0.					X		271,590.	0.	38,840.
-----	-----									
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-----	-----									
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-----	-----									
-----	-----									
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	41,475,088.	1	45,647,605.	
	2 Savings and temporary cash investments	11,959,269.	2	11,662,697.	
	3 Pledges and grants receivable, net	74,159,667.	3	60,528,673.	
	4 Accounts receivable, net	3,233,815.	4	418,551.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	21,667.	5	0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.	
	7 Notes and loans receivable, net	0.	7	0.	
	8 Inventories for sale or use	0.	8	0.	
	9 Prepaid expenses and deferred charges	0.	9	0.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 42,473,164.			
	b Less: accumulated depreciation	10b 16,998,926.	26,220,310.	10c	25,474,238.
	11 Investments - publicly traded securities	289,888,266.	11	276,932,709.	
	12 Investments - other securities. See Part IV, line 11	21,927,015.	12	37,867,400.	
	13 Investments - program-related. See Part IV, line 11	0.	13	0.	
	14 Intangible assets	0.	14	0.	
	15 Other assets. See Part IV, line 11	10,130,419.	15	10,183,111.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	479,015,516.	16	468,714,984.		
Liabilities	17 Accounts payable and accrued expenses	55,980,028.	17	51,448,101.	
	18 Grants payable	0.	18	0.	
	19 Deferred revenue	0.	19	0.	
	20 Tax-exempt bond liabilities	0.	20	0.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.	
	23 Secured mortgages and notes payable to unrelated third parties	30,327,845.	23	21,253,997.	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	42,334,152.	25	49,198,510.	
	26 Total liabilities. Add lines 17 through 25	128,642,025.	26	121,900,608.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	145,875,978.	27	150,288,359.	
	28 Temporarily restricted net assets	168,688,190.	28	160,176,385.	
	29 Permanently restricted net assets	35,809,323.	29	36,349,632.	
	Organizations that do not follow SFAS 117 (ASC 958), 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 Total net assets or fund balances	350,373,491.	33	346,814,376.	
	34 Total liabilities and net assets/fund balances	479,015,516.	34	468,714,984.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	292,605,906.
2	Total expenses (must equal Part IX, column (A), line 25)	2	306,561,117.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,955,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	350,373,491.
5	Net unrealized gains (losses) on investments	5	11,764,286.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,368,190.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	346,814,376.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.**

Employer identification number
13-1656634

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016 (61.30%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (61.97%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. 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 - 2015. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
JOINT ISRAEL&BROOKDALE INCOME				548,956.	1,680,153.	2,229,109.
ELDERLY APARTMENT MGMT INCOME				488,874.	939,278.	1,428,152.
OTHER INCOME				281,949.	152,214.	434,163.
TOTALS				<u>1,319,779.</u>	<u>2,771,645.</u>	<u>4,091,424.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

Name of the organization

THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.

Employer identification number

13-1656634

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 96,616,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 29,828,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 14,111,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 13,580,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 11,312,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 7,970,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 9,197,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
--	---

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 11

THE ORGANIZATION PAYS ANNUAL MEMBERSHIP DUES TO THE FOLLOWING ORGANIZATIONS:

- 1) INTERACTION-AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION
- 2) WORLD JEWISH RESTITUTION ORGANIZATION
- 3) CONFERENCE OF PRESIDENTS OF MAJOR JEWISH ORGANIZATIONS

THE AMOUNT OF DUES RELATED TO SUPPORT OF LOBBYING ACTIVITIES WAS \$64,430

LOBBYING ACTIVITIES INCLUDED EFFORTS TOWARDS FORMULATION, MODIFICATION, AND ADOPTION OF VARIOUS FEDERAL POLICIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.

Employer identification number 13-1656634

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2016

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	78,689,138.	83,681,982.	71,796,094.	65,104,470.	54,532,922.
b Contributions	1,765,620.	451,222.	14,409,769.	240,597.	5,119,702.
c Net investment earnings, gains, and losses	2,909,226.	-1,208,069.	559,473.	8,155,394.	6,472,341.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,749,226.	4,235,997.	3,083,354.	1,704,367.	1,020,495.
f Administrative expenses					
g End of year balance	79,614,758.	78,689,138.	83,681,982.	71,796,094.	65,104,470.

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

- a** Board designated or quasi-endowment 34.8700 %
- b** Permanent endowment 45.6600 %
- c** Temporarily restricted endowment 19.4700 %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		600,000.		600,000.
b Buildings		34,597,265.	12,726,288.	21,870,977.
c Leasehold improvements		2,546,680.	2,131,535.	415,145.
d Equipment		1,510,034.	684,054.	825,980.
e Other		3,219,185.	1,457,049.	1,762,136.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,474,238.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	37,867,400.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	37,867,400.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	27,180,047.
(3) PENSION PLAN OBLIGATION	19,716,691.
(4) ANNUITY OBLIGATIONS	2,301,772.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	49,198,510.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHER ASSETS

JDC'S "ARCHIVES" COLLECTIONS INCLUDE PHOTOGRAPHS, FILM, BOOKS,

MANUSCRIPTS, HISTORIC MEMORABILIA, AND OTHER SIMILAR OBJECTS. THESE

COLLECTIONS ARE MAINTAINED TO PRESERVE FOR FUTURE GENERATIONS A CHRONICLE

OF JDC'S GLOBAL IMPACT.

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

EDUCATIONAL AND WELFARE SERVICES, BUILDING COMMUNITIES, RESEARCH, AID TO

THE ELDERLY, AND OTHER GENERAL PURPOSES OF JDC.

SCHEDULE D, PART X, LINE 2

ASC 740

JDC IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH

IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS

THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. JDC IS, LIKEWISE, EXEMPT

FROM INCOME TAX UNDER COMPARABLE STATE STATUTES. JDC DOES DERIVE REVENUE

FROM AN UNRELATED TRADE OR BUSINESS THROUGH ITS PARTNERSHIP INVESTMENTS;

ACCORDINGLY, IT HAS CALCULATED AN INCOME TAX PROVISION OF \$2,231,315,

WHICH HAS BEEN NETTED AGAINST INVESTMENT INCOME, FOR DECEMBER 31, 2016.

JDC FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES

RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS

GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN

ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS

Part XIII Supplemental Information *(continued)*

"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

JDC HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. JDC HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS FOR DECEMBER 31, 2016.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.

Employer identification number
13-1656634

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		76,174.
(2) EAST ASIA AND THE PACIFIC	1.	2.	GRANTMAKING		132,879.
(3) EUROPE	6.	56.	GRANTMAKING		38,564,285.
(4) MIDDLE EAST AND NORTH AFRICA	2.	613.	GRANTMAKING		60,487,526.
(5) RUSSIA/INDEPENDENT STATES	15.	254.	GRANTMAKING		101,319,920.
(6) SOUTH AMERICA	1.	13.	GRANTMAKING		3,404,160.
(7) SOUTH ASIA	1.	11.	GRANTMAKING		1,040,641.
(8) SUB-SAHARAN AFRICA	1.	39.	GRANTMAKING		1,856,129.
(9) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		41,943,128.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	27.	988.			248,824,842.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	27.	988.			248,824,842.

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

Schedule F (Form 990) 2016

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA/NEWLY IND. STATES	SEE PART V	101,299,137.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SEE PART V	38,487,744.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	SEE PART V	56,873.	WIRE			
(4)			SOUTH AMERICA	SEE PART V	3,296,650.	WIRE			
(5)			EAST ASIA/PACIFIC	SEE PART V	106,567.	WIRE			
(6)			SOUTH ASIA	SEE PART V	1,036,992.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SEE PART V	59,740,489.	WIRE			
(8)			SUB-SAHARAN AFRICA	SEE PART V	1,824,527.	WIRE			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 339.

3 Enter total number of other organizations or entities. 29.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART I, LINE 2

JDC STAFF ASSIGNED TO OVERSEAS OFFICES ARE PRIMARILY RESPONSIBLE FOR MONITORING GRANTS TO LOCAL OVERSEAS ENTITIES. STAFF FIRST VERIFY THAT THE ORGANIZATION IS A REGISTERED ELIGIBLE NON-PROFIT ORGANIZATION. STAFF MAKE PERIODIC SITE VISITS TO CHECK ON THE STATUS OF VARIOUS PROJECTS. IN VARIOUS COUNTRIES JDC UTILIZES THE SERVICES OF INDEPENDENT AUDIT FIRMS TO VERIFY ACTUAL EXPENDITURES. IN CONNECTION WITH CERTAIN FUNDS RECEIVED FROM THE CLAIMS CONFERENCE AS WELL AS GOVERNMENTS AND OTHERS PARTICIPATING IN VARIOUS NAZI PERSECUTED AND HOLOCAUST SURVIVOR-RELATED PROGRAMS, THERE ARE AUDITS PERFORMED IN THE FORMER SOVIET UNION REGIONS, BALTICS AND CENTRAL AND EASTERN EUROPE BY THE CLAIMS CONFERENCE ITSELF, ERNST AND YOUNG LLP AND OTHER INDEPENDENT AUDIT FIRMS.

INTERNAL AUDIT FUNCTIONS ARE ALSO USED TO VERIFY GRANT PAYMENTS. JDC/FSU HEADQUARTERS ARE LOCATED IN JERUSALEM, ISRAEL. THE FSU DIVISION HAS ITS OWN EXTENSIVE NETWORK OF INTERNAL AUDITORS IN THE FIELD HEADED BY A CHIEF INTERNAL AUDITOR. IN ADDITION, ALKALAY & MONAROV CONDUCTS AUDITS OF JDC/ISRAEL'S PROGRAMS. JDC HEADQUARTERS IN NEW YORK CONTRACTS WITH KPMG LLP TO CONDUCT INTERNAL AUDITS OF JDC AND ITS OVERSEAS OFFICES.

FORM 990, SCHEDULE F, PART II

GRANTS AND OTHER ASSISTANCE TO FOREIGN ORGANIZATIONS CURRENTLY, JDC DOES NOT HAVE AVAILABLE INFORMATION TO DISCLOSE EACH RECIPIENT ORGANIZATION IN PART II DUE TO THE LARGE VOLUME OF GRANTS MADE. AS SUCH, THE GRANTS REPORTED ARE SUMMARIZED BY REGION.

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART II, COLUMN (D)

RELIEF & WELFARE, EMPOWERING & TRAINING, SOCIAL DEVELOPMENT &

STRENGTHENING JEWISH LIFE, RESEARCH & DEVELOPMENT, INTERNATIONAL

DEVELOPMENT PROGRAMS, AND NEXT GENERATION & SPREADING THE MISSION OF JDC.

FORM 990, SCHEDULE F, PART IV

THE ORGANIZATION INVESTS IN VARIOUS LIMITED PARTNERSHIPS THAT MAY HAVE

INTERESTS IN FOREIGN PARTNERSHIPS OR CORPORATIONS. ALTHOUGH THE

ORGANIZATION HAS CHECKED YES TO VARIOUS QUESTIONS ON PART IV, THE

ORGANIZATION IS ONLY REQUIRED TO FILE THE FORMS REFERENCED IF IT MET THE

REQUIRED FILING THRESHOLDS. TO THE EXTENT THE ORGANIZATION FILES ANY OF

THESE FORMS, THEY HAVE BEEN ATTACHED TO THE FORM 990-T.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.**

Employer identification number
13-1656634

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					5,990,276.	342,750.	5,647,526.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,
KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SCHEDULE G, PART I, LINE 2B, COLUMN V

PAYMENTS FOR PROFESSIONAL FUNDRAISING SERVICES ARE DISTINGUISHED FROM EXPENSE PAYMENTS OR REIMBURSEMENTS BASED ON THE TERMS OF SERVICES INCLUDED IN EACH FUNDRAISER CONTRACT. THE TERMS OF SERVICES ALLOW FOR REIMBURSEMENTS FOR REASONABLE TRAVEL AND OTHER EXPENSES INCURRED IN CONJUNCTION WITH FUNDRAISING ACTIVITIES. THE FOLLOWING EXPENSE PAYMENTS OR REIMBURSEMENTS WERE MADE TO THE LISTED FUNDRAISERS:

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

PLC PHILANTHROPIC SERVICES LLC - \$28,076

JEAN-MARC LILING - \$4,400

NADINE HABOUSHA - \$1,616

OMP DIRECT - \$516,329

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
PLC PHILANTHROPIC SERVICES, LLC 1485 SANSOME STREET SAN FRANCISCO CA 94111	FUNDRAISING		X	3,363,795.	115,000.	3,248,795.
JEAN-MARC LILING 1 BARAK ST. JERUSALEM IS 93502	FUNDRAISING		X	460,722.	48,000.	412,722.
NADINE HABOUSHA 525 E. 86TH ST. NEW YORK NY 10028	FUNDRAISING		X	952,403.	71,750.	880,653.
OMP DIRECT 1133 19TH ST. NW SUITE 300 WASHINGTON DC 20036	DIRECT MAILING		X	1,213,356.	108,000.	1,105,356.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.

Employer identification number
13-1656634

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? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD PHILADELPHIA, PA 33418	23-1396794	501(C)(3)	30,000.				GENERAL
(2) CONGREGATION RODEPH SHALOM 615 N. BROAD ST PHILADELPHIA, PA 20036	23-1365228	501(C)(3)	6,000.				GENERAL
(3) JEWISH FAMILY & CHILDREN'S SERVICE 2100 ARCH ST, 5TH FL PHILADELPHIA, PA 19123	23-1352026	501(C)(3)	7,000.				GENERAL
(4) JEWISH FEDERATION GREATER PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103	23-1500085	501(C)(3)	22,000.				GENERAL
(5) JEWISH TELEGRAPHIC AGENCY 24 W. 30TH ST 4TH FL NEW YORK, NY 20901	13-0887610	501(C)(3)	10,000.				GENERAL
(6) THE ARNOLD P. GOLD FOUNDATION 619 E PALISADE ENGLEWOOD CLIFFS, NJ 02568	22-3052098	501(C)(3)	25,000.				GENERAL
(7) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH ST NW, WASHINGTON, DC 07632	52-1376034	501(C)(3)	12,500.				GENERAL
(8) GABRIEL PROJECT INC P.O. BOX 2116 BOWIE, MD 20718	52-1818612	501(C)(3)	15,000.				GENERAL
(9) ALEPH SOCIETY INC 25 W. 45TH STREET NEW YORK, NY 10036	13-3472524	501(C)(3)	20,000.				GENERAL
(10) AFYA FOUNDATION, INC. 140 SAW MILL RIVER ROAD YONKERS, NY 10701	26-1300361	501(C)(3)	155,000.				GENERAL
(11) POSSIBLE 30 BROAD STREET, 9 FL NEW YORK, NY 10004	20-3055055	501(C)(3)	52,105.				GENERAL
(12) MOISHE HOUSE 441 SAXONY ROAD, BARN 2 ENCINITAS, CA 92024	26-2599786	501(C)(3)	187,945.				GENERAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.

Employer identification number
13-1656634

Part I General Information on Grants and Assistance

- 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? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) B'NAI B'RITH INTERNATIONAL 1120 20TH ST, NW WASHINGTON, DC 20036	53-0179971	501(C)(3)	176,000.				GENERAL
(2) FOUNDATION OF ORTHOPEDICS 226 EAST 54TH STREET NEW YORK, NY 10022	13-4047356	501(C)(3)	816,933.				GENERAL
(3) HIAS INC 1300 SPRING STREET SILVER SPRING, MD 20910	13-5633307	501(C)(3)	121,027.				GENERAL
(4) HEART TO HEART INTERNATIONAL, INC. 13250 WEST 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)	40,000.				GENERAL
(5) SARVODAYA USA CORPORATION 1127 UNIVERSITY AVE MADISON, WI 53715	13-3358148	501(C)(3)	65,000.				GENERAL
(6) KRONHILL PLETKA FOUNDATION 123 A WEST 69TH STREET NEW YORK, NY 10023	26-1466252	501(C)(3)	20,000.				GENERAL
(7) JEWISH COMMUNITY FOUNDATION SAN DIEGO 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2504044	501(C)(3)	88,966.				GENERAL
(8) THE SCHECHTER INSTITUTES P.O. BOX 8500 PHILADELPHIA, PA 19178	22-3342043	501(C)(3)	53,500.				GENERAL
(9) UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	20,000.				GENERAL
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

JDC STAFF VERIFY THAT THE ORGANIZATION IS A REGISTERED ELIGIBLE
NON-PROFIT ORGANIZATION OR IN THE PROCESS OF OBTAINING SUCH REGISTRATION.
IN ALL INSTANCES THE GRANTEE MUST BE CARRYING ON ACTIVITIES TO ACCOMPLISH
A CHARITABLE PURPOSE WITHIN THE MEANING OF SECTION 501(C)(3). IF JDC
SUBSEQUENTLY LEARNS THAT THE GRANTEE DID NOT OBTAIN 501(C)(3) STATUS, IT
WILL TRANSITION THE CONTRACT TO A VENDOR AGREEMENT IN ORDER TO BEST
MONITOR THE USE OF THE FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
COMMITTEE INC.

THE AMERICAN JEWISH JOINT DISTRIBUTION

Employer identification number

13-1656634

Part I Questions Regarding Compensation

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

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" 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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ALAN GILL EXECUTIVE VP & CEO(THRU 12/16)	(i) 533,839.	0.	201,342.	17,730.	18,831.	771,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	OPHIR SINGAL CHIEF FINANCIAL OFFICER	(i) 272,552.	0.	55,104.	6,394.	47,174.	381,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	DIEGO ORNIQUE REGIONAL DIR (EUROPE)	(i) 0.	0.	0.	10,880.	0.	10,880.	0.
	(ii)	213,194.	0.	7,567.	0.	6,776.	227,537.	0.
4	PABLO WEINSTEINER CHIEF HUMAN RESOURCES OFFICER	(i) 300,127.	0.	720.	10,868.	46,757.	358,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	GUY BILLAUER GENERAL COUNSEL	(i) 215,713.	0.	456.	7,762.	27,770.	251,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	ELIOT GOLDSTEIN EXEC. DIRECTOR RESOURCE DVLPMT	(i) 0.	0.	0.	7,375.	0.	7,375.	0.
	(ii)	255,188.	0.	2,858.	0.	30,091.	288,137.	0.
7	OFER GLANZ PROGRAM DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii)	262,686.	0.	5,291.	36,377.	21,934.	326,288.	0.
8	MICHAL FRANK JDC FSU DIRECTOR GENERAL	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii)	207,867.	0.	4,009.	29,432.	17,084.	258,392.	0.
9	YOSSI TAMIR DIRECTOR GENERAL, JDC ISRAEL	(i) 0.	0.	0.	14,105.	0.	14,105.	0.
	(ii)	244,488.	0.	13,138.	0.	26,463.	284,089.	0.
10	JACK HABIB CEO, MYERS-JDC BROOKDALE	(i) 0.	0.	0.	12,426.	0.	12,426.	0.
	(ii)	258,698.	0.	7,082.	0.	22,671.	288,451.	0.
11	DEBORAH CHODROW SENIOR DEVELOPMENT OFFICER	(i) 218,063.	0.	3,089.	14,300.	17,908.	253,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	DAVID ZACKON DIRECTOR, FINANCIAL RD	(i) 182,288.	0.	101,634.	11,525.	37,219.	332,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	AMIR SHAVIV ASST EXC VP SPECIAL OPERATIONS	(i) 214,590.	0.	5,936.	7,240.	20,566.	248,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	RICHARD HIRSCHHAUT SR DEVELOPMENT OFFICER	(i) 233,053.	0.	2,064.	16,124.	47,199.	298,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	MICHAEL NOVICK EX DIR STRATEGIC DEVELOPMENT	(i) 268,422.	0.	3,168.	7,131.	31,709.	310,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16		(i)						
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

THE FOLLOWING INDIVIDUALS RECEIVED TAX GROSS-UP PAYMENTS IN 2016 THAT ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(III).

DAVID ZACKON

OFER GLANZ

MICHAL FRANK

ELIOT GOLDSTEIN

YOSSI TAMIR

JACK HABIB

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

THE FOLLOWING INDIVIDUALS RECEIVED A HOUSING ALLOWANCE DURING THE TAX YEAR THAT WAS TREATED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

DAVID ZACKON \$77,280

ALAN GILL \$75,000

Part III Supplemental Information

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

SEVERANCE AGREEMENTS

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUALS' EMPLOYMENT CONTRACTS WITH JDC INCLUDE

SEVERANCE AGREEMENTS PAYABLE UPON TERMINATION OF EMPLOYMENT. NO AMOUNTS WERE PAID TO THESE INDIVIDUALS DURING CALENDAR YEAR ENDED DECEMBER 31, 2016.

ALAN GILL

OPHIR SINGAL

DIEGO ORNIQUE

PABLO WEINSTEINER

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

THE JDC HUMAN RESOURCES COMMITTEE ADOPTED A "BENEFIT RESTORATION PLAN" ("BRP") TO RESTORE CERTAIN PENSION BENEFITS TO SPECIFIED EXECUTIVE MANAGERS WHOSE BENEFITS WERE REDUCED DUE TO THE LIMITATION CONTAINED IN THE FEDERAL OMNIBUS BUDGET RECONCILIATION ACT OF 1993 ("OBRA 93"). THE BRP ATTEMPTS TO EQUALIZE BENEFITS TO THESE MANAGERS AS COMPARED TO ALL

Part III Supplemental Information

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

OTHER JDC EMPLOYEES COVERED BY THE JDC EMPLOYEE RETIREMENT PLAN

("RETIREMENT PLAN"). UNDER THE BRP, THE COVERED EMPLOYEES ARE ENTITLED TO RECEIVE A SUPPLEMENTAL BENEFIT, PAID BY JDC, CONSISTING OF THE DIFFERENCE BETWEEN THE RETIREMENT BENEFIT COMPUTED PURSUANT TO THE BRP AND THE STATUTORY BENEFIT COMPUTED PURSUANT TO THE RETIREMENT PLAN. THE SUPPLEMENTAL BENEFIT IS SERVED BY JDC IN A SEPARATE RESTRICTED FUND, ON A CURRENT BASIS, IN ACCORDANCE WITH COMPUTATIONS MADE BY JDC'S ACTUARY.

ALAN GILL PARTICIPATES IN THE BRP AND A CONTRIBUTION OF \$10,130 MADE TO THE PLAN DURING 2016 HAS BEEN REPORTED ON SCHEDULE J, PART II, COLUMN C.

OPHIR SINGAL PARTICIPATES IN A 457F PLAN. A CONTRIBUTION OF \$54,000 MADE TO THE PLAN BY OPHIR SINGAL DURING 2016 HAS BEEN REPORTED AS TAXABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN B(III).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.**

Employer identification number
13-1656634

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		702.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	57.	2,124,054.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (POSTERS)	X	1.	16,250.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2016)

JSA

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

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN B

THE AMOUNT REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.

Employer identification number
13-1656634

JOINT ISRAEL ACTIVITY

FORM 990, PART I, LINE 20

JDC HAS ELECTED TO FILE FORM 990 ON A CONSOLIDATED BASIS, A
BASIS CONSISTENT WITH ITS AUDITED FINANCIAL STATEMENTS, AND HAS INCLUDED
THE ACTIVITY OF JOINT ISRAEL, A SEPARATE 501(C)(3) ORGANIZATION WHICH
ALSO FILED FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2016. JOINT ISRAEL
HAD NET ASSETS OF \$34,185,000; REVENUE OF \$74,678,000; AND EXPENSES OF
\$82,746,846 FOR THE YEAR ENDED DECEMBER 31, 2016. THESE BALANCES, AS WELL
AS ALL JOINT ISRAEL ACTIVITY DURING THE CALENDAR YEAR, INCLUDING PROGRAM
SERVICES AND GRANTS PAID AND RECEIVED, ARE INCLUDED ON JDC'S FORM 990.

MISSION, CONTINUED

PART III LINE 1

JDC IS DEDICATED TO SERVING THE NEEDS OF JEWS THROUGHOUT THE WORLD,
PARTICULARLY WHERE THEIR LIVES AS JEWS ARE THREATENED OR MADE MORE
DIFFICULT, THROUGH THE FOLLOWING MISSION:

RESCUE WHENEVER AND WHEREVER A JEWISH COMMUNITY IS THREATENED: IN THE
EARLY 1990'S, JDC HELPED SUSTAIN AND RESCUE 15,000 ETHIOPIAN JEWS. TODAY,
JDC MAINTAINS GLOBAL NETWORKS AND CONTINGENCY PLANS IN THE EVENT OF A
CRISIS.

RELIEF FOR JEWISH COMMUNITIES IN DISTRESS: JDC, THROUGH AN INFRASTRUCTURE
OF LOCAL INDEPENDENT AFFILIATES THROUGHOUT THE REGION, PROVIDES SUPPORT

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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THAT RESULTS IN THE PROVISION OF FOOD, CLOTHING, AND MEDICINE TO HUNDREDS OF THOUSANDS OF IMPOVERISHED ELDERLY HOLOCAUST SURVIVORS AND CHILDREN IN NEED IN THE FORMER SOVIET UNION ("FSU") AND THROUGHOUT THE WORLD.

RENEWAL AND DISCOVERY OF JEWISH HERITAGE AND JEWISH COMMUNITY LIFE: SINCE THE FALL OF COMMUNIST REGIMES IN EUROPE, JDC HELPS JEWISH COMMUNITIES REDISCOVER THEIR HERITAGE AND REBUILD A VIBRANT JEWISH COMMUNAL LIFE.

PARTNERSHIP WITH ISRAEL AS IT ADDRESSES THE SOCIAL SERVICE NEEDS OF ITS MOST VULNERABLE COMMUNITIES: CHILDREN AT RISK, STRUGGLING IMMIGRANT POPULATIONS, THE ELDERLY, AND THE DISABLED. INTERNATIONAL DEVELOPMENT PROGRAM (IDP): NON-SECTARIAN AID IN RESPONSE TO NATURAL AND MANMADE DISASTERS AND LONG-TERM DEVELOPMENT ASSISTANCE PROVIDED TO NON-JEWS TO FULFILL THE JEWISH TENET OF TIKKUN OLAM, THE MORAL RESPONSIBILITY TO REPAIR THE WORLD AND ALLEVIATE SUFFERING WHEREVER IT EXISTS.

OPERATING PRINCIPLES - JDC ADHERES TO THE FOLLOWING THREE OPERATING PRINCIPLES:

- A) JDC IS NON-PARTISAN AND APOLITICAL.
- B) JDC SEEKS TO EMPOWER LOCAL COMMUNITIES BY CREATING MODEL PROGRAMS AND TRAINING LOCAL LEADERSHIP TO MANAGE THE PROGRAMS. DURING A PROJECT'S FORMATIVE STAGE, JDC HANDLES THE ADMINISTRATIVE RESPONSIBILITIES AND EVALUATES THE PROJECT FOR EFFECTIVENESS.
- C) JDC BUILDS COALITIONS WITH STRATEGIC PARTNERS WHO, ULTIMATELY, WILL ASSUME RESPONSIBILITIES FOR THE PROGRAMS.

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OFTEN REFERRED TO AS "THE JOINT", JDC HAS WORKED IN OVER 85 COUNTRIES OVER THE COURSE OF ITS HISTORY AND HAS PLAYED A ROLE AT VIRTUALLY EVERY MAJOR JUNCTURE OF JEWISH HISTORY SINCE ITS FOUNDING.

PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED

PART III LINE 4A, 4B, 4C, 4D

4A: RELIEF, WELFARE, AND HEALTH

PROGRAMS INCLUDE:

FOOD AND NUTRITIONAL SUPPORT

DEVELOPMENT OF SOCIAL SERVICES

HOMECARE

MEDICAL SERVICES, EQUIPMENT AND MEDICINE

EMERGENCY GRANTS

IN 2016, JDC PROVIDED ROUGHLY 144,000 JEWS IN NEED AROUND THE WORLD WITH MUCH NEEDED RELIEF AND WELFARE SERVICES. IN 2016, JDC PROVIDED SOME 14.6 MILLION HOURS OF HOMECARE TO NEEDY ELDERLY IN THE FORMER SOVIET UNION. OVER 110,000 JEWISH ELDERLY IN NEED RECEIVE SPECIFIC SERVICES FOR THE AGED FROM JDC.

4B: EMPOWERMENT AND TRAINING

PROGRAMS INCLUDE:

LEADERSHIP TRAINING

PROFESSIONAL TRAINING - SOCIAL WORK, JEWISH LIFE & COMMUNITY DEVELOPMENT

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VOCATIONAL TRAINING & EMPLOYMENT

DEVELOPING VOLUNTEERISM

IN 2016, THOUSANDS OF JEWS BENEFITTED FROM ACCESS TO JDC'S LEADERSHIP PROGRAMS IN COUNTRIES IN THE FSU, EUROPE, AND LATIN AMERICA, AS WELL AS AN ARRAY OF TRAINING PROGRAMS AROUND THE WORLD.

4C: SOCIAL DEVELOPMENT AND STRENGTHENING OF JEWISH LIFE

PROGRAMS INCLUDE:

JEWISH TRADITION/RELIGION/HOLIDAY CELEBRATIONS

JEWISH COMMUNITY CENTERS

FORMAL JEWISH EDUCATION (SCHOOLS)

INFORMAL JEWISH EDUCATION (CLUBS AND OTHER ACTIVITIES)

CAMPS AND RETREATS

EDUCATIONAL ACTIVITIES & MATERIALS (PUBLICATIONS, CURRICULA, E-LEARNING, WEB-RESOURCES, LIBRARIES ETC)

IN 2016, JDC CONTINUED TO SUPPORT THE PARTICIPATION OF INDIVIDUALS IN ACTIVITIES RELATED TO SOCIAL DEVELOPMENT AND STRENGTHENING JEWISH LIFE.

4D: INTERNATIONAL DEVELOPMENT PROGRAMS

THE INTERNATIONAL DEVELOPMENT PROGRAM FOCUSES EMERGENCY RESPONSE TO CRISES AND ITS LONGER-TERM REHABILITATION AND DEVELOPMENTAL ASSISTANCE EFFORTS IN AREAS RELATED TO JDC'S CORE PROGRAM EXPERTISE. IT EXPORTS MODELS, BEST PRACTICES, AND KNOWLEDGE FROM JDC'S GLOBAL AND ISRAEL PROGRAMS, APPLYING THEM IN KEEPING WITH LOCAL REALITIES AND CULTURAL

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NORMS. TRAINING IS AN ESSENTIAL PART OF THESE EFFORTS, WITH THE AIM OF ENHANCING THE CAPACITIES OF LOCAL PARTNERS TO ENSURE THAT PROJECTS CONTINUE TO HAVE A LONG-TERM IMPACT EVEN AFTER JDC'S INVOLVEMENT HAS ENDED.

4D: RESEARCH AND DEVELOPMENT

THESE PROGRAMS INCLUDE JDC'S RESEARCH INSTITUTES, OTHER TYPES OF RESEARCH STUDIES AND JDC'S INVESTMENT IN DEVELOPMENT OF TECHNOLOGIES AND INFORMATION SYSTEMS.

4D: NEXT GENERATION

ENTWINE, AN INITIATIVE OF JDC, IS A ONE-OF-A-KIND MOVEMENT FOR YOUNG JEWISH LEADERS, INFLUENCERS, AND ADVOCATES WHO SEEK TO MAKE A MEANINGFUL IMPACT ON GLOBAL JEWISH NEEDS AND INTERNATIONAL HUMANITARIAN ISSUES.

FORM 990, PART V, LINE 1A

THE TOTAL NUMBER OF 1099'S FOR THE TAX YEAR INCLUDES 16 PAYMENTS FOR THE GIFT ANNUITY TRUSTS.

INTEREST IN FINANCIAL ACCOUNT IN A FOREIGN COUNTRY

FORM 990, PART V, LINE 4B

ARGENTINA, AUSTRALIA, AUSTRIA, BOSNIA, BULGARIA, CYPRUS, ESTONIA, ETHIOPIA, FRANCE, GERMANY, HUNGARY, INDIA, ISRAEL, MOROCCO, POLAND, ROMANIA, SPAIN, SWITZERLAND, UNITED KINGDOM

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RELATIONSHIP DISCLOSURE

FORM 990, PART VI, SECTION A, LINE 2

THE ORGANIZATION DISTRIBUTES A QUESTIONNAIRE ANNUALLY TO ITS OFFICERS, DIRECTORS, AND KEY EMPLOYEES CONCERNING THE FAMILY AND BUSINESS RELATIONSHIPS REQUIRED TO BE REPORTED ON PART VI SECTION A LINE 2 AND SCHEDULE O. THE FOLLOWING DIRECTORS HAVE FAMILY RELATIONS WITH OTHER DIRECTORS.

1. BARBARA GREEN KAY & NINA SASLOVE
2. BETSY R. SHEERR & CHARLES K. RIBAKOFF
3. BETSY R. SHEERR & BENJAMIN GORDON
4. HOWARD SHULTZ & JAYNIE SCHULTZ
5. IRVING SMOKLER & NORA LEE BARRON
6. JOHN C. COLMAN & DAVID L. COLMAN
7. MARK B. SISISKY & JOY SISISKY
8. LESLIE ROSEN & MICHELE ROSEN
9. MARK WILF & JOSEPH WILF

PROCESS USED TO REVIEW FORM 990

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED INTERNALLY BY JDC'S MANAGEMENT PRIOR TO BEING MADE AVAILABLE TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE MEMBERS WERE ASKED TO SUBMIT ANY COMMENTS OR QUESTIONS TO THE CHIEF FINANCIAL OFFICER. AFTER COMMENTS WERE RECEIVED, REVIEWED AND INCORPORATED, AS NEEDED, THE FINAL FORM 990 WAS DISTRIBUTED TO THE BOARD PRIOR TO ITS SUBMISSION TO THE IRS.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, SECTION B, LINE 12

DIRECTORS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT.

THOSE WHO DO NOT SUBMIT THIS STATEMENT MAY BE SUSPENDED FROM THE BOARD

UNTIL SUCH STATEMENT IS SUBMITTED. THE STATEMENT IS DISTRIBUTED TO THE

BOARD AFTER THE FIRST OF EACH CALENDAR YEAR. JDC'S GENERAL COUNSEL AND

COMPLIANCE OFFICER MONITORS BOARD MEMBER DISCLOSURES AND SENDS FOLLOW UP

REQUESTS TO THOSE BOARD MEMBERS WHO HAVE NOT SUBMITTED THEIR STATEMENTS

BY THE APPROPRIATE DEADLINE. ALL STATEMENTS ARE REVIEWED BY LEGAL

COUNSEL. IN THE EVENT A CONFLICT IS DETERMINED TO EXIST, THE CONFLICT OF

INTEREST POLICY REQUIRES THAT THE AUDIT COMMITTEE, CONSISTING OF

INDEPENDENT DIRECTORS, DISCUSS, AND TAKE ACTION IN RELATION TO THE

CONFLICT. ANY PERSON WITH A CONFLICT DOES NOT PARTICIPATE IN THE

DECISION-MAKING PROCESS FOR RESOLUTION OF THE CONFLICT.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

JDC'S HUMAN RESOURCES COMMITTEE HAS BEEN PRESENTED WITH AND HAS REVIEWED

THE TOTAL COMPENSATION OF JDC OFFICERS, KEY EMPLOYEES, AND HIGHLY

COMPENSATED PROFESSIONAL STAFF DURING ITS DECEMBER 2015 MEETING FOR 2016

COMPENSATION. ALL MEMBERS OF THE COMMITTEE ARE INDEPENDENT

DIRECTORS/TRUSTEES OF JDC. THE ORGANIZATION OBTAINS COMPARABLE DATA FOR

THE CEO'S SALARY AND BENEFITS. JDC HIRES AN INDEPENDENT OUTSIDE FIRM TO

PREPARE A REPORT TO ASSIST THE COMMITTEE WITH AN INDEPENDENT ANALYSIS OF

MARKET COMPENSATION PRACTICES FOR CEOS OF OTHER NON-PROFIT ORGANIZATIONS.

THE ANALYSIS INCLUDES BASE SALARY, OTHER COMPENSATION, AND BENEFITS.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION
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INFORMATION IS ALSO OBTAINED FROM THE MOST RECENT FEDERAL FORM 990 OF THESE OTHER ORGANIZATIONS AND SHARED WITH THE COMMITTEE. THE COMMITTEE ALSO DISCUSSES AND REVIEWS THE CEO'S PERFORMANCE OVER THE PAST YEAR AND CONSIDERS THIS IN ITS OVERALL DECISION-MAKING PROCESS.

MINUTES OF THE MEETING ARE PREPARED DISCLOSING PERSONS ATTENDED, TERMS OF THE RECOMMENDATIONS, AND THE COMPARABLE DATA OBTAINED AND RELIED UPON BY THE COMMITTEE. THE MINUTES ARE SHARED WITH THE COMMITTEE WITHIN 60 DAYS FROM THE DATE OF THE MEETING.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

COPIES OF JDC'S TAX-EXEMPT DETERMINATION LETTER, WHISTLEBLOWER POLICY, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FEDERAL FORM 990 ARE MAINTAINED AND MADE AVAILABLE ON JDC'S WEBSITE. THE BYLAWS AND ARTICLES OF INCORPORATION ARE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

ACTUARIAL LOSS ON ANNUITY OBLIGATION	(\$792,418)
ACTUARIAL LOSS ON PENSION PLAN	(\$396,231)
FOREIGN CURRENCY TRANSLATION LOSSES	(\$179,541)

TOTAL	(\$1,368,190)

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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FUNDING FROM U.S. GOVERNMENT AGENCIES

FORM 990, PART XII LINE 3

OCCASIONALLY JDC RECEIVES MINIMAL FUNDING FROM U.S. GOVERNMENT AGENCIES.

THE AMOUNTS DO NOT MEET THE THRESHOLD TO UNDERGO AN AUDIT OR AUDITS AS

SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ALL OTHER PROGRAMS	11,765,837.	14,794,760.	242,428.
RESEARCH AND DEVELOPMENT	1,026,032.	9,528,552.	
TOTALS	<u>12,791,869.</u>	<u>24,323,312.</u>	<u>242,428.</u>

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

DC, FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NC, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
KPMG LLP 2323 ROSS AVENUE, SUITE 1400 DALLAS, TX 75201	INTERNAL AUDIT	748,102.
GRANT THORNTON LLP	AUDIT AND TAX	443,550.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017		
BAKER & MCKENZIE LLP. 300 EAST RANDOLPH STREET, SUITE 5000 CHICAGO, IL 60601	LEGAL	305,175.
CAMBRIDGE ASSOCIATES, LLC 340 MADISON AVENUE NEW YORK, NY 10173	INVESTMENT ADVISORY	302,000.
EAGLE CAPITAL MANAGEMENT, LLC 499 PARK AVE FL. 17 NEW YORK, NY 10022	PENSION MANAGEMENT	191,321.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization **THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.**

Employer identification number
13-1656634

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE THALHEIMER FAMILY -JDC SUPPORT FDN. 03-0391368 220 E. 42ND STREET, SUITE 400 NEW YORK, NY 10017	SEE PART VII	DE	501(C)(3)	12A TYPE 1	AJJDC	X	
(2) SWERGOLD FAMILY FOUNDATION FOR CHILDREN 26-4139621 220 E. 42ND STREET, SUITE 400 NEW YORK, NY 10017	SEE PART VII	DE	501(C)(3)	12A TYPE 1	AJJDC	X	
(3) JACK G. BUNCHER CHARITABLE FUND FOR AJJD 20-4393253 220 E. 42ND STREET, SUITE 400 NEW YORK, NY 10017	SEE PART VII	PA	501(C)(3)	12A TYPE 1	AJJDC	X	
(4) CHARITY FUND JDC 4-TH ROSHINSKIY PROEZZD 19, BUI MOSCOW, RS	SEE PART VII	RS			AJJDC	X	
(5) INTL. SOCIAL ORGN. AJJDC, INC. CENTER GLIBOCHITSKA ST. 17 (LETTER 1A KIEV, UP	SEE PART VII	UP			AJJDC	X	
(6) INTL. PUBLIC ORGANIZATION UNITED JOINT NIZHINSKAYA ST. 77/79 ODESSA, UP	SEE PART VII	UP			AJJDC	X	
(7) THE AMERICAN JDC, INC. CENTER SHALOM-ALEIHEM ST. 4. DNEPROPETROVSK, UP	SEE PART VII	UP			AJJDC	X	

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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Department of the Treasury
Internal Revenue Service

Name of the organization **THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.**

Employer identification number
13-1656634

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PUBLIC ORN. JOINT IN THE NE REG. OF UKR. DZERZISKI DISTRICT, TOBOLSKAYA KHARKOV, UP	SEE PART VII	UP			AJJDC	X	
(2) AJJDC IN MOLDOVA STRADELA 1 AERODROMULUI, 5 KISHINEV, MD	SEE PART VII	MD			AJJDC	X	
(3) LOCAL CHARITY FUND JOINT V. KHORUZEI ST. 22, APP.3. MINSK, BO	SEE PART VII	BO			AJJDC	X	
(4) JOINT ISRAEL 13-4203820 JDC HILL PO BOX 3489 JERUSALEM, IS 91034	SEE PART VII	IS	501(C)(3)	07	AJJDC	X	
(5) THE MAURICE&VIVienne WOHL CHARITABLE FDN P.O. BOX 71, ROAD TOWN CRAIGMUIR CHAMBERS, TORTOL	SEE PART VII	VQ			AJJDC	X	
(6) JOINT BULGARIA ASSOCIATION 50 STAMBOLIJSKI BVD SOFIA, BU 1303	SEE PART VII	BU			AJJDC	X	
(7) JDC ESTONIA SIHTASUTUS AHTRI 10B, TALLINNA LINN HARJU MAAKOND, TALLINN EN	SEE PART VII	EN			AJJDC	X	

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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Department of the Treasury
Internal Revenue Service

Name of the organization **THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.**

Employer identification number
13-1656634

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FUNDACJA JDC POLAND TWARDA 6 WARSAW, PL 00-105	SEE PART VII	PL			AJJDC	X	
(2) JOINT RO NO. 8-10 MAXIMILIAN POPPER STR BUCHAREST, RO 030863	SEE PART VII	RO			AJJDC	X	
(3) AJJDC - EUROPE BALMES, 195 BARCELONA, SP 08006	SEE PART VII	SP			AJJDC	X	
(4) THE AJJDC, DEUTSCHLAND E.V. SCHLOSSGARTEN 2 BREISACH, GM 79206	SEE PART VII	GM			AJJDC	X	
(5) PUBLIC ORGANIZATION HALOM KOVPAKA STR, 17 KIEV, UP	SEE PART VII	UP			AJJDC	X	
(6) THE AJJDC (U.K.) TRUST 20 GLOUCESTER PLACE LONDON, UK W1U 8HA	SEE PART VII	UK			AJJDC	X	
(7) JEWISH CULTURAL CENTER ON NIKITSKAYA BOLSHAYA NIKITSKAYA ST. 47, BL MOSCOW, RS	SEE PART VII	RS			CHARITY FUND	X	

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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Department of the Treasury
Internal Revenue Service

Name of the organization **THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.**

Employer identification number
13-1656634

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YESOD JEWISH ST. PETERSBURG COMM. HOUSE BOLSHAYA RZNOCHINNAYA ST. 25 ST. PETERSBURG, RS	SEE PART VII	RS			CHARITY FUND	X	
(2) JEWISH CHARITY FOUNDATION BEYTEINU SHOLUDENKO STR., 1-B KIEV, UP	SEE PART VII	UP			INT'L SOC OR	X	
(3) LEATID, FRANCE 5, AVENUE MATIGNON PARIS, FR 75008	SEE PART VII	FR			AJJDC-PARIS	X	
(4) ICCD, FRANCE 5, AVENUE MATIGNON PARIS, FR 75008	SEE PART VII	FR			AJJDC-PARIS	X	
(5) AJJDC PARIS 5, AVENUE MATIGNON PARIS, FR 75008	SEE PART VII	FR			AJJDC	X	
(6) ASOCIATIA JDC-RO LONDRA 34 FN, CAMERA 1 BUCURESTI, RO	SEE PART VII	RO			AJJDC	X	
(7) ICCD IN UK 5 AVENUE MATIGNON , PARIS FR 75008	SEE PART VII	FR			AJJDC-PARIS	X	

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization **THE AMERICAN JEWISH JOINT DISTRIBUTION
COMMITTEE INC.**

Employer identification number
13-1656634

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INDIAN JOINT TRUST D.G. RUPAREL COLL., BAL GOVIND MATUNGA MUMBAI, IN 400 01	SEE PART VII	IN			AJJDC	X	
(2) JDC SWITZERLAND ASSOCIATION 197A, ROUTE DE SAINT- JULIEN GENEVA, SZ	SEE PART VII	SZ			AJJDC	X	
(3) AJJDC- AUSTRALIA 30 WENTWORTH RD VAUCLUSE, NSW AS 2030	SEE PART VII	AS			AJJDC	X	
(4) MALBEN INSTITUTE JDC HILL PO BOX 3489 JERUSALEM, IS 91304	SEE PART VII	IS			AJJDC	X	
(5) ELKA JDC HILL PO BOX 3489 JERUSALEM, IS 91304	SEE PART VII	IS			JOINT ISRAEL	X	
(6)							
(7)							

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

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AJJDC REAL ESTATE COMPANY LIMITED 20 SPYROU KYPRIANOU AVE 3RD FL 1075 NICOSIA, CY	PROPERTY MGT	CY	AJJDC	C CORP	-5,689,266.	25,590,572.	100.0000	X	
(2) CHARITABLE GIFT ANNUITY (25)	GIFT ANNUITY	NY	AJJDC	TRUST				X	
(3) CHARITABLE REMAINDER UNITRUST (2)	UNITRUST	NY	AJJDC	TRUST				X	
(4) CHARITABLE REMAINDER ANNUITY TRUST (6)	ANNUITY TRUST	NY	AJJDC	TRUST				X	
(5) PRIVATE PRESCHOOL EDUCATION INST. ANAVIM NIZHINSKAYA ST. 77/79 ODESSA, UP	SEE PART VII	UP	AJJDC	C CORP		4,125.	100.0000	X	
(6) MENORA LLC NIZHINSKAYA ST. 77/79 ODESSA, UP	SEE PART VII	UP	AJJDC	C CORP	236,753.	32,149.	100.0000	X	
(7) SOLOMONIKA LLC SHALOM-ALEIHEM ST. 4, APP.26. DNEPROPETROVSK, UP	SEE PART VII	UP	AJJDC	C CORP	104,453.	60,706.	100.0000	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BEITH DAN LLC TOBOLSKAYA 46 KHARKIV, UP	SEE PART VII	UP	AJJDC	C CORP	80,011.	34,311.	100.0000	X	
(2) DEKEL LLC BOLSHAYA NIKITSKAYA ST. 47, BUILDIN MOSCOW, RS	SEE PART VII	RS	AJJDC	C CORP	278,575.	36,930.	100.0000	X	
(3) TAPUZ KINDERGARTEN LLC BOLSHAYA NIKITSKAYA ST. 47, BUILDIN MOSCOW, RS	SEE PART VII	RS	AJJDC	C CORP	1,660,974.	345,505.	100.0000	X	
(4) SHALHEVET LLC BOLSHAYA RZNOCHINNAYA ST. 25 ST. PETERSBURG, RS	SEE PART VII	RS	AJJDC	C CORP	335,476.	335,348.	100.0000	X	
(5) AREC MOLDOVA 5 E. DOGA STR. CHISINAU, MD	SEE PART VII	MD	AREC	C CORP	39,256.	235,638.	100.0000	X	
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITY FUND JDC	B	44,936,624.	COST
(2) INTL. SOCIAL ORGN. AJJDC, INC. CENTER	B	17,220,000.	COST
(3) INTL. PUBLIC ORGANIZATION UNITED JOINT	B	8,301,000.	COST
(4) THE AMERICAN JJDC, INC. CENTER	B	11,340,500.	COST
(5) PUBLIC ORN. JOINT IN THE NE REG. OF UKR.	B	6,077,972.	COST
(6) AJJDC IN MOLDOVA	B	4,003,000.	COST

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LOCAL CHARITY FUND JOINT	B	1,288,880.	COST
(2) JOINT ISRAEL	B	32,510,239.	COST
(3) THE THALHEIMER FAMILY - JDC SUPPORT FDN	C	180,000.	COST
(4) WOHL CHARITABLE FOUNDATION	C	5,515,720.	COST
(5) AJJDC REAL ESTATE COMPANY LIMITED	D	11,594,208.	COST
(6) PRIVATE PRESCHOOL EDUCATION INST. ANAVIM	D	178,000.	COST

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOLOMONIKA LLC	D	441,000.	COST
(2) JOINT BULGARIA ASSOCIATION	P	68,011.	COST
(3) JACK G. BUNCHEM CHARITABLE FUND	C	850,000.	COST
(4) JOINT BULGARIA ASSOCIATION	B	913,000.	COST
(5) AJJDC - EUROPE	B	528,308.	COST
(6) AJJDC (U.K.) TRUST	C	58,141.	COST

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	AJJDC PARIS	B	1,777,087.	COST
(2)	AJJDC - AUSTRALIA	D	255,814.	COST
(3)	AREC MOLDOVA	D	125,430.	COST
(4)	FUNDACJA JDC POLAND	B	1,230,000.	COST
(5)	JDC ESTONIA SIHTASUTUS	B	683,195.	COST
(6)	AREC MOLDOVA	E	111,324.	COST

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PARTS II AND IV, COLUMN (B)

PRIMARY ACTIVITY OF RELATED ORGANIZATIONS

THE THALHEIMER FAMILY - TO SPONSOR AND SUPPORT THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE'S INTERNATIONAL PROGRAMS OF RELIEF, RESCUE, AND RECONSTRUCTION FOR JEWISH PEOPLE THROUGHOUT THE WORLD.

SWERGOLD FAMILY FOUNDATION FOR CHILDREN IN CRISES - SUPPORTS JDC MISSION & PROGRAMS AIDING CHILDREN IN CRISES.

JACK G. BUNCHE CHARITABLE FUND FOR AJJDC - TO ADVANCE THE MISSION AND PROGRAMS OF THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. (AJJDC), PROGRAMS RELATING TO: CHILDREN IN CRISES, ELDERLY, YOUNG PARENTS, & OTHER ADULTS.

JOINT ISRAEL - TO HELP ISRAEL'S MOST DISADVANTAGED POPULATIONS: CHILDREN, YOUTH AT RISK, IMMIGRANTS, THE ELDERLY, AND PEOPLE WITH DISABILITIES.

THE MAURICE AND VIVIENNE WOHL CHARITABLE FOUNDATION - SPECIAL TRUST ESTABLISHED PRIMARILY TO AID NEEDY JEWS IN FORMER SOVIET UNION.

THE AJJDC (U.K.) TRUST - TO ADVANCE THE CHARITABLE AND EDUCATIONAL PURPOSE OF JDC.

CHARITY FUND JDC; INT'L SOCIAL ORGN. AJJDC, INC. CENTER; INT'L PUBLIC ORGANIZATION UNITED JOINT; THE AMERICAN AJJDC INC. CENTER; PUBLIC ORN.

Part VII Supplemental Information

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

JOINT IN THE NE REG. OF UKR.; AJJDC IN MOLDOVA; LOCAL CHARITY FUND JOINT;
PRIVATE PRESCHOOL EDUCATION INST. ANAVIM, MENORA LLC, SOLOMONIKA LLC,
BEITH DAN LLC, DEKEL LLC, TAPUZ KINDERGARTEN LLC, SHALHEVET LLC, JOINT
BULGARIA ASSOCIATION, JDC ESTONIA SIHTASUTUS, FUNDACJA JDC POLAND, JOINT
RO, AJJDC - EUROPE, INDIAN JOINT TRUST, JDC SWITZERLAND ASSOCIATION, THE
AJJDC, DEUTSCHLAND E.V., PUBLIC ORGANIZATION HALOM, JEWISH CULTURAL
CENTER ON NIKITSKAYA, YESOD JEWISH ST. PETERSBURG COMMUNITY HOUSE, JEWISH
CHARITY FOUNDATION BEYTEINU, LEATID FRANCE, ICCD FRANCE, AJJDC PARIS,
ASOCIATIA JDC-RO, ICCD IN UK, MALBEN INSTITUTE, ELKA, AJJDC-AUSTRALIA,
AREC MOLDOVA:

AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE ("JDC") IS A WORLDWIDE
ORGANIZATION THAT OPERATES IN 12 OF THE 15 FORMER SOVIET UNION REPUBLICS
("FSU") AS WELL AS EASTERN EUROPE, AFRICA AND ASIA. JDC ENTITIES IN THESE
REGIONS FOCUS ON THE FOLLOWING PROGRAMMATIC INITIATIVES:

PROVIDING FOOD, MEDICINE, HOME CARE, AND WINTER RELIEF FOR HOLOCAUST
SURVIVORS AND ELDERLY JEWS; DELIVERING NUTRITIONAL ASSISTANCE,
HEALTHCARE, FINANCIAL SUPPORT, AND CHILD-DEVELOPMENT SERVICES TO THE
NEEDIEST CHILDREN AND THEIR FAMILIES. RENEWAL AND SUPPORT OF JEWISH LIFE
BY DEVELOPING AND MAINTAINING COMMUNITY INFRASTRUCTURE, LEADERSHIP, AND
EDUCATIONAL RESOURCES. DEVELOPING TOMORROWS JEWISH LEADERS BY TRAINING
VOLUNTEERS AND PROFESSIONALS TO LAY THE FOUNDATION FOR COMMUNAL JEWISH
LIFE AND NURTURING EMERGING VISIONARIES TO CREATE JEWISH LEARNING
INITIATIVES AND EXPERIENCES FOR CHILDREN AND YOUTH.