

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)

2017

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 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> 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 220 E 42ND STREET STE 400		E Telephone number (212) 687-6200			
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017			G Gross receipts \$ 390,130,894.		
	F Name and address of principal officer: DAVID M. SCHIZER 220 E. 42ND STREET, SUITE 400 NEW YORK, NY 10017			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)		
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						
J Website: ▶ WWW.JDC.ORG						
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	172.	
	4	172.	
	5	169.	
	6	305.	
	7a	589,618.	
7b	22,468.		
Revenue	8	Prior Year	Current Year
	Contributions and grants (Part VIII, line 1h)	280,697,460.	303,223,781.
	Program service revenue (Part VIII, line 2g)	3,549,575.	3,758,878.
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,250,273.	22,117,447.
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,108,598.	3,796,739.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,605,906.	332,896,845.
Expenses	13	Prior Year	Current Year
	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	208,844,470.	208,817,360.
	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)	57,510,954.	65,731,096.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	342,750.	309,086.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,146,862.		
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	39,862,943.	42,244,654.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	306,561,117.	317,102,196.	
19 Revenue less expenses. Subtract line 18 from line 12	-13,955,211.	15,794,649.	
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year
	Total assets (Part X, line 16)	468,714,984.	514,766,002.
	21 Total liabilities (Part X, line 26)	121,900,608.	120,771,926.
22 Net assets or fund balances. Subtract line 21 from line 20	346,814,376.	393,994,076.	

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 11/09/2018 Date				
	OPHIR SINGAL CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	QI WEN LIANG	<i>Qi Wen Liang</i>	11/09/2018		P01270238
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		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** (2017)

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 \$ 173,347,141. including grants of \$ 134,095,004.) (Revenue \$)

RELIEF, WELFARE AND HEALTH: RELIEF AND WELFARE PROGRAMS PROVIDE HUMAN SERVICES AND SUPPORT 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 \$ 38,509,109. including grants of \$ 29,789,238.) (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 \$ 42,486,327. including grants of \$ 32,865,868.) (Revenue \$ 3,670,887.)

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 \$ 25,522,473. including grants of \$ 12,067,250.) (Revenue \$ 87,991.)

4e Total program service expenses 279,865,050.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organization activities and financial reporting.

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 number, description, and Yes/No checkboxes. Includes lines 1a-14b with various tax-related questions and numerical inputs.

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 (172), 1b (172), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
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 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) MARK SISISKY VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(8) PAULA SIDMAN TREASURER	1.00 0.	X		X				0.	0.	0.
(9) CARYN WOLF WECHSLER SECRETARY	1.00 0.	X		X				0.	0.	0.
(10) JANE WEITZMAN ASSISTANT SECRETARY	1.00 0.	X		X				0.	0.	0.
(11) HELEN ABELES BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) GERALDINE ACUNA-SUNSHINE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) GARY AIDEKMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) CLAUDE ARNALL 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) JONATHAN ART BOARD MEMBER	1.00 0.	X					0.	0.	0.	
16) NORA BARRON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
17) MICHAEL BARRY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
18) ALAN BATKIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
19) KATE BELZA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
20) RAQUEL BENGUIAT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
21) WENDY BRENNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
22) ELAINE BERKE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
23) ETHEL BRESSMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
24) DAVID BROWN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
25) SANDRA CAHN 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							3,165,127.	1,730,915.	734,032.	
d Total (add lines 1b and 1c)							3,165,127.	1,730,915.	734,032.	

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 **36**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 **5**

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) DANIELLE CAPALINO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
27) JAY CHERNIKOFF BOARD MEMBER	1.00 0.	X					0.	0.	0.	
28) DEBRA COHEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
29) DAVID COLMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
30) JOHN COLMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
31) GEOFFREY COLVIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
32) ELLIOT COSGROVE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
33) SANDRA DANTO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
34) MANUEL DUPKIN II BOARD MEMBER	1.00 0.	X					0.	0.	0.	
35) YECHIEL ECKSTEIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
36) SHUKI EHRLICH 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 **▶** 36

	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) NEVILLE EISENBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(38) CLAIRE ELLMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(39) ALEJANDRO ERGAS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(40) ZACHARY FASMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(41) LAWRENCE FIELD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(42) MARTHA FREEDMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(43) MORTON FRIEDKIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(44) HOWARD FRIEND BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(45) JASON FRIEND BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(46) JACK FRYDRYCH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(47) PATRICIA GANTZ 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 **▶** 36

	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) RANI GARFINKLE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(49) BROOKE GERMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(50) HAROLD GERNSBACHER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(51) MERLE GINSBURG ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(52) ZVI GITELMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(53) CAROL GOLDBERG ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(54) DAVID GOLDBERG ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(55) YOINE GOLDSTEIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(56) MURRAY GOODMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(57) BENJAMIN GORDON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(58) IRVING GRANOVSKY ----- 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 **▶** 36

	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) NANCY GROSFELD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(60) ANDREW GROVEMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(61) NANCY HACKERMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(62) MENACHEM HACOHEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(63) AMIR HALEVY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(64) ELLEN HELLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(65) J. DAVID HELLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(66) ANDREW HOCHBERG BOARD MEMBER	1.00 0.	X						0.	0.	0.
(67) MICHAEL HOROVITZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(68) DAVID HORWITZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(69) KAREN JAFFE 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 **▶** 36

	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 JESSELSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(71) PETER JOSEPH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(72) NEIL KADISHA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(73) BARRY KAHAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(74) TRICIA KALLET BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(75) CAROL KAPLAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(76) ARLENE KAUFMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(77) BARBARA KAY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(78) LISA KOHN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(79) ARIEL KOR BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(80) MAYA KADAR KOVALSKY 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 **▶** 36

	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) S. LEE KOHRMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(82) JONATHAN KOLKER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(83) ALICE L. KULICK ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(84) STUART KURLANDER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(85) BETTINA KUROWSKI ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(86) DAVID LATCHMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(87) RONALD LAUDER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(88) NIGEL LAYTON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(89) ADELE LEBERSFELD ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(90) JOSEPH LEBOVIC ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(91) MICHAEL LBOVITZ ----- 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 **▶** 36

	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) ALAN LEIFER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(93) SANDY LINGER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(94) MATTHEW LESTER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(95) MICHAEL LEVINSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(96) SHARI LEVY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(97) LIZA LEVY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(98) JAMES LIBSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(99) STEPHEN LIEBERMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(100) JAYNE LIPMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(101) DEBORAH LIPSTADT ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(102) HANNAN LIS ----- 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 **▶** 36

	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)	KRIS MACDONALD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(104)	MERAV MANDELBAUM BOARD MEMBER	1.00 0.	X						0.	0.	0.
(105)	ROBERT MANN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(106)	KATHY MANNING BOARD MEMBER	1.00 0.	X						0.	0.	0.
(107)	EDWARD MERRIN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(108)	PHILIP MEYERS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(109)	LAURA MILLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(110)	LINDA MIRELS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(111)	JOANNE MOORE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(112)	EVE MYERS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(113)	SABRINA NAIM 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 **▶** 36

	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) MARTIN PAISNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(115) AARON PANKEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(116) RICHARD PARASOL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(117) TREVOR PEARS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(118) SAMUEL POLLACK BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(119) SANDRA POST BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(120) STEVEN PRICE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(121) BOAZ RAAM BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(122) DENA RASHES BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(123) LESLIE ROSEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(124) MICHELE ROSEN 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 **▶** 36

	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)	RICHARD ROSEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(126)	KELLEE ROSENBERG BOARD MEMBER	1.00 0.	X						0.	0.	0.
(127)	PHILIP ROSENFELD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(128)	DAN ROSENFELD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(129)	ALAN ROTHENBERG BOARD MEMBER	1.00 0.	X						0.	0.	0.
(130)	JAY RUDERMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(131)	CAROL SAIVETZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(132)	ANNIE SANDLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(133)	NATHAN SANDLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(134)	RICHARD SANDLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(135)	JONATHAN SARNA 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 **▶** 36

	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) NINA SASLOVE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(137) ARTHUR SCHNEIER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(138) LINDA SCHOTTENSTEIN FISHER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(139) JAYNIE SCHULTZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(140) LYNN SCHUSTERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(141) GARY SEGAL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(142) CYNTHIA SHAPIRA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(143) BETSY SHEERR BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(144) BENJAMIN SIGEL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(145) BERYL SIMONSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(146) JOY SISISKY 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 **▶** 36

	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) TERRI SMOOKE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(148) IRVING SMOKLER BOARD MEMBER	1.00 2.00	X					0.	0.	0.	
(149) EDGAR SNYDER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(150) JEROME SPITZER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(151) ADIN STEINSALTZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(152) SUSAN STERN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(153) JEFFREY SWARTZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(154) JANE SWERGOLD BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(155) STEVEN TAUB BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(156) LOUIS THALHEIMER BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(157) EILON TIROSH 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 **▶** 36

	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) ANDREW TISCH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(159) ANNIE ULEVITCH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(160) ELIZABETH VARET BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(161) BETTINA WAXMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(162) MARSHALL WEINBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(163) PENNI WEINBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(164) DIANE WERNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(165) DARIO WERTHEIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(166) MARK WILF BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(167) M. KENNETH WITOVER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(168) DAVID WOLPE 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 **▶** 36

	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) JACQUELINE WOOLF BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(170) ETTA ZIMMERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(171) HAROLD ZLOT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(172) SUSAN ZOHN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(173) HONEY SHERMAN BOARD MEMBER (THRU 2017)	1.00 0.	X					0.	0.	0.	
(174) STUART BROWN BOARD MEMBER (THRU 12/2017)	1.00 0.	X					0.	0.	0.	
(175) DONALD ROBINSON BOARD MEMBER (THRU 6/2017)	1.00 0.	X					0.	0.	0.	
(176) RICHARD JOEL BOARD MEMBER (THRU 8/17)	1.00 0.	X					0.	0.	0.	
(177) JODI SCHWARTZ BOARD MEMBER (THRU 6/17)	1.00 0.	X					0.	0.	0.	
(178) ELAINE WINIK BOARD MEMBER (THRU 9/17)	1.00 0.	X					0.	0.	0.	
(179) DAVID SCHIZER EXECUTIVE VP & CEO	40.00 1.00			X			882,621.	0.	36,467.	
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 **36**

	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) OPHIR SINGAL CHIEF FINANCIAL OFFICER	40.00 1.00			X				336,530.	0.	59,455.
(181) PABLO WEINSTEINER CHIEF HUMAN RESOURCE OFFICER	40.00 0.				X			308,853.	0.	62,431.
(182) DIEGO ORNIQUE REGIONAL DIR (EUROPE)	40.00 0.				X			0.	238,793.	18,800.
(183) ELIOT GOLDSTEIN EXEC. DIRECTOR RESOURCE DVLPMT	40.00 0.				X			0.	288,939.	41,708.
(184) MICHAL FRANK JDC FSU DIRECTOR GENERAL	40.00 0.				X			0.	234,976.	51,588.
(185) JACK HABIB (THRU 9/17) CEO, MYERS-JDC BROOKDALE	1.00 40.00				X			0.	683,153.	170,146.
(186) YOSSI TAMIR DIRECTOR GENERAL, JDC ISRAEL	1.00 40.00				X			0.	285,054.	31,714.
(187) GUY BILLAUER GENERAL COUNSEL	40.00 0.				X			218,406.	0.	47,077.
(188) ELLIOT HALPERIN DIRECTOR EXTERNAL RELATIONS	40.00 0.				X			272,994.	0.	25,566.
(189) SARAH EISEMAN ASSISTANT EXECUTIVE VP	40.00 0.					X		212,196.	0.	34,953.
(190) ELIZABETH FINE ASSISTANT EXECUTIVE VP BOARD	40.00 0.					X		214,238.	0.	27,741.
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 **▶** 36

	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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Includes entries for Heather Morgan, Michael Novick, and Amir Shaviv.

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 36

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
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? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Table with 3 columns: Question number, Yes, No. Contains responses for questions 3, 4, and 5.

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.

Table with 3 columns: (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.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	50,834,598.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	1,140,000.					
	e Government grants (contributions) . .	1e	42,156,106.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	209,093,077.					
	g Noncash contributions included in lines 1a-1f: \$		3,144,476.					
	h Total. Add lines 1a-1f ▶			303,223,781.				
	Program Service Revenue				Business Code			
2a PARTICIPATION AND PARTNERSHIP FEES			900099	2,348,035.	2,348,035.			
b PRESCHOOL ACTIVITIES			900099	1,322,852.	1,322,852.			
c FSU OPERATIONAL REVENUE			900099	87,991.	87,991.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f ▶			3,758,878.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			4,505,260.		-144,243.	4,649,503.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	417,190.					
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)		417,190.				
	d Net rental income or (loss) ▶			417,190.			417,190.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	69,147,336.	5,698,900.				
		(ii) Other						
		b Less: cost or other basis and sales expenses	55,855,049.	1,379,000.				
		c Gain or (loss)	13,292,287.	4,319,900.				
	d Net gain or (loss) ▶			17,612,187.		733,861.	16,878,326.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
		b Less: direct expenses b						
c Net income or (loss) from fundraising events. ▶				0.				
9a Gross income from gaming activities. See Part IV, line 19 a								
	b Less: direct expenses b							
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a								
	b Less: cost of goods sold b							
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code					
11a JOINT ISRAEL AND BROOKDALE INCOME		900099	1,963,065.			1,963,065.		
b ELDERLY APARTMENT MGMT INCOME (MALBEN)		900099	1,168,341.			1,168,341.		
c OTHER INCOME		900099	248,143.			248,143.		
d All other revenue								
e Total. Add lines 11a-11d ▶			3,379,549.					
12 Total revenue. See instructions. ▶			332,896,845.	3,758,878.	589,618.	25,324,568.		

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,349,365.	2,349,365.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	206,467,995.	206,467,995.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,704,561.	874,804.	3,829,757.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	52,742,369.	40,284,270.	5,624,515.	6,833,584.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,121,937.	102,223.	2,915,359.	104,355.
9 Other employee benefits	2,423,243.	1,270,979.	718,413.	433,851.
10 Payroll taxes	2,738,986.	1,812,539.	513,867.	412,580.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	623,860.	424,550.	158,883.	40,427.
c Accounting	1,023,521.	143,470.	867,477.	12,574.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	309,086.			309,086.
f Investment management fees	1,889,134.		1,889,134.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,309,430.	3,236,134.	538,271.	535,025.
12 Advertising and promotion	0.			
13 Office expenses	6,362,281.	4,901,012.	1,094,241.	367,028.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	4,926,283.	2,675,404.	2,201,853.	49,026.
17 Travel	5,994,203.	4,527,774.	712,491.	753,938.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,019,821.	3,031,080.	746,407.	242,334.
20 Interest	853,079.		853,079.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,024,003.	776,966.	983,953.	263,084.
23 Insurance	881,173.	339,301.	538,416.	3,456.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING AND DEVELOPMENT	5,312,229.	5,223,552.	71,542.	17,135.
b BAD DEBT EXPENSE	711,043.		711,043.	
c MARKETING ENHANCEMENT	699,517.	84,231.	163,903.	451,383.
d PRINTING AND POSTAGE	611,458.	297,453.	141,065.	172,940.
e All other expenses	2,003,619.	1,041,948.	816,615.	145,056.
25 Total functional expenses. Add lines 1 through 24e	317,102,196.	279,865,050.	26,090,284.	11,146,862.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

Table with columns: (A) Beginning of year, (B) End of year. Rows include Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Includes sub-rows 10a, 10b, 10c and checkboxes for SFAS 117 (ASC 958) compliance.

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	332,896,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	317,102,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,794,649.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	346,814,376.
5	Net unrealized gains (losses) on investments	5	30,066,266.
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	1,318,785.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	393,994,076.

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.

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

OMB No. 1545-0047

2017

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.

(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						

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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (62.59%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (61.30%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 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

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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? If "Yes" to a, b, or c, provide detail in Part VI .	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? 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	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? Provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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	2013	2014	2015	2016	2017	TOTAL
JOINT ISRAEL&BROOKDALE INCOME			548,956.	1,680,153.	1,963,065.	4,192,174.
ELDERLY APARTMENT MGMT INCOME			488,874.	939,278.	1,168,341.	2,596,493.
OTHER INCOME			281,949.	152,214.	248,143.	682,306.
TOTALS			<u>1,319,779.</u>	<u>2,771,645.</u>	<u>3,379,549.</u>	<u>7,470,973.</u>

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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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	_____	\$ 103,848,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 30,695,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 12,327,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 15,433,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 8,675,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 8,465,000.	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	_____	\$ 9,614,295.	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
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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

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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
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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) 2017

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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2014	(b) 2015	(c) 2016	(d) 2017	(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 sub-column (1-5). 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 1I

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 \$52,880

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization 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: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for conservation contributions (2a-2d), and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and amounts required to be reported.

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

Schedule D (Form 990) 2017

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 [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] 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 [X] 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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [] 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 39.4200 %
b Permanent endowment 40.8100 %
c Temporarily restricted endowment 19.7700 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations [] Yes [X] No
(ii) related organizations [] Yes [X] No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? []

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

(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	50,572,064.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	50,572,064.	

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	29,302,501.
(3) PENSION PLAN OBLIGATION	18,382,146.
(4) ANNUITY OBLIGATIONS	2,206,391.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	49,891,038.

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)

COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHER ASSETS

SCHEDULE D, PART III, LINE 4

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.

INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

EDUCATIONAL AND WELFARE SERVICES, BUILDING COMMUNITIES, RESEARCH, AID TO THE ELDERLY, AND OTHER GENERAL PURPOSES OF JDC.

COMPLETE

SCHEDULE D, PART X, LINE 2

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 A NET REFUND OF \$498, WHICH HAS BEEN NETTED AGAINST INVESTMENT INCOME, FOR DECEMBER 31, 2017.

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, 2017.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

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.

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

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	0.	0.	GRANTMAKING		225,361.
(2) EAST ASIA AND THE PACIFIC	1.	2.	GRANTMAKING		206,825.
(3) EUROPE	8.	78.	GRANTMAKING		38,382,271.
(4) MIDDLE EAST AND NORTH AFRICA	2.	612.	GRANTMAKING		59,151,029.
(5) RUSSIA/INDEPENDENT STATES	15.	244.	GRANTMAKING		102,005,512.
(6) SOUTH AMERICA	1.	13.	GRANTMAKING		2,806,789.
(7) SOUTH ASIA	1.	11.	GRANTMAKING		704,352.
(8) SUB-SAHARAN AFRICA	1.	39.	GRANTMAKING		2,985,855.
(9) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		56,966,932.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	29.	999.			263,434,926.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	29.	999.			263,434,926.

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

Schedule F (Form 990) 2017

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	102,005,512.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SEE PART V	38,348,195.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	SEE PART V	224,036.	WIRE			
(4)			SOUTH AMERICA	SEE PART V	2,678,161.	WIRE			
(5)			EAST ASIA/PACIFIC	SEE PART V	175,393.	WIRE			
(6)			SOUTH ASIA	SEE PART V	702,923.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SEE PART V	59,135,864.	WIRE			
(8)			SUB-SAHARAN AFRICA	SEE PART V	2,921,609.	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 416.

3 Enter total number of other organizations or entities 48.

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; don't 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; don't 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).

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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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				11,124,682.	309,086.	10,897,696.

- 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, FL, GA, HI, IL,
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, 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 (add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
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				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	<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 - \$26,028

NADINE HABOUSHA - \$1,154

JEAN-MARC LILING - \$XXX,XXX

OBRIEN GARRETT - \$585

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	6,789,630.	120,000.	6,669,630.
NADINE HABOUSHA 525 E. 86TH ST. APT. 7F NEW YORK NY 10028	FUNDRAISING		X	2,423,013.	60,000.	2,445,113.
JEAN MARK LILING 1 BARAK ST. JERUSALEM IS	FUNDRAISING		X	881,217.	21,086.	860,131.
OBRIEN GARRETT 1133 19TH ST. NW STE. 300 WASHINGTON DC 20036	DIRECT MAIL MAILING		X	1,030,822.	108,000.	922,822.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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) GABRIEL PROJECT MUMBAI P.O.BOX 5025 BERGENFIELD, NJ 07621	45-4541556	501(C)(3)	42,500.				GENERAL
(2) ALEPH SOCIETY, INC. 25 WEST 45TH STREET NEW YORK, NY 10036	13-3472524	501(C)(3)	10,000.				GENERAL
(3) AFYA FOUNDATION 140 SAW MILL RIVER ROAD YONKERS, NY 10701	26-1300361	501(C)(3)	9,500.				GENERAL
(4) TECHNOSERVE, INC. 1120 19TH STREET, NW WASHINGTON, DC 20036	13-2626135	501(C)(3)	79,593.				GENERAL
(5) AMERICAN FRIENDS OF THE PERES 1270 NORTH AVE NEW ROCHELLE, NY 10804	13-3940178	501(C)(3)	75,000.				GENERAL
(6) RAHMA RELIEF FOUNDATION 31119 GREENFIELD RD BEVERLY HILLS, MI 48025	47-1304361	501(C)(3)	29,452.				GENERAL
(7) UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	15,000.				GENERAL
(8) B'NAI B'RITH YOUTH ORGANIZATION 800 EIGHTH STREET NW WASHINGTON, DC 20001	53-0179971	501(C)(3)	176,000.				GENERAL
(9) FOUNDATION OF ORTHOPEDICS AND COMPLEX SPINE 226 E 54TH STREET NEW YORK, NY 10022-4854	13-4047356	501(C)(3)	1,062,050.				GENERAL
(10) URBAN JUSTICE CENTER 333 SEVENTH AVENUE NEW YORK, NY 10006	13-3442022	501(C)(3)	10,000.				GENERAL
(11) MOISHE HOUSE 441 SAXONY ROAD, BARN 2 ENCINITAS, NC 92024	26-2599786	501(C)(3)	255,000.				GENERAL
(12) HIAS NEW YORK 333 SEVENTH AVENUE NEW YORK, NY 10001	13-5633307	501(C)(3)	98,000.				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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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) HEART TO HEART 13250 W. 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)	41,500.				GENERAL
(2) KAVOD 8914 FARNAM COURT OMAHA, NE 68114	47-0789888	501(C)(3)	50,000.				GENERAL
(3) CADENA FOUNDATION 2719 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	81-2702562	501(C)(3)	36,000.				GENERAL
(4) HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	130,000.				GENERAL
(5) RELAY GRADUATE SCHOOL OF EDUCATION 40W 20TH STREET, 7TH FL NEW YORK, NY 10011	27-5316628	501(C)(3)	12,500.				GENERAL
(6) HILLEL:THE FOUNDATION FOR JEWISH CAMPUS LIF 800 EIGHTH STR. WASHINGTON, DC 20001	52-1844823	501(C)(3)	21,770.				GENERAL
(7) KIMIYAA, INC. 200 PARK AVENUE NEW YORK, NY 10166	81-4096689	501(C)(3)	40,000.				GENERAL
(8) INSTITUTE FOR JEWISH & COMMUNITY RESEARCH 3198 FULTON ST. SAN FRANCISCO, CA 94118	94-3307253	501(C)(3)	30,000.				GENERAL
(9) CHAMAH 420 LEXINGTON AVE STE 300	23-7365688	501(C)(3)	30,000.				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) (2017)

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.

ORGANIZATION'S PROCEDURES FOR MONITORING THE GRANT FUNDS IN THE U.S.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel
<input type="checkbox"/> Travel for companions
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<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 checked="" type="checkbox"/> Independent compensation consultant
<input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|--|---|

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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 DAVID SCHIZER EXECUTIVE VP & CEO	(i)	881,901.	0.	720.	27,825.	8,642.	919,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 OPHIR SINGAL CHIEF FINANCIAL OFFICER	(i)	308,426.	0.	28,104.	8,229.	51,226.	395,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PABLO WEINSTEINER CHIEF HUMAN RESOURCE OFFICER	(i)	308,133.	0.	720.	11,550.	50,881.	371,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DIEGO ORNIQUE REGIONAL DIR (EUROPE)	(i)	0.	0.	0.	11,798.	0.	11,798.	0.
	(ii)	230,665.	0.	8,128.	0.	7,002.	245,795.	0.
5 ELIOT GOLDSTEIN EXEC. DIRECTOR RESOURCE DVLPMT	(i)	0.	0.	0.	7,950.	0.	7,950.	0.
	(ii)	283,017.	0.	5,922.	0.	33,758.	322,697.	0.
6 MICHAL FRANK JDC FSU DIRECTOR GENERAL	(i)	0.	0.	0.	32,616.	0.	32,616.	0.
	(ii)	230,533.	0.	4,443.	0.	18,972.	253,948.	0.
7 JACK HABIB (THRU 9/17) CEO, MYERS-JDC BROOKDALE	(i)	0.	0.	0.	9,594.	0.	9,594.	0.
	(ii)	206,905.	0.	476,248.	0.	160,552.	843,705.	0.
8 YOSSI TAMIR DIRECTOR GENERAL, JDC ISRAEL	(i)	0.	0.	0.	7,891.	0.	7,891.	0.
	(ii)	265,933.	0.	19,121.	0.	23,823.	308,877.	0.
9 GUY BILLAUER GENERAL COUNSEL	(i)	217,926.	0.	480.	7,427.	39,650.	265,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ELLIOT HALPERIN DIRECTOR EXTERNAL RELATIONS	(i)	272,364.	0.	630.	17,550.	8,016.	298,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SARAH EISEMAN ASSISTANT EXECUTIVE VP	(i)	211,789.	0.	407.	8,704.	26,249.	247,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ELIZABETH FINE ASSISTANT EXECUTIVE VP BOARD	(i)	213,776.	0.	462.	6,794.	20,947.	241,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 HEATHER MORGAN DIR GLOBAL MARKETING & COMM	(i)	218,576.	0.	392.	7,345.	48,691.	275,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 MICHAEL NOVICK EX DIR STRATEGIC DEVELOPMENT	(i)	270,454.	0.	6,096.	7,281.	33,941.	317,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 AMIR SHAVIV ASST EXC VP SPECIAL OPERATIONS	(i)	217,729.	0.	6,042.	7,207.	21,921.	252,899.	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 2017 THAT ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(III).

MICHAL FRANK

ELIOT GOLDSTEIN

YOSSI TAMIR

JACK HABIB

SEVERANCE PAYMENTS

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, 2017.

OPHIR SINGAL

DIEGO ORNIQUE

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.

PABLO WEINSTEINER

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT FOR RECOGNITION OF HIS SERVICE TO THE ORGANIZATION. THE SEVERANCE PAYMENT REPRESENTS ACCUMULATED CONTRIBUTIONS TO THE SEVERANCE PLAN THAT ARE PAID OUT UPON TERMINATION OF HIS EMPLOYMENT. CONSISTENT WITH THE TAX LAWS OF ISRAEL, PART OF THIS PAYMENT IS REPORTED AS TAXABLE COMPENSATION ON SCHEDULE J PART II COLUMN B(III) AND PART IS REPORTED ON SCHEDULE J PART II COLUMN D.

JACK HABIB

TAXABLE: \$470,446

NONTAXABLE: \$144,312

CONSISTENT WITH THE LAWS OF ISRAEL, ALL EMPLOYEES WILL RECEIVE SEVERANCE BENEFITS UPON THE END OF THEIR EMPLOYMENT WITH JOINT ISRAEL. NO PAYMENTS OTHER THAN THOSE IDENTIFIED ABOVE WERE MADE DURING 2017.

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.

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

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.

OPHIR SINGAL PARTICIPATES IN A 457F PLAN. A CONTRIBUTION OF \$27,000 MADE

TO THE PLAN BY OPHIR SINGAL DURING 2017 HAS BEEN REPORTED AS TAXABLE

COMPENSATION ON SCHEDULE J, PART II, COLUMN B(III).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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		467.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	65.	3,144,009.	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 ▶ (_____)				
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) (2017)

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

2017

**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, 2017. JOINT ISRAEL HAD NET ASSETS OF \$37,529,000; REVENUE OF \$89,789,000; AND EXPENSES OF \$87,747,000 FOR THE YEAR ENDED DECEMBER 31, 2017. 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.

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

EMERGENCY GRANTS

IN 2017, JDC PROVIDED ROUGHLY 140,000 JEWS IN NEED AROUND THE WORLD WITH MUCH NEEDED RELIEF AND WELFARE SERVICES. IN 2017, JDC PROVIDED SOME 14.4 MILLION HOURS OF HOMECARE TO NEEDY ELDERLY IN THE FORMER SOVIET UNION. OVER 108,000 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 DEV'T

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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VOCATIONAL TRAINING & EMPLOYMENT

DEVELOPING VOLUNTARISM

IN 2017, 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).

4D: THE INTERNATIONAL DEVELOPMENT PROGRAM

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 NORMS. TRAINING IS AN ESSENTIAL PART OF THESE EFFORTS, WITH THE AIM OF ENHANCING THE CAPACITIES OF LOCAL PARTNERS TO ENSURE THAT PROJECTS

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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CONTINUE TO HAVE A LONG-TERM IMPACT EVEN AFTER JDC'S INVOLVEMENT HAS ENDED.

4D: GLOBAL RESPONSE & INNOVATIVE DEVELOPMENT (GRID) PROGRAM

JDC'S GRID PROGRAM RESPONDS TO HUMANITARIAN CRISES AND NATURAL DISASTERS THROUGH EMERGENCY RESPONSE AND RECOVERY WORK FOR VULNERABLE POPULATIONS PROVIDING FOOD, WATER, MEDICINES AND SHELTER AS WELL AS PSYCHOSOCIAL SUPPORT, OPPORTUNITIES TO REGAIN THEIR LIVELIHOODS AND PREPARE FOR FUTURE CRISES. JDC ALSO CONVENES AND COORDINATES THE JEWISH COALITION FOR DISASTER RESPONSE, AN ALLIANCE OF OVER 40 JEWISH AGENCIES THAT RESPOND TO MAJOR GLOBAL CRISES SUCH AS SYRIAN REFUGEES, THE ROHINGYA CRISIS AND MAJOR DISASTERS.

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: 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 17 PAYMENTS FOR THE GIFT ANNUITY TRUSTS.

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

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. CHARLES K. RIBAKOFF & BENJAMIN GORDON
5. ELLEN BLOCK & ROBERT MANN
6. HOWARD SHULTZ & JAYNIE SCHULTZ
7. IRVING SMOKLER & NORA LEE BARRON
8. JOHN C. COLMAN & DAVID L. COLMAN
9. MARK B. SISISKY & JOY SISISKY
10. MARK B. SISISKY & JOANNE MOORE
11. JOY SISISKY & JOANNE MOORE

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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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 BOARD OF DIRECTORS. THE BOARD WAS 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.

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

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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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 2016 MEETING FOR 2017 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. 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.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

ACTUARIAL GAIN ON PENSION PLAN	\$1,861,424
ACTUARIAL LOSS ON ANNUITY OBLIGATION	(\$317,840)
FOREIGN CURRENCY TRANSLATION LOSSES	(\$224,799)

TOTAL	\$1,318,785

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 1FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ALL OTHER PROGRAMS	11,117,601.	14,371,933.	87,991.
RESEARCH AND DEVELOPMENT	949,649.	11,150,540.	
TOTALS	<u>12,067,250.</u>	<u>25,522,473.</u>	<u>87,991.</u>

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

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

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

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

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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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>
GRANT THORNTON 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017	AUDIT AND TAX	568,867.
KPMG 2323 ROSS AVENUE, SUITE 1400 DALLAS, TX 75201	INTERNAL AUDIT	463,986.
CAMBRIDGE ASSOCIATES, LLC 340 MADISON NEW YORK, NY 10173	INVESTMENT ADVISORY	390,000.
BAKER & MCKENZIE, LLP 300 EAST RANDOLPH STREET, SUITE 5000 CHICAGO, IL 60601	LEGAL	243,086.
EAGLE CAPITAL MANAGEMENT, LLC 499 PARKE AVENUE, FLOOR 17 NEW YORK, NY 10022	PENSION MANAGEMENT	208,848.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization COMMITTEE INC.	THE AMERICAN JEWISH JOINT DISTRIBUTION	Employer identification number 13-1656634
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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 FOU DA 03-0391368 220 E. 42ND STREET NEW YORK, NY 10017	SEE PART VII	NY	501(C)(3)	12A TYPE I	AJJDC	X	
(2) SWERGOLD FAMILY FOUNDATION FOR CHILDREN 26-4139621 220 E. 42ND STREET NEW YORK, NY 10017	SEE PART VII	NY	501(C)(3)	12A TYPE I	AJJDC	X	
(3) JACK G. BUNCHE R CHARITABLE FUND FOR AJJD 20-4393253 220 E. 42ND STREET NEW YORK, NY 10017	SEE PART VII	NY	501(C)(3)	12A TYPE I	AJJDC	X	
(4) CHARITY FUND JDC 4-TH ROSHINSKIY PROE ZD 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 JJDC, INC. CENTER SHALOM-ALEIHEM ST. 4. DNEPROPETROVSK, UP	SEE PART VII	UP			AJJDC	X	

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**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.**

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

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) KHARKIV REG. PUBLIC ORG. AJJDC DZERZISKI DISTRICT, TOBOLSKAYA KHARKOV, UP	SEE PART VII	UP			AJJDC	X	
(2) INSTITUTIA PRIVATA AJJDC MOLDOVA STRADELA 1 AERODROMULUI 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 F P.O. BOX 71 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 ATHRI 10B, TALLINNA LINN HARJU MAAKOND, TALLINN EN	SEE PART VII	EN			AJJDC	X	

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

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▶ **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 BO. 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	SEE PART VII	GM			AJJDC	X	
(5) PUBLIC ORGANIZATION HALOM KOVPAKA STR, 17 KIEV, UP	SEE PART VII	UP			AJJDC	X	
(6) AJJDC UK TRUST 20 GLOUCESTER PLACE LONDON, UK W1U 8HA	SEE PART VII	UK			AJJDC	X	
(7) NIKITZKAYA JEWISH CULTURAL CENTER BOLSHAYA NIKITSKAYA ST. 47, BU MOSCOW, RS	SEE PART VII	RS			CHARITY FUND	X	

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization COMMITTEE INC.	THE AMERICAN JEWISH JOINT DISTRIBUTION	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.1B 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) AJDC FOREIGN ASSOCIATION 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 ACRE HOUSE, 11-15 WILLIAM RD. LONDON, UK NW1 3ER	SEE PART VII	UK			AJJDC-PARIS	X	

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

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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) INDIAN JOINT TRUST D.G. RUPAREL COLL., BAL GOVIND MUMBAI, IN 40001	SEE PART VII	IN			AJJDC	X	
(2) JDC SWITZERLAND 197A, ROUTE DE SAINT-JULIEN GENEVA, SZ	SEE PART VII	SZ			AJJDC	X	
(3) AJJDC - AUSTRALIA TAUBSTUMMENGASSE 5/18 WIEN, AS	SEE PART VII	AS			AJJDC	X	
(4) MALBEN INSTITUTE JDC HILL PO BOX 3489 JERUSALEM, IS 91034	SEE PART VII	IS			AJJDC	X	
(5) ELKA JDC HILL PO BOX 3489 JERUSALEM, IS 91034	SEE PART VII	IS			JOINT ISRAEL	X	
(6) TAUB CENTER HAARI ST 15, PO BOX 3489 JERUSALEM, IS 91034	SEE PART VII	IS			AJJDC	X	
(7) SOLOMONICA JCC DNEPROPETROVSK SHALOM-ALEIHEM ST. 4, APP.26. DNEPROPETROVSK, UP	SEE PART VII	UP			AJJDC	X	

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**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.

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

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) JDC LATIN AMERICA FOUNDATION JUNCAL 1392 MONTEVIDEO, UY	SEE PART VII	UY			AJJDC	X	
(2) AJJDC EUROPE, ASIA & AFRICA FOUNDATION 1053 BUDAPEST FERENCIEK, HU	SEE PART VII	HU			AJJDC	X	
(3) JDC HUNGARY FOUNDATION 1053 BUDAPEST FERENCIEK, HU	SEE PART VII	HU			AJJDC	X	
(4) ASSOCIATION JOINT DISTRIBUTION COMMITTEE 3 RUE ROUGET DE L'ISLE CASABLANCA, MO	SEE PART VII	MO			AJJDC	X	
(5)							
(6)							
(7)							

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Schedule R (Form 990) 2017

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	-1,985,327.	25,453,209.	100.0000	X	
(2) CHARITABLE GIFT ANNUITY (29)	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	0.	2,732.	100.0000	X	
(6) MENORA, LLC NIZHINSKAYA ST. 77/79 ODESSA, UP	SEE PART VII	UP	AJJDC	C CORP	267,180.	31,202.	100.0000	X	
(7) SOLOMONIKA, LLC SHALOM-ALEIHEM ST. 4, APP.26. DNEPROPETROVSK, UP	SEE PART VII	UP	AJJDC	C CORP	92,855.	22,804.	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	100,353.	34,945.	100.0000	X	
(2) DEKEL, LLC BOLSHAYA NIKITSKAYA ST. 47, BUILDIN MOSCOW, RS	SEE PART VII	RS	AJJDC	C CORP	200,623.	57,298.	100.0000	X	
(3) TAPUZ KINDERGARTEN, LLC BOLSHAYA NIKITSKAYA ST. 47, BUILDIN MOSCOW, RS	SEE PART VII	RS	AJJDC	C CORP	1,799,733.	205,092.	100.0000	X	
(4) SHALHEVET, LLC BOLSHAYA RZNOCHINNAYA ST. 25 ST. PETERSBURG, RS	SEE PART VII	RS	AJJDC	C CORP	348,830.	350,073.	100.0000	X	
(5) AREC MOLDOVA 5 E. DOGA STR MOLDOVA, MD	SEE PART VII	MD	AREC	C CORP	39,010.	222,954.	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	46,060,757.	COST
(2) INTL. SOCIAL ORGN. AJJDC, INC. CENTER	B	18,012,000.	COST
(3) INTL. PUBLIC ORGANIZATION UNITED JOINT	B	9,152,533.	COST
(4) THE AMERICAN JDDC, INC. CENTER	B	10,759,000.	COST
(5) PUBLIC ORN. JOINT IN THE NE REG. OF UKR	B	6,745,720.	COST
(6) AJJDC IN MOLDOVA	B	4,027,000.	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	5,856,000.	COST
(2) SOLOMONIKA LLC	D	518,000.	COST
(3) JDC ESTONIA SIHTASUTUS	P	53,124.	COST
(4) AJJDC EUROPE	B	2,869,025.	COST
(5) JDC ESTONIA SIHTASUTUS	B	747,710.	COST
(6) JOINT BULGARIA ASSOCIATION	B	517,478.	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 EUROPE, ASIA, & AFRICA FOUNDATION	B	461,685.	COST
(2) ASSOCIATION JOINT DISTRIBUTION COMMITTEE	B	50,464.	COST
(3) FUNDACJA JDC POLAND	B	1,171,062.	COST
(4) AJJDC REAL ESTATE COMPANY LIMITED	D	11,244,208.	COST
(5) AJJDC REAL ESTATE COMPANY LIMITED	I	2,594,024.	COST
(6) THE THALHEIMER FAMILY JDC SUPPORT FOUNDATION	C	170,000.	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) JACK G BUNCHE CHARITABLE FOUNDATION	C	950,000.	COST
(2) JOINT ISRAEL	B	32,747,000.	COST
(3) PRIVATE PRESCHOOL EDUCATION INST. ANAVIM	D	179,290.	COST
(4) TAUB CENTER	E	1,386,000.	COST
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

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; JDC LATIN AMERICA; AJJDC EUROPE, ASIA, AND AFRICA
 FOUNDATION; JDC HUNGARY FOUNDATION; ASSOCIATION JDC; TAUB CENTER;
 SOLOMONICA JCC DNEPROPETROVSK;

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

Part VII **Supplemental Information**

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

LIFE AND NURTURING EMERGING VISIONARIES TO CREATE JEWISH LEARNING
INITIATIVES AND EXPERIENCES FOR CHILDREN AND YOUTH.