

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, 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.			D Employer identification number 13-1656634	
	Doing Business As			E Telephone number (212) 687-6200	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 220 E 42ND STREET STE 400		G Gross receipts \$ 402,240,346.		
	City or town, state or province, country, and ZIP or foreign postal code 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)	
F Name and address of principal officer: DAVID M. SCHIZER 220 E. 42ND STREET, SUITE 400, NEW YORK, NY 10017			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.JDC.ORG			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1914		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) IS THE WORLD'S LEADING JEWISH HUMANITARIAN ASSISTANCE ORGANIZATION, WORKING IN MORE THAN 70 COUNTRIES AND IN ISRAEL.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3 163.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 163.		
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 167.		
	6 Total number of volunteers (estimate if necessary)	6 269.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,127,021.		
b Net unrelated business taxable income from Form 990-T, line 34	7b 2,127,485.			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 303,223,781.	Current Year 329,174,682.
	9 Program service revenue (Part VIII, line 2g)		3,758,878.	3,667,983.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,117,447.	20,255,979.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,796,739.	4,319,738.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		332,896,845.	357,418,382.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		208,817,360.	213,677,621.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		65,731,096.	64,285,454.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		309,086.	307,305.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,893,456.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,244,654.	45,939,271.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		317,102,196.	324,209,651.
19 Revenue less expenses. Subtract line 18 from line 12		15,794,649.	33,208,731.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 514,766,002.	End of Year 491,708,301.
	21 Total liabilities (Part X, line 26)		120,771,926.	110,444,714.
	22 Net assets or fund balances. Subtract line 21 from line 20.		393,994,076.	381,263,587.

Part II Signature Block

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

Sign Here	Signature of officer		Date 11/08/2019		
	OPHIR SINGAL CFO				
Paid Preparer Use Only	Print/Type preparer's name QI WEN LIANG	Preparer's signature <i>Qi Wen Liang</i>	Date 11/08/2019	Check <input type="checkbox"/> if self-employed	PTIN P01270238
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVENUE, 4TH FLOOR NEW YORK, NY 10017-2013			Phone no. 212-599-0100	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number (EIN) or 13-1656634
	Number, street, and room or suite no. If a P.O. box, see instructions. 220 E 42ND STREET STE 400	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ALIYAH KOZIROVSKY-RATSEN

• The books are in the care of ▶ 220 E. 42ND STREET NEW YORK NY 10017

Telephone No. ▶ 212 687-6200 Fax No. ▶

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

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2018 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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 \$ 170,400,517. including grants of \$ 136,309,940.) (Revenue \$)

SAVING JEWISH LIVES:

SAVING JEWISH LIVES 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.

4b (Code:) (Expenses \$ 88,833,357. including grants of \$ 56,362,362.) (Revenue \$)

INNOVATIVE SOCIAL SERVICES IN ISRAEL:

IN ISRAEL, JDC'S PROGRAMS AID THE MOST VULNERABLE CITIZENS, INCLUDING UNEMPLOYED ISRAELIS, CHILDREN AT RISK, THE ELDERLY, AND ISRAELIS WITH DISABILITIES. THIS IS ACCOMPLISHED THROUGH RESEARCH AND DEVELOPMENT AND PARTNERSHIP WITH THE GOVERNMENT OF ISRAEL AND OTHER NON-GOVERNMENTAL ORGANIZATIONS.

4c (Code:) (Expenses \$ 13,123,934. including grants of \$ 10,498,341.) (Revenue \$)

BUILDING JEWISH LIFE:

BUILDING JEWISH LIFE PROGRAMS FOCUS ON STRENGTHENING JEWISH COMMUNITIES AROUND THE GLOBE THROUGH EMPOWERMENT AND TRAINING AS WELL AS SOCIAL DEVELOPMENT. PROGRAMS INCLUDE CREATING OPPORTUNITIES THAT PROMOTE JOB UPGRADING AND MOBILITY FOR VULNERABLE POPULATIONS, CONSULTING FOR OVERSEAS JEWISH COMMUNITIES AND PROFESSIONALS IN THE PUBLIC SECTOR. 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.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 13,134,733. including grants of \$ 10,506,978.) (Revenue \$ 3,667,983.)

4e Total program service expenses 285,492,541.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

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 3 columns: Question number, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 (163), 1b (163), 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 (1024 or 1024-A 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

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 CHAIRMAN	1.00 3.00	X		X				0.	0.	0.
(2) STANLEY A. 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 K. RIBAKOFF VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(5) HARVEY SCHULWEIS VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(6) MARK SISISKY VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(7) JANE G. WEITZMAN VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(8) J. DAVID HELLER BOARD MEMBER	1.00 0.	X		X				0.	0.	0.
(9) ELLEN HELLER HONORARY PRESIDENT	1.00 0.	X		X				0.	0.	0.
(10) JONATHAN KOLKER HONORARY PRESIDENT	1.00 0.	X		X				0.	0.	0.
(11) IRVING SMOKLER HONORARY PRESIDENT	1.00 2.00	X		X				0.	0.	0.
(12) JACOB SCHIMMEL SECRETARY	1.00 0.	X		X				0.	0.	0.
(13) HELEN ABELES ASSISTANT SECRETARY	1.00 0.	X		X				0.	0.	0.
(14) CAROL R. SAIVETZ ASSISTANT SECRETARY	1.00 0.	X		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) PAULA SIDMAN ----- TREASURER	1.00 ----- 0.	X		X				0.	0.	0.
16) JOY SISISKY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
17) GERALDINE ACUNA-SUNSHINE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
18) GARY O. AIDEKMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
19) CLAUDE E. ARNALL ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
20) JONATHAN ART ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
21) NORA LEE BARRON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
22) MICHAEL BARRY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
23) TERESA BAZBAZ ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
24) ELAINE BERKE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
25) LESLIE BIDER ----- 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								3,447,019.	1,895,303.	656,209.
d Total (add lines 1b and 1c)								3,447,019.	1,895,303.	656,209.

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 ▶ 46

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 13

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) WENDY BRENNER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(27) SANDRA CAHN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(28) DEBRA COHEN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(29) DAVID L. COLMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(30) GEOFFREY J. COLVIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(31) RABBI ELLIOT J. COSGROVE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(32) SANDY MUSKOVITZ DANTO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(33) SHUKI EHRLICH ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(34) NEVILLE EISENBERG ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(35) CLAIRE ELLMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(36) ALEJANDRO W. ERGAS ----- 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 **▶** 46

	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) ZACHARY D. FASMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(38) EVA FISCHL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(39) DANIELLE FLUG CAPALINO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(40) MARTHA FREEDMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(41) MORTON L. FRIEDKIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(42) HOWARD FRIEND BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(43) JASON FRIEND BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(44) RANI GARFINKLE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(45) MERLE GINSBURG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(46) ZVI GITELMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(47) CAROL C. GOLDBERG 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 **▶** 46

	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) DAVID GOLDBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(49) BENJAMIN GORDON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(50) IRVING GRANOVSKY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(51) NANCY GROSFELD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(52) MICHAEL HACKEL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(53) RABBI MENACHEM HACHOEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(54) AMIR HALEVY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(55) DAVID HORWITZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(56) MICHAEL JESSELSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(57) MAYA KADAR KOVALSKY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(58) NEIL KADISHA 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 **▶** 46

	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) BARRY F. KAHAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(60) TRICIA KALLET ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(61) CAROL KAPLAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(62) ARLENE KAUFMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(63) LISA KOHN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(64) ARIEL KOR ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(65) ALICE KULICK ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(66) STUART S. KURLANDER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(67) DAVID LATCHMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(68) RONALD S. LAUDER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(69) ALAN LEIFER ----- 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 **▶** 46

	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) SANDY B. LINGER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(71) MATTHEW B. LESTER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(72) CAROL LEVY ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(73) LIZA LEVY ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(74) SHARI LEVY ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(75) STEPHEN E. LIEBERMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(76) JAYNE LIPMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(77) DEBORAH E. LIPSTADT ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(78) HANNAN LIS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(79) MERAV MANDELBAUM ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(80) ROBERT MANN ----- 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 **▶** 46

	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) KATHY E. MANNING ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(82) EDWARD MERRIN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(83) LAURA MILLER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(84) LINDA MIRELS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(85) JOANNE MOORE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(86) MARTIN PAISNER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(87) RICHARD PARASOL ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(88) CLAUDIO PINCUS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(89) SANDRA POST ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(90) STEVEN E. PRICE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(91) BOAZ RAAM ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 46

	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) DENA BORONKAY RASHES ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(93) MARCIA RIKLIS ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(94) MICHELE ROSEN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(95) RICHARD ROSEN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(96) KELLEE ROSENBERG ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(97) PHILIP ROSENFELD ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(98) ANNIE SANDLER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(99) NATHAN SANDLER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(100) JONATHAN D. SARNA ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(101) NINA SASLOVE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(102) RABBI ARTHUR SCHNEIER ----- 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 **▶** 46

	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) LINDA SCHOTTENSTEIN FISHER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(104) JAYNIE SCHULTZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(105) GARY SEGAL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(106) BETSY R. SHEERR BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(107) NINA SHENKER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(108) BERYL D. SIMONSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(109) TERRI SMOOKE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(110) JEROME SPITZER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(111) RABBI ADIN STEINSALTZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(112) SUSAN K. STERN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(113) JEFFREY B. SWARTZ 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 **▶** 46

	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) JANE SWERGOLD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(115) STEVEN C. TAUB BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(116) LOUIS THALHEIMER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(117) EILON TIROSH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(118) ANDREW H. TISCH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(119) PATRICIA WERTHAN UHLMANN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(120) ANNIE ULEVITCH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(121) ELIZABETH R. VARET BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(122) BETTINA WAXMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(123) PENNI WEINBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(124) DIANE WERNER 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 **▶** 46

	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) DARIO WERTHEIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(126) MARK WILF BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(127) M. KENNETH WITOVER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(128) RABBI DAVID WOLPE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(129) JACQUELINE WOOLF BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(130) ETTA GROSS ZIMMERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(131) HAROLD ZLOT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(132) SUSAN ZOHN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(133) JOHN COLMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(134) MANUEL DUPKIN II BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(135) 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 **46**

	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) MURRAY GOODMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(137) S. LEE KOHRMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(138) PHILIP MEYERS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(139) LYNN SCHUSTERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(140) MARSHALL WEINBERG BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(141) RICHARD SANDLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(142) CYNTHIA SHAPIRA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(143) SUZANNE B. GRANT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(144) ANDREW GROVEMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(145) JAMES LIBSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(146) DAN ROSENFELD 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 **▶** 46

	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) DAVID BUTLER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(148) KATE BELZA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(149) RAQUEL BENGUIAT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(150) ETHEL BRESSMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(151) JAY CHERNIKOFF BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(152) DAVID FRIEDKIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(153) STAS GAYSHAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(154) BROOKE GERMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(155) BENJAMIN KAPLAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(156) ALEXANDRA MACHINIST BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(157) EVE MYERS 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 **▶** 46

	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) NOAH RABINSKY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(159) LESLIE ROSEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(160) BENJAMIN SIGEL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(161) ALIA WECHSLER GORKIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(162) BRADLEY WITOVER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(163) RABBI YECHIEL ECKSTEIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(164) RABBI AARON D. PANKEN BOARD MEMBER (THRU 5/18)	1.00 0.	X					0.	0.	0.	
(165) MICHAEL LBOVITZ BOARD MEMBER (THRU 5/18)	1.00 0.	X					0.	0.	0.	
(166) DAVID SCHIZER EXECUTIVE VP & CEO	40.00 1.00			X			872,907.	0.	35,281.	
(167) OPHIR SINGAL CHIEF FINANCIAL OFFICER	40.00 1.00			X			365,242.	0.	52,815.	
(168) PABLO WEINSTEINER CHIEF HUMAN RESOURCE OFFICER	40.00 0.				X		327,317.	0.	52,646.	
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 **▶** 46

	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) DIEGO ORNIQUE CHIEF PROGRAM OFFICER	40.00 0.				X			0.	257,128.	16,948.
(170) ELIOT GOLDSTEIN EXEC. DIRECTOR RESOURCE DVLPMT	38.00 2.00				X			0.	295,032.	41,249.
(171) MICHAL FRANK JDC FSU DIRECTOR GENERAL	40.00 0.				X			0.	256,324.	56,152.
(172) YOSSI TAMIR (THRU 7/2018) DIRECTOR GENERAL, JDC ISRAEL	5.00 35.00				X			0.	354,769.	38,580.
(173) GUY BILLAUER GENERAL COUNSEL	40.00 0.				X			233,311.	0.	45,588.
(174) ELLIOT HALPERIN DIRECTOR EXTERNAL RELATIONS	40.00 0.				X			312,508.	0.	23,884.
(175) MICHAEL HARTEL CEO MYERS JDC BROOKDALE	38.00 2.00				X			0.	225,197.	49,042.
(176) SIGAL SHELACH DIRECTOR GENERAL, JDC ISRAEL	5.00 35.00				X			0.	206,650.	45,941.
(177) SARAH EISENMAN EXECUTIVE DIRECTOR OF ENTWINE	40.00 0.				X			227,102.	0.	29,220.
(178) MICHAEL NOVICK EX DIR STRATEGIC DEVELOPMENT	40.00 0.					X		334,787.	0.	34,623.
(179) WILLIAM RECENT ASST EXEC VP GOV'T AFFAIRS	40.00 0.					X		255,561.	0.	32,221.
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 ▶ 46

	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) AMIR SHAVIV ASST EXC VP SPECIAL OPERATIONS	40.00 1.00					X		275,046.	0.	22,205.
(181) LINDA TARLOW ASST EXEC VP DIR. GLOBAL ARCH	40.00 0.					X		243,238.	0.	36,662.
(182) ASHER OSTRIN PROGRAM DIRECTOR	38.00 2.00					X		0.	300,203.	43,152.
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 ▶ 46

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(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	49,324,086.					
	b Membership dues	1b						
	c Fundraising events	1c	272,556.					
	d Related organizations	1d	22,460,000.					
	e Government grants (contributions)	1e	45,609,230.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	211,508,810.					
	g Noncash contributions included in lines 1a-1f: \$		3,954,182.					
	h Total. Add lines 1a-1f			329,174,682.				
	Program Service Revenue	2a PARTICIPATION AND PARTNERSHIP FEES	Business Code	900099	2,207,837.	2,207,837.		
b PRESCHOOL ACTIVITIES			900099	1,424,736.	1,424,736.			
c FSU OPERATIONAL REVENUE			900099	35,410.	35,410.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				3,667,983.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			4,018,341.		905,208.	3,116,133.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	398,560.					
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)		398,560.				
	d Net rental income or (loss)			398,560.			398,560.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	59,691,201.	1,318,200.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		44,127,224.	644,539.			
		c Gain or (loss)		15,563,977.	673,661.			
	d Net gain or (loss)			16,237,638.		1,221,813.	15,015,825.	
	8a Gross income from fundraising events (not including \$ 272,556. of contributions reported on line 1c). See Part IV, line 18	a		25,500.				
		b Less: direct expenses			50,201.			
c Net income or (loss) from fundraising events				-24,701.			-24,701.	
9a Gross income from gaming activities. See Part IV, line 19	a		0.					
	b Less: direct expenses			0.				
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold			0.				
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code						
11a JOINT ISRAEL AND BROOKDALE INCOME		900099		1,827,757.			1,827,757.	
	b UBI TAX REFUND		900099	1,021,572.			1,021,572.	
	c ELDERLY APARTMENT MGMT INCOME (MALBEN)		900099	158,858.			158,858.	
	d All other revenue			937,692.			937,692.	
e Total. Add lines 11a-11d				3,945,879.				
12 Total revenue. See instructions.				357,418,382.	3,667,983.	2,127,021.	22,451,696.	

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	1,489,038.	1,489,038.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,750.	3,750.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	212,184,833.	212,184,833.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,420,833.	1,763,052.	1,985,108.	672,673.
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	51,952,690.	37,723,416.	6,710,198.	7,519,076.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,849,715.	46,277.	2,607,959.	195,479.
9 Other employee benefits	2,234,659.	587,493.	1,074,437.	572,729.
10 Payroll taxes	2,827,557.	1,775,336.	522,935.	529,286.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	940,878.	638,470.	243,313.	59,095.
c Accounting	1,265,557.	167,125.	1,079,341.	19,091.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	307,305.			307,305.
f Investment management fees	2,243,524.		2,243,524.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,440,608.	3,173,874.	437,807.	828,927.
12 Advertising and promotion	0.			
13 Office expenses	5,728,587.	4,488,878.	995,945.	243,764.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	5,688,871.	3,573,579.	2,004,313.	110,979.
17 Travel	4,898,357.	3,449,011.	602,324.	847,022.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	8,934,394.	7,675,220.	749,168.	510,006.
20 Interest	1,338,030.		1,338,030.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,304,382.	1,070,170.	864,357.	369,855.
23 Insurance	850,108.	389,611.	442,378.	18,119.
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 FIXED ASSET IMPAIRMENT	1,184,882.	1,184,882.		
b MARKETING ENHANCEMENT	992,273.	124,123.	114,322.	753,828.
c BAD DEBT EXPENSE	667,360.	54,179.	613,181.	
d PRINTING AND POSTAGE	552,803.	277,339.	131,703.	143,761.
e All other expenses _____	3,908,657.	3,652,885.	63,311.	192,461.
25 Total functional expenses. Add lines 1 through 24e	324,209,651.	285,492,541.	24,823,654.	13,893,456.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	60,851,144.	1	39,019,416.
	2 Savings and temporary cash investments	12,802,458.	2	10,784,325.
	3 Pledges and grants receivable, net	59,993,116.	3	78,224,983.
	4 Accounts receivable, net	2,439,464.	4	929,937.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,079,410.		
	b Less: accumulated depreciation	10b 18,562,623.	26,660,630.	10c 26,516,787.
	11 Investments - publicly traded securities	290,543,389.	11	267,294,126.
	12 Investments - other securities. See Part IV, line 11	50,572,064.	12	57,587,278.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	10,903,737.	15	11,351,449.
16 Total assets. Add lines 1 through 15 (must equal line 34)	514,766,002.	16	491,708,301.	
Liabilities	17 Accounts payable and accrued expenses	46,035,546.	17	20,809,764.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	24,845,342.	23	19,250,387.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	49,891,038.	25	70,384,563.
	26 Total liabilities. Add lines 17 through 25	120,771,926.	26	110,444,714.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	177,397,979.	27	152,394,798.
	28 Temporarily restricted net assets	174,365,033.	28	179,714,247.
	29 Permanently restricted net assets	42,231,064.	29	49,154,542.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	393,994,076.	33	381,263,587.
	34 Total liabilities and net assets/fund balances	514,766,002.	34	491,708,301.

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	357,418,382.
2	Total expenses (must equal Part IX, column (A), line 25)	2	324,209,651.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,208,731.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	393,994,076.
5	Net unrealized gains (losses) on investments	5	-37,801,094.
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	-8,138,126.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	381,263,587.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Employer identification number
13-1656634

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

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

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

f Enter the number of supported organizations

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

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

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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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	2014	2015	2016	2017	2018	TOTAL
JOINT ISRAEL&BROOKDALE INCOME		548,956.	1,680,153.	1,963,065.	1,827,757.	6,019,931.
ELDERLY APARTMENT MGMT INCOME		488,874.	939,278.	1,168,341.	158,858.	2,755,351.
OTHER INCOME		281,949.	152,214.	248,143.	937,691.	1,619,997.
FUNDRAISING GROSS INCOME					25,500.	25,500.
TOTALS		<u>1,319,779.</u>	<u>2,771,645.</u>	<u>3,379,549.</u>	<u>2,949,806.</u>	<u>10,420,779.</u>

Schedule of Contributors

2018

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

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	_____	\$ 124,288,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 28,973,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 21,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 7,978,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 12,409,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 11,993,916.	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 II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Employer identification number
13-1656634

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2018

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.**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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) 2015	(b) 2016	(c) 2017	(d) 2018	(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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		15,380.
j Total. Add lines 1c through 1i			15,380.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		X	

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

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

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."

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year.	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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) WORLD JEWISH RESTITUTION ORGANIZATION
- 2) 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

2018

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

Part II Conservation Easements.

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

Form for Part II with multiple sections: 1 Purpose(s) of conservation easements, 2-7 Details of conservation contributions, 8-9 Policy and reporting requirements.

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 with sections 1a-1b and 2a-2b detailing reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	103,490,110.	79,210,122.	78,689,138.	83,681,982.	71,796,094.
b Contributions	8,598,232.	16,590,148.	1,765,620.	451,222.	14,409,769.
c Net investment earnings, gains, and losses	-5,136,127.	11,099,867.	2,794,304.	-1,208,069.	559,473.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,236,680.	3,410,027.	4,038,940.	4,235,997.	3,083,354.
f Administrative expenses					
g End of year balance	103,715,535.	103,490,110.	79,210,122.	78,689,138.	83,681,982.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 38.3800 %
 - b** Permanent endowment ▶ 47.3900 %
 - c** Temporarily restricted endowment ▶ 14.2300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		600,000.		600,000.
b Buildings		27,595,658.	8,750,678.	18,844,980.
c Leasehold improvements		7,327,051.	3,332,693.	3,994,358.
d Equipment		2,947,672.	1,700,113.	1,247,559.
e Other		6,609,029.	4,779,139.	1,829,890.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,516,787.

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	57,587,278.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	57,587,278.	

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) ACCRUED SALARIES AND BENEFITS	28,832,642.
(3) DUE TO RELATED PARTIES	24,217,981.
(4) PENSION PLAN OBLIGATION	15,667,214.
(5) ANNUITY OBLIGATIONS	1,666,726.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	70,384,563.

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

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.

FIN 48 (ASC 740) FOOTNOTE

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 \$1,021,572, WHICH HAS BEEN NETTED AGAINST INVESTMENT INCOME, FOR DECEMBER 31, 2018.

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, 2018.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

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	GRANTS TO AFFILIATES	323,916.
(2) RUSSIA/INDEPENDENT STATES	15.	190.	GRANTMAKING	GRANTS TO AFFILIATES	105,128,948.
(3) EUROPE	10.	52.	GRANTMAKING	GRANTS TO AFFILIATES	43,274,808.
(4) SOUTH AMERICA	1.	10.	GRANTMAKING	GRANTS TO AFFILIATES	2,788,495.
(5) EAST ASIA AND THE PACIFIC	2.	2.	GRANTMAKING	GRANTS TO AFFILIATES	108,582.
(6) SOUTH ASIA	1.	11.	GRANTMAKING	GRANTS TO AFFILIATES	198,395.
(7) MIDDLE EAST AND NORTH AFRICA	2.	584.	GRANTMAKING	GRANTS TO AFFILIATES	58,811,359.
(8) SUB-SAHARAN AFRICA	1.	22.	GRANTMAKING	GRANTS TO AFFILIATES	1,550,330.
(9) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		98,322,538.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	32.	871.			310,507,371.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	32.	871.			310,507,371.

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

Schedule F (Form 990) 2018

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	SAVING JEWIS	98,632,488.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SAVING JEWIS	36,269,522.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	SAVING JEWIS	119,729.	WIRE			
(4)			SOUTH AMERICA	SAVING JEWIS	426,435.	WIRE			
(5)			EAST ASIA/PACIFIC	SAVING JEWIS	19,167.	WIRE			
(6)			SOUTH ASIA	SAVING JEWIS	101,256.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SAVING JEWIS	159,402.	WIRE			
(8)			SUB-SAHARAN AFRICA	SAVING JEWIS	330,845.	WIRE			
(9)			RUSSIA/NEWLY IND. STATES	BUILDING JEW	6,332,446.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	BUILDING JEW	2,823,273.	WIRE			
(11)			CENT. AMERICA/CARIBBEAN	BUILDING JEW	141,249.	WIRE			
(12)			SOUTH AMERICA	BUILDING JEW	503,079.	WIRE			
(13)			EAST ASIA/PACIFIC	BUILDING JEW	10,693.	WIRE			
(14)			SOUTH ASIA	BUILDING JEW	48,315.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	BUILDING JEW	88,934.	WIRE			
(16)			SUB-SAHARAN AFRICA	BUILDING JEW	184,585.	WIRE			

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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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	MULTIFUNCTIO	164,014.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	MULTIFUNCTIO	4,182,010.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	MULTIFUNCTIO	62,938.	WIRE			
(4)			SOUTH AMERICA	MULTIFUNCTIO	1,858,981.	WIRE			
(5)			EAST ASIA/PACIFIC	MULTIFUNCTIO	78,722.	WIRE			
(6)			SOUTH ASIA	MULTIFUNCTIO	48,824.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	MULTIFUNCTIO	2,452,961.	WIRE			
(8)			SUB-SAHARAN AFRICA	MULTIFUNCTIO	1,034,900.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	INNOVATIVE S	56,110,062.	WIRE			
(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 399.

3 Enter total number of other organizations or entities 54.

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 AND PURPOSE OF

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).

GRANT.

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.

2018

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 instructions and 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				8,365,073.	307,305.	8,057,768.

- 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
		LA SAVING LIVES (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	298,056.			298,056.
	2 Less: Contributions	272,556.			272,556.
	3 Gross income (line 1 minus line 2)	25,500.			25,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,883.			16,883.
	7 Food and beverages	15,000.			15,000.
	8 Entertainment				
	9 Other direct expenses	18,318.			18,318.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				50,201.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-24,701.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

PLC PHILANTHROPIC SERVICES LLC - \$7,803

NADINE HABOUSHA - \$98

JEAN-MARC LILING - \$3,207

OBRIEN GARRETT - \$421

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	7,085,880.	120,000.	6,965,880.
NADINE HABOUSHA 525 E. 86TH ST. APT. 7F NEW YORK NY 10028	FUNDRAISING		X	287,505.	60,000.	227,505.
JEAN MARK LILING 1 BARAK ST. JERUSALEM IS	FUNDRAISING		X	75,330.	19,305.	56,025.
OBRIEN GARRETT 1133 19TH ST. NW STE. 300 WASHINGTON DC 20036	DIRECT MAIL MAILING		X	916,358.	108,000.	808,358.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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)	18,000.				GENERAL
(2) ALEPH SOCIETY, INC. 25 WEST 45TH STREET NEW YORK, NY 10036	13-3472524	501(C)(3)	10,000.				GENERAL
(3) RAHMA RELIEF FOUNDATION 31119 GREENFIELD RD BEVERLY HILLS, MI 48025	47-1304361	501(C)(3)	33,661.				GENERAL
(4) B'NAI B'RITH YOUTH ORGANIZATION 800 EIGHTH STREET NW WASHINGTON, DC 20001	53-0179971	501(C)(3)	188,377.				GENERAL
(5) FOUNDATION OF ORTHOPEDICS AND COMPLEX SPINE 226 E 54TH STREET NEW YORK, NY 10022-4854	13-4047356	501(C)(3)	234,300.				GENERAL
(6) MOISHE HOUSE 441 SAXONY ROAD, BARN 2 ENCINITAS, NC 92024	26-2599786	501(C)(3)	140,000.				GENERAL
(7) HIAS NEW YORK 333 SEVENTH AVENUE NEW YORK, NY 10001	13-5633307	501(C)(3)	45,000.				GENERAL
(8) HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	127,239.				GENERAL
(9) HILLEL:THE FOUNDATION FOR JEWISH CAMPUS LIF 800 EIGHTH STR. WASHINGTON, DC 20001	52-1844823	501(C)(3)	198,211.				GENERAL
(10) INSTITUTE FOR JEWISH & COMMUNITY RESEARCH 3198 FULTON ST. SAN FRANCISCO, CA 94118	94-3307253	501(C)(3)	23,000.				GENERAL
(11) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH ST., NW, WASHINGTON, DC 20036	52-1376034	501(C)(3)	20,000.				GENERAL
(12) JEWISH FAMILY & CHILDREN'S SERVICE 2100 ARCH ST. PHILADELPHIA, PA 19103	23-1365228	501(C)(3)	10,000.				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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**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) JEWISH FEDERATION GREATER PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103	23-1500085	501(C)(3)	47,000.				GENERAL
(2) ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD PHILADELPHIA, PA 19141	20-4193243	501(C)(3)	11,000.				GENERAL
(3) DRINK LOCAL DRINK TAP 1455 WEST 29TH STREET CLEVELAND, OH 44113	46-1841017	501(C)(3)	25,000.				GENERAL
(4) HEBREW UNION COLLEGE 3101 CLIFTON AVENUE CINCINNATI, OH 45220	31-0537067	501(C)(3)	283,000.				GENERAL
(5) WORLD COUNCIL OF JEWISH COMMUNAL SERVICE 225 WEST 86TH STREET NEW YORK, NY 10024	13-3203606	501(C)(3)	30,000.				GENERAL
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 17.

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) (2018)

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

2018

Open to Public Inspection

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

Employer identification number
13-1656634

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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)	871,803.	0.	1,104.	27,955.	7,326.	908,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 OPHIR SINGAL CHIEF FINANCIAL OFFICER	(i)	342,656.	0.	22,586.	0.	52,815.	418,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PABLO WEINSTEINER CHIEF HUMAN RESOURCE OFFICER	(i)	311,482.	0.	15,835.	0.	52,646.	379,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DIEGO ORNIQUE CHIEF PROGRAM OFFICER	(i)	0.	0.	0.	12,525.	0.	12,525.	0.
	(ii)	248,625.	0.	8,503.	0.	4,423.	261,551.	0.
5 ELIOT GOLDSTEIN EXEC. DIRECTOR RESOURCE DVLPMT	(i)	0.	0.	0.	10,125.	0.	10,125.	0.
	(ii)	291,015.	0.	4,017.	0.	31,124.	326,156.	0.
6 MICHAL FRANK JDC FSU DIRECTOR GENERAL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	250,856.	0.	5,468.	35,452.	20,700.	312,476.	0.
7 YOSSI TAMIR (THRU 7/201 DIRECTOR GENERAL, JDC ISRAEL	(i)	0.	0.	0.	4,662.	0.	4,662.	0.
	(ii)	158,738.	0.	196,031.	0.	33,918.	388,687.	0.
8 GUY BILLAUER GENERAL COUNSEL	(i)	220,999.	0.	12,312.	0.	45,588.	278,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ELLIOT HALPERIN DIRECTOR EXTERNAL RELATIONS	(i)	311,788.	0.	720.	17,875.	6,009.	336,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MICHAEL HARTEL CEO MYERS JDC BROOKDALE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	217,383.	0.	7,814.	32,570.	16,472.	274,239.	0.
11 MICHAEL NOVICK EX DIR STRATEGIC DEVELOPMENT	(i)	278,382.	0.	56,405.	0.	34,623.	369,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 WILLIAM RECANT ASST EXEC VP GOV'T AFFAIRS	(i)	203,194.	0.	52,367.	0.	32,221.	287,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 AMIR SHAVIV ASST EXC VP SPECIAL OPERATIONS	(i)	221,072.	0.	53,974.	0.	22,205.	297,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 LINDA TARLOW ASST EXEC VP DIR. GLOBAL ARCH	(i)	200,258.	0.	42,980.	0.	36,662.	279,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 SIGAL SHELACH DIRECTOR GENERAL, JDC ISRAEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	200,153.	0.	6,497.	28,311.	17,630.	252,591.	0.
16 SARAH EISENMAN EXECUTIVE DIRECTOR OF ENTWINE	(i)	213,721.	0.	13,381.	0.	29,220.	256,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 ASHER OSTRIN PROGRAM DIRECTOR	(i)	0.	0.	0.	10,163.	0.	10,163.	0.
	(ii)	294,032.	0.	6,171.	0.	32,989.	333,192.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
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 2018 THAT ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(III).

MICHAL FRANK

ELIOT GOLDSTEIN

YOSSI TAMIR

MICHAEL HARTEL

SIGAL SHELACH

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, 2018.

OPHIR SINGAL

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.

DIEGO ORNIQUE

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.

YOSSI TAMIR

TAXABLE: \$184,840

NONTAXABLE: \$21,083

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 2018.

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 PENSION PLAN

SCHEDULE J, PART I, LINE 4B

BEGINNING IN 2018, JDC PROVIDES BENEFITS UNDER THE NON-QUALIFIED

SUPPLEMENTAL PENSION PLAN ("SERP"). DURING 2018, THE FOLLOWING

INDIVIDUALS ACCRUED BENEFITS IN THE SERP WHICH HAS BEEN REPORTED AS

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

BENEFIT IS REPORTED AS TAXABLE INCOME SUBJECT TO MEDICARE TAX BUT HAS NOT

BEEN PAID TO THE INDIVIDUALS. THEREFORE, THE AMOUNT SHOULD BE SUBTRACTED

FROM THE TOTAL COMPENSATION REPORTED ON SCHEDULE J, PART II, COLUMN (E)

TO ARRIVE AT THE TRUE TOTAL COMPENSATION CONSIDERED TAKE-HOME PAY.

AMIR SHAVIV: \$47,878

GUY BILLAUER: \$11,833

SARAH EISENMAN: \$12,949

LINDA TARLOW: \$33,791

MICHAEL NOVICK: \$50,309

OPHIR SINGAL: \$21,482

PABLO WEINSTEINER: \$15,115

WILLIAM RECANT: \$46,761

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**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 instructions and the latest information.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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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		444 .	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	69 .	3,953,738 .	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?	30a		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?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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) 2018

JSA

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5118EA 700J

V 18-7.6F

0182762-00006

PAGE 72

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

2018

**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

IN ORDER TO BE AS TRANSPARENT AS POSSIBLE ON THE OPERATIONS OF THE ORGANIZATION, 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 ITS FOREIGN RELATED ORGANIZATIONS LISTED ON SCHEDULE R, INCLUDING JOINT ISRAEL, A SEPARATE 501(C)(3) ORGANIZATION WHICH ALSO FILED A FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2018. JOINT ISRAEL HAD NET ASSETS OF \$32,027,000; REVENUE OF \$82,349,882; AND EXPENSES OF \$85,534,530 FOR THE YEAR ENDED DECEMBER 31, 2018. 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.

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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RELIEF FOR JEWISH COMMUNITIES IN DISTRESS: JDC, THROUGH AN INFRASTRUCTURE OF LOCAL INDEPENDENT AFFILIATES THROUGHOUT THE REGION, PROVIDES SUPPORT 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.

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

C) JDC BUILDS COALITIONS WITH STRATEGIC PARTNERS WHO, ULTIMATELY, WILL ASSUME RESPONSIBILITIES FOR THE PROGRAMS.

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: SAVING JEWISH LIVES

PROGRAMS INCLUDE:

FOOD AND NUTRITIONAL SUPPORT

DEVELOPMENT OF SOCIAL SERVICES

HOMECARE

MEDICAL SERVICES, EQUIPMENT, AND MEDICINES

EMERGENCY GRANTS

IN 2018, JDC PROVIDED ROUGHLY 110,000 JEWS IN NEED AROUND THE WORLD WITH MUCH NEEDED RELIEF AND WELFARE SERVICES. IN 2018, JDC PROVIDED OVER 18 MILLION HOURS OF HOMECARE TO NEEDY ELDERLY IN THE FORMER SOVIET UNION. OVER 90,000 JEWISH ELDERLY IN NEED RECEIVE SPECIFIC SERVICES FOR THE AGED FROM JDC.

4B: INNOVATIVE SOCIAL SERVICES IN ISRAEL

JDC ASSISTS VULNERABLE JEWS THROUGHOUT THE WORLD. THIS MISSION IS CRUCIAL

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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IN ISRAEL, WHERE A REMARKABLE ECONOMIC BOOM HAS NOT REACHED EVERYONE. SO
JDC PROVIDES AID TO ISRAEL'S MOST VULNERABLE CITIZENS, INCLUDING
UNEMPLOYED ISRAELIS, CHILDREN AT RISK, ELDERLY AND ISRAELIS WITH
DISABILITIES.

JDC USES A UNIQUE MODEL, WHICH MAXIMIZES OUR IMPACT. WE PROMOTE
INNOVATION, RUNNING PILOT PROGRAMS TO DEVELOP AND TEST MORE PROMISING
WAYS TO DELIVER SOCIAL SERVICES. IF A NEW IDEA SUCCEEDS, THE ISRAELI
GOVERNMENT TAKES OVER THE PROGRAM AND IMPLEMENTS IT THROUGHOUT THE

INVOLVEMENT WITH A PILOT HAS THREE STAGES: 1) DESIGN (I.E., COMING UP
WITH A NEW IDEA); 2) NURTURE (I.E., TESTING THE NEW PROGRAM); AND 3)
ACCELERATE (I.E., IF IT WORKS, SCALING IT UP AND HANDING IT OFF TO BE
REPLICATED).

IN 2018, JDC DIRECTLY IMPACTED OVER 240,000 ISRAELIS, PLUS COUNTLESS
OTHERS WHO BENEFIT FROM PROGRAMS THAT HAVE BEEN TAKEN TO SCALE ACROSS THE
COUNTRY.

4C: BUILDING JEWISH LIFE

PROGRAMS INCLUDE:

LEADERSHIP INITIATIVES & TRAINING

DEVELOPING VOLUNTARISM

CAMPING AND RETREATS

INFORMAL JEWISH EDUCATION (CLUBS AND OTHER ACTIVITIES)

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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JEWISH TRADITION/RELIGION/HOLIDAY CELEBRATIONS

JEWISH COMMUNITY CENTERS

FORMAL JEWISH EDUCATION (SCHOOLS)

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

IN 2018, OVER 84,000 JEWS BENEFITTED FROM ACCESS TO JDC'S PROGRAMS IN
COUNTRIES IN THE FORMER SOVIET UNION, EUROPE, AND LATIN AMERICA, AS WELL
AS AN ARRAY OF TRAINING PROGRAMS AROUND THE WORLD.

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: 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 20 PAYMENTS FOR THE

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

INTEREST IN FINANCIAL ACCOUNT IN A FOREIGN COUNTRY

FORM 990, PART V, LINE 4B

ARGENTINA, AUSTRALIA, AUSTRIA, BOSNIA, BULGARIA, CYPRUS, ESTONIA,

ETHIOPIA, FRANCE, GERMANY, HUNGARY, INDIA, ISRAEL, MOROCCO, POLAND,

ROMANIA, SPAIN, SWITZERLAND, UNITED KINGDOM.

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

Name of the organization THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC.	Employer identification number 13-1656634
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11. JOY SISISKY & JOANNE MOORE

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.

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

FORM 990, PART VI, SECTION B, LINE 15

JDC'S HUMAN RESOURCES COMMITTEE HAS BEEN PRESENTED WITH AND HAS REVIEWED THE TOTAL COMPENSATION OF JDC OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED PROFESSIONAL STAFF DURING ITS DECEMBER 2017 MEETING FOR 2018 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

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

ARTICLES OF INCORPORATION ARE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

ACTUARIAL ADJUSTMENT FOR PENSION PLAN	(\$6,934,596)
ACTUARIAL ADJUSTMENT FOR NON-QUALIFIED PENSION PLANS	(\$2,275,620)
ACTUARIAL GAIN ON ANNUITY OBLIGATION	\$237,415
FOREIGN CURRENCY TRANSLATION LOSS	(\$40,646)
NET ASSET INCREASE RELATED TO CONSOLIDATION OF MAGYARORSZÁGI ZSIDÓ SZOCIÁLIS SEGÉLY ALAPÍTVÁNY (MASZ)	\$875,321

TOTAL	(\$8,138,126)

FUNDING FROM U.S. GOVERNMENT AGENCIES

FORM 990, PART XII, LINE 3

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

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

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

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ALL OTHER PROGRAMS	10,506,978.	13,134,733.	3,667,983.
TOTALS	<u>10,506,978.</u>	<u>13,134,733.</u>	<u>3,667,983.</u>

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

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

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

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

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

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GRANT THORNTON 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017	AUDIT AND TAX	718,816.
CAMBRIDGE ASSOCIATES, LLC 340 MADISON NEW YORK, NY 10173	INVESTMENT ADVISORY	352,500.
THE BRIDGESPAN GROUP, INC. 112 WEST 34 STREET, SUITE 1510 NEW YORK, NY 10120	STRATEGIC CONSULTANT	260,904.
SIEGELVISION CORP. 9 EAST 40TH STREET NEW YORK, NY 10016	BRANDING CONSULTANTS	240,700.
KPMG 2323 ROSS AVENUE, SUITE 1400 DALLAS, TX 75201	INTERNAL AUDIT	230,309.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**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) THE THALHEIMER FAMILY -JDC SUPPORT FOU DA 220 E. 42ND STREET NEW YORK, NY 10017 03-0391368	SEE PART VII	DE	501(C)(3)	12A TYPE I	AJJDC	X	
(2) SWERGOLD FAMILY FOUNDATION FOR CHILDREN 220 E. 42ND STREET NEW YORK, NY 10017 26-4139621	SEE PART VII	DE	501(C)(3)	12A TYPE I	AJJDC	X	
(3) JACK G. BUNCHE R CHARITABLE FUND FOR AJJD 220 E. 42ND STREET NEW YORK, NY 10017 20-4393253	SEE PART VII	PA	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	

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

Schedule R (Form 990) 2018

**SCHEDULE R
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Related Organizations and Unrelated Partnerships

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Department of the Treasury
Internal Revenue Service

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COMMITTEE INC.**

Employer identification number
13-1656634

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(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) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

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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) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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2018

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Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-1656634

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YESOD JEWISH ST. PETERSBURG COMM. HOUSE BOLSHAYA RZNOCHINNAYA ST. 25. ST. PETERSBURG, RS	SEE PART VII	RS			CHARITY FUND	X	
(2) JEWISH CHARITY FOUNDATION BEYTEINU SHOLUDENKO STR.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) INDIAN JOINT TRUST D.G. RUPAREL COLL., BAL GOVIND MUMBAI, IN 40001	SEE PART VII	IN			AJJDC	X	

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Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

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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) JDC SWITZERLAND 197A, ROUTE DE SAINT-JULIEN GENEVA, SZ	SEE PART VII	SZ			AJJDC	X	
(2) AJJDC - AUSTRALIA TAUBSTUMMENGASSE 5/18 WIEN, AS	SEE PART VII	AS			AJJDC	X	
(3) MALBEN INSTITUTE JDC HILL PO BOX 3489 JERUSALEM, IS 91034	SEE PART VII	IS			AJJDC	X	
(4) ELKA JDC HILL PO BOX 3489 JERUSALEM, IS 91034	SEE PART VII	IS			JOINT ISRAEL	X	
(5) TAUB CENTER HAARI ST 15, PO BOX 3489 JERUSALEM, IS 91034	SEE PART VII	IS			AJJDC	X	
(6) SOLOMONICA JCC DNEPROPETROVSK SHALOM-ALEIHEM ST. 4, APP.26. DNEPROPETROVSK, UP	SEE PART VII	UP			AJJDC	X	
(7) JDC LATIN AMERICA FOUNDATION JUNCAL 1392 MONTEVIDEO, UY	SEE PART VII	UY			AJJDC	X	

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

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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) AJJDC EUROPE, ASIA & AFRICA FOUNDATION 1053 BUDAPEST FERENCIEK, HU	SEE PART VII	HU			AJJDC	X	
(2) JDC HUNGARY FOUNDATION 1053 BUDAPEST FERENCIEK, HU	SEE PART VII	HU			AJJDC	X	
(3) ASSOCIATION JOINT DISTRIBUTION COMMITTEE 3 RUE ROUGET DE L'ISLE CASABLANCA, MO	SEE PART VII	MO			AJJDC	X	
(4) JEWISH CULTURAL CENTER "SOLOMONIKA" SHALOM-ALEIHEM ST. 4, APP.26 DNIPRO, UP	SEE PART VII	UP			AJJDC	X	
(5) WOHL BVI LIMITED PO BOX 71, ROAD TOWN CRAIGMUIR CHAMBERS, TORTOL	SEE PART VII	RS			AJJDC	X	
(6) MAGYARORSZAGI ZSIDO SZOCIALIS SEGELEY A. H-1075 BUDAPEST SIP UTCA 12, HU	SEE PART VII	HU			AJJDC	X	
(7)							

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

Schedule R (Form 990) 2018

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	-1,207,897.	24,115,866.	100.0000	X	
(2) CHARITABLE GIFT ANNUITY (30)	GIFT ANNUITY	NY	AJJDC	TRUST					
(3) CHARITABLE REMAINDER UNITRUST (2)	UNITRUST	NY	AJJDC	TRUST					
(4) CHARITABLE REMAINDER ANNUITY TRUST (5)	ANNUITY TRUST	NY	AJJDC	TRUST					
(5) PRIVATE PRESCHOOL EDUCATION INST. ANAVIM NIZHINSKAYA ST. 77/79 ODESSA, UP	SEE PART VII	UP	AJJDC	C CORP	0.	1,188.	100.0000	X	
(6) MENORA, LLC NIZHINSKAYA ST. 77/79 ODESSA, UP	SEE PART VII	UP	AJJDC	C CORP	245,975.	33,101.	100.0000	X	
(7) SOLOMONIKA, LLC SHALOM-ALEIHEM ST. 4, APP.26. DNEPROPETROVSK, UP	SEE PART VII	UP	AJJDC	C CORP	0.	3,811.	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	105,502.	33,121.	100.0000	X	
(2) DEKEL, LLC BOLSHAYA NIKITSKAYA ST. 47, BUILDIN MOSCOW, RS	SEE PART VII	RS	AJJDC	C CORP	69,327.	23,911.	100.0000	X	
(3) TAPUZ KINDERGARTEN, LLC BOLSHAYA NIKITSKAYA ST. 47, BUILDIN MOSCOW, RS	SEE PART VII	RS	AJJDC	C CORP	1,721,469.	89,216.	100.0000	X	
(4) SHALHEVET, LLC BOLSHAYA RZNOCHINNAYA ST. 25 ST. PETERSBURG, RS	SEE PART VII	RS	AJJDC	C CORP	310,502.	290,621.	100.0000	X	
(5) AREC MOLDOVA 5 E. DOGA STR MOLDOVA, MD	SEE PART VII	MD	AREC	C CORP	101,564.	117,179.	100.0000	X	
(6) JDC INTERNATIONAL LTD 16 HARTOM STREET JERUSALEM, IS	SEE PART VII	IS	AJJDC	C CORP	0.	0.	100.0000	X	
(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)		
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	55,743,254.	COST
(2) INTL. SOCIAL ORGN. AJJDC, INC. CENTER	B	17,580,422.	COST
(3) INTL. PUBLIC ORGANIZATION UNITED JOINT	B	8,623,718.	COST
(4) THE AMERICAN JDDC, INC. CENTER	B	11,134,573.	COST
(5) PUBLIC ORN. JOINT IN THE NE REG. OF UKR	B	6,975,505.	COST
(6) AJJDC IN MOLDOVA	B	3,738,966.	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	42,781,423.	COST
(2) THE MAURICE & VIVENNE WOHL CHARITABLE FOUND	C	21,050,000.	COST
(3) JACK G BUNCHEER CHARITABLE FOUNDATION	C	1,200,000.	COST
(4) PRIVATE SCHOOL EDUCATION INSTIT. ANAVIM	D	178,000.	COST
(5) THE THALHEIMER FAMILY JDC SUPPORT	C	185,000.	COST
(6) AJJDC REAL ESTATE COMPANY LTD	D	11,244,208.	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) JOINT ISRAEL	B	28,269,000.	COST
(2) TAUB CENTER	E	1,210,000.	COST
(3) SOLOMONIKA LLC	D	518,000.	COST
(4) MAGYARORSZAGI ZSIDO SZOCIALIS SEGELEY A.	B	1,790,687.	COST
(5) AJJDC AUSTRALIA	B	266,111.	COST
(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; MALBEN INSTITUTE; ELKA; AJJDC-AUSTRALIA; AREC MOLDOVA;
 JDC INTERNATIONAL LTD; JDC LATIN AMERICA; AJJDC EUROPE, ASIA, AND AFRICA
 FOUNDATION; JDC HUNGARY FOUNDATION; ASSOCIATION JDC; TAUB
 CENTER; SOLOMONICA JCC DNEPROPETROVSK; JEWISH CULUTRAL CENTER SOLOMONIKA;
 WOHL BVI LIMITED; MAGYARORSZÁGI ZSIDÓ SZOCIÁLIS SEGÉLY ALAPÍTVÁNY.

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.