PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

, 20 For the 2024 calendar year, or tax year beginning 2024, and ending C Name of organization AMERICAN JEWISH COMMITTEE D Employer identification number Check if applicable: Doing business as AJC 13-5563393 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 165 EAST 56TH STREET (212) 751-4000 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022-2709 G Gross receipts \$ Amended return F Name and address of principal officer: THEODORE DEUTCH H(a) Is this a group return for subordinates? Yes No Application pending 165 EAST 56TH STREET, NEW YORK, NY 10022-2709 **H(b)** Are all subordinates included? Yes No 501(c)(3)) (insert no.) 4947(a)(1) or Tax-exempt status: 501(c) (If "No," attach a list. See instructions. WWW.AJC.ORG Website: H(c) Group exemption number Form of organization: Corporation Trust Association L Year of formation: 1906 M State of legal domicile: NY Part I **Summary** Briefly describe the organization's mission or most significant activities: AJC'S MISSION IS TO ENHANCE THE WELLBEING OF THE JEWISH PEOPLE AND ISRAEL, AND TO ADVANCE HUMAN RIGHTS AND DEMOCRATIC VALUES IN Activities & Governance THE UNITED STATES AND AROUND THE WORLD. 2 Check this box \Box 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) 27 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 393 6 6 1,175 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a (37.689)Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 83,041,093 115,608,816 8 Contributions and grants (Part VIII, line 1h). Revenue 9 Program service revenue (Part VIII, line 2g) 1,272,282 1,738,526 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,235,013 8,801,142 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 535,287 532.391 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 88.083.675 126.680.875 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,533,225 2,246,364 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 51,310,942 15 44,788,175 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 457,488 786.073 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 31.899.229 47,947,592 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 82,678,117 102,290,971 Revenue less expenses. Subtract line 18 from line 12 5.405.558 24,389,904 19 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 298.419.415 334.912.804 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 31.593.670 27,282,502 22 Net assets or fund balances. Subtract line 21 from line 20 266,825,745 307,630,302 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 Signature of officer Date Here ELISSA FISHMAN, CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if **Paid** SCOTT THOMPSETT self-employed P00741490 **Preparer** Firm's name GRANT THORNTON ADVISORS, LLC Firm's EIN 99-1856619 Use Only 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013 (212) 599-0100 Phone no. 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 (2024)

Cat. No. 11282Y

Form 990 (2024)

| 1 01111 00 | rage 2 |
|------------|---|
| Part | |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | AJC'S MISSION IS TO ENHANCE THE WELLBEING OF THE JEWISH PEOPLE AND ISRAEL, AND TO ADVANCE HUMAN |
| | RIGHTS AND DEMOCRATIC VALUES IN THE UNITED STATES AND AROUND THE WORLD. IN PURSUIT OF THIS |
| | MISSION, AJC ADVANCES DEMOCRATIC PRINCIPLES, FIGHTS ANTI-SEMITISM AND OTHER FORMS OF BIGOTRY, |
| | (CONTINUED ON SCHEDULE O) |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| • | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | 163 MO |
| | 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 \$ 27,261,013 including grants of \$ 12,872) (Revenue \$ 577,538) |
| | COMMUNICATIONS: |
| | COMMUNICATIONS: |
| | AJC'S GLOBAL COMMUNICATIONS DEPARTMENT SERVES AS THE AGENCY'S CHIEF STORYTELLER. THE DEPARTMENT |
| | SEEKS TO EDUCATE AJC'S ADVOCACY TARGETS ON OUR ISSUES AND TO ENSURE HIGH BRAND AWARENESS AND |
| | UNDERSTANDING OF THE AGENCY'S WORK AMONG OUR TARGET AUDIENCES. IT SUPPORTS AND AMPLIFIES THE |
| | EFFORTS OF EVERY DEPARTMENT WITHIN AJC AND OF THE ORGANIZATION AS A WHOLE, WHILE ADVANCING ITS |
| | ADVOCACY AGENDA. THE DEPARTMENT SUPPORTS AJC'S PRIORITIES AND MISSION BY CONCEIVING, DEVELOPING, |
| | AND IMPLEMENTING MAJOR AGENCY-WIDE CAMPAIGNS AND INITIATIVES, SOLIDIFYING AJC'S BRAND IDENTITY |
| | AS THE GLOBAL ADVOCATE FOR THE JEWISH PEOPLE, PRODUCING COMPELLING CONTENT ABOUT AJC'S PRIORITY |
| | ISSUES AND DISTRIBUTING IT TO AN EXPANDING AUDIENCE, AND UTILIZING A VARIETY OF MEANS TO BUILD |
| | AN ONGOING RELATIONSHIP WITH CURRENT AND POTENTIAL SUPPORTERS. |
| | (CONTINUED ON SCHEDULE O) |
| 4b | (Code:) (Expenses \$ 26,087,525 including grants of \$ 2,104,353) (Revenue \$ 552,677) |
| TI, | GOVERNMENT AND INTERNATIONAL AFFAIRS: |
| | AMERICAN JEWISH COMMITTEE (AJC) IS THE GLOBAL ADVOCACY ORGANIZATION FOR THE JEWISH PEOPLE. |
| | THROUGH OUR 25 REGIONAL OFFICES ACROSS THE U.S., 15 OVERSEAS POSTS, AND PARTNERSHIPS WITH 38 |
| | |
| | JEWISH COMMUNITY ORGANIZATIONS WORLDWIDE, AJC WORKS TO CREATE A WORLD IN WHICH JEWS AND ISRAEL |
| | THRIVE. WE CREATE TRUSTED PARTNERSHIPS WITH GLOBAL LEADERS, INCLUDING ELECTED OFFICIALS, |
| | DIPLOMATS, RELIGIOUS LEADERS, COMMUNITY PARTNERS, CORPORATIONS, MEDIA AND SOCIAL MEDIA OUTLETS, |
| | AMONG OTHER SECTORS OF CIVIL SOCIETY. |
| | |
| | AJC'S DOMESTIC AND INTERNATIONAL ADVOCACY EFFORTS INVOLVE EXTENSIVE OUTREACH TO, AND INTERACTION |
| | AND JOINT PROGRAMMING WITH, U.S. AND FOREIGN GOVERNMENT OFFICIALS, POLITICAL FACTIONS, POLICY |
| | EXPERTS, MEDIA OUTLETS, AND CIVIL SOCIETY PARTNERS, INCLUDING OVERSEAS JEWISH COMMUNITIES. WITH |
| | (CONTINUED ON SCHEDULE O) |
| 4c | (Code:) (Expenses \$20,769,905 including grants of \$63,988) (Revenue \$440,021) |
| | THE DEPARTMENT OF REGIONAL OFFICES: |
| | THE DEPARTMENT OF REGIONAL OFFICES NETWORK OF 25 OFFICES ADVANCES AJC'S ADVOCACY, LEADERSHIP AND |
| | FUNDRAISING PRIORITIES ACROSS THE UNITED STATES. IN LOCATIONS WHERE AJC DOES NOT HAVE A |
| | PHYSICAL PRESENCE, WE WORK WITH PARTNERS TO ACCOMPLISH AJC'S OBJECTIVES, INCLUDING GLOBAL |
| | DIPLOMACY, POLITICAL ADVOCACY, COALITION BUILDING, AND STRATEGIC COMMUNICATIONS. |
| | |
| | THE REGIONAL OFFICES COMMUNICATE AND ADVOCATE WITH A VARIETY OF KEY INTERLOCUTORS, INCLUDING |
| | ELECTED OFFICIALS, DIPLOMATS, INTERGROUP AND INTERFAITH LEADERS, CIVIC LEADERS, UNIVERSITY |
| | ADMINISTRATORS, CAMPUS LEADERS AND THE MEDIA. THEY CONNECT THE LOCAL TO THE GLOBAL AND POSITION |
| | AJC AS THE GO-TO JEWISH ADVOCACY ORGANIZATION IN THE UNITED STATES. |
| | |
| | (CONTINUED ON SCHEDULE O) |
| 4d | Other program services (Describe on Schedule O.) |
| ти | (Expenses \$ 7,943,605 including grants of \$ 65,151) (Revenue \$ 168,289) |
| 4e | Total program service expenses 82,062,048 |
| | . 5 to. p. 5 g. s 6 of 10 o opposition 02,002,000 |

Form 990 (2024) Page **3**

Part IV Checklist of Required Schedules

| | · | | Yes | No |
|------------|--|--------|----------|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | | -110 |
| | , , , , , , , , , , , , , , , , , , , | 1 | ~ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | ~ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| 4 | candidates for public office? <i>If "Yes," complete Schedule C, Part I </i> | 3 | | ~ |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | ~ | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | ~ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | > |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | > |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III | 8 | | V |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i> | 9 | | \ \ \ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i> | 10 | ~ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ~ | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | ~ | |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | > |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | ~ | - |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ~ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | _ | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> | 12a | | V |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12a | _ | |
| 40 | | | | _ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ~ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ~ | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 4 4 1- | ا ر ا | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 14b | <i>'</i> | |
| 16 | for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | ' | |
| 17 | assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | | ~ |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | • | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ~ | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | ~ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | / |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| <u>- 1</u> | | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | ' | |
| | | _ | 000 | (000 4 |

Form 990 (2024) Page **4**

| Part | V Checklist of Required Schedules (continued) | | | |
|------|--|-----|-----|-------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ٧ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | \ \ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ~ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | > |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | V |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | \ \ \ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | \ \ \ |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | ~ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | ~ |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | \ \ \ |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | ~ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | > |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ~ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | \ \ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> | 33 | | > |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | ~ | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ~ | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | ~ | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 36 | | > |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | > |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | ~ | |
| 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 | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | ~ | |

Form 990 (2024)

| | 0 (2024) | | - | rage U |
|------|---|-----|----------|--------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 393 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ~ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | ~ | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . | 3b | ~ | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | ' | |
| b | If "Yes," enter the name of the foreign country BE, FR, GM, IS, PL | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ~ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ~ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ~ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | ~ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | ~ | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | · |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ~ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | ~ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ~ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | ~ |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ~ |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

Form 990 (2024) Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 27 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 26 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint / 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b V Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **10a** Did the organization have local chapters, branches, or affiliates? V If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 ~ 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 1 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, (CONTINUED ON SCHEDULE O) 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. DANIEL GOLDWATER CONTROLLER, 165 EAST 56TH STREET, NEW YORK, NY 10022-2709, (212) 891-1473

Form 990 (2024) Page **7**

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

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

(C) Position

(do not check more than one

box, unless person is both an

(D)

Reportable

(E)

Reportable

(F)

Estimated amount

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

(B)

Average

0.0

40.0

0.0

40.0

0.0

40.0

0.0

45.0

0.1

45.0

0.1

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

(A)

Name and title

| | hours | hours officer and a director/trustee) | | | | | | compensation from the | compensation from related | of other |
|--|--|---------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) THEODORE DEUTCH | 60.0 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | 0.1 | ~ | | ~ | | | | 735,841 | 0 | 237,492 |
| (2) JULIE SCHAIR | 45.0 | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | 0.1 | | | | ~ | | | 421,542 | 0 | 60,723 |
| (3) JANET BECKER | 45.0 | | | | | | | | | |
| CHIEF HUMAN RESOURCES AND STRATEGY OFFICER | 0.0 | | | | ~ | | | 341,724 | 0 | 49,909 |
| (4) MARC D STERN | 45.0 | | | | | | | | | |
| CHIEF LEGAL OFFICER | 0.1 | | | ~ | | | | 337,573 | 0 | 49,308 |
| (5) JASON ISAACSON | 45.0 | | | | | | | | | |
| CHIEF POLICY & POLITICAL AFFAIRS OFFICER | 0.0 | | | | ~ | | | 328,000 | 0 | 49,797 |
| (6) BELLE YOELI | 45.0 | | | | | | | | | |
| CHIEF STRATEGY AND COMMUNICATION OFFICER | 0.0 | | | | ~ | | | 310,375 | 0 | 24,589 |
| (7) ROBERT LEIKIND | 40.0 | | | | | | | | | |
| REGIONAL DIRECTOR, AJC BOSTON | 0.0 | | | | | ~ | | 262,859 | 0 | 61,727 |
| (8) MELANIE PELL | 40.0 | | | | | | | | | |
| CHIEF FIELD OPERATIONS OFFICER | 0.0 | | | | ~ | | | 309,176 | 0 | 14,710 |
| (9) NOAM MARANS | 40.0 | | | | | | | | | |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | l . |

V

Form **990** (2024)

46,536

56.947

46,881

39,938

28,064

18.507

0

0

0

0

0

0

DIRECTOR, INTERRELIGIOUS AFFAIRS

MANAGING DIRECTOR, MARKETING AND COMMUNICATIONS

DIRECTOR REGIONAL OFFICE ADVANCEMENT

(13) ELISSA FISHMAN AS OF MAY 06, 2024

(14) RICHARD M HYNE UNTIL MAY 31, 2024

(10) JON SCHWEITZER

(11) DINA SIEGEL VANN

(12) MICHAEL GILBERT

CHIEF FINANCIAL OFFICER

CHIEF FINANCIAL OFFICER

DIRECTOR, BILLA

263,181

251.742

261,314

257,468

252,291

278,059

Page 8

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

| (A) | (B) | | | | C) sition | | | (D) | (E) | | | (F) | |
|--|-----------------------|--------------------------------|-----------------------|---------|---------------------|------------------------------|--------|-----------------------------|---------------|--------|-------------------------|-----------|----------|
| Name and title | Average | , | | | | e than o | | Reportable | Reporta | able | Estima | ted am | ount |
| Tallo alla illa | hours | | | | | or/trust | | compensation | compens | ation | 0 | fother | |
| | per week (list any | 오 Jg | П | ç | 6 | en H | F | from the organization (W-2/ | from relation | | | pensation | on |
| | hours for | Individual trustee or director | l ti | Officer | Key employee | Highest co | Former | 1099-MISC/ | 1099-M | ISC/ | organi | ization a | |
| | related organizations | dual | tion | | l pic | st cc | " | 1099-NEC) | 1099-N | EC) | related of | organiza | ations |
| | below | trus | al tr | | уее | mp | | | | | | | |
| | dotted line) | tee | Institutional trustee | | | Highest compensated employee | | | | | | | |
| | | | Ф | | | ted | | | | | | | |
| (15) MICHAEL L TICHNOR | 20.0 | | | | | | | | | | 1 | | |
| PRESIDENT | 0.0 | ~ | | ~ | | | | 0 | | 0 | | | 0 |
| (16) ROBERT E LAPIN | 12.0 | | | | | | | | | | | | |
| CHAIR, BOARD OF GOVERNORS | 0.0 | ~ | | ~ | | | | 0 | | 0 | | | 0 |
| (17) STEVEN J WISCH | 5.0 | | | | | | | | | | | | |
| CHAIR, BOARD OF TRUSTEES | 0.0 | ~ | | ~ | | | | 0 | | 0 | | | 0 |
| (18) DAVID R BERZ | 10.0 | | | | | | | | | | 1 | | |
| TREASURER/SECRETARY | 0.0 | ~ | | ~ | | | | 0 | | 0 | | | 0 |
| (19) STEVEN L ZELKOWITZ | 5.0 | | | | | | | | | | 1 | | |
| ASSOCIATE TREASURER/CHAIR, BUDGET COMMITTEE, EC MEMBER | 0.0 | ~ | | | | | | 0 | | 0 | | | 0 |
| (20) ROBERTA S BARUCH | 5.0 | | | | | | | | | | 1 | | |
| CHAIR, ADVOCACY | 0.0 | ~ | | ~ | | | | 0 | | 0 | | | 0 |
| (21) MATTHEW J COEN | 5.0 | | | | | | | | | | | | |
| CHAIR, GLOBAL COMMUNICATIONS | 0.0 | ~ | | | | | | 0 | | 0 | | | 0 |
| (22) ILENE ENGEL | 5.0 | | | | | | | | | | 1 | | |
| CHAIR, LEADERSHIP DEVELOPMENT | 0.0 | ~ | | | | | | 0 | | 0 | | | 0 |
| (23) FRANK LINDE | 5.0 | | | | | | | | | | 1 | | |
| CHAIR, AUDIT COMMITTEE | 0.0 | ~ | | | | | | 0 | | 0 | | | 0 |
| (24) ANTHONY E MEYER | 5.0 | | | | | | | | | | | | |
| ASSOCIATE CHAIR, BOARD OF TRUSTEES | 0.0 | ~ | | | | | | 0 | | 0 | | | 0 |
| (25) (SEE STATEMENT) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 4,611,145 | | 0 | | 785 | 5,128 |
| c Total from continuation sheets to Part | | | | | | | | 0 | | 0 | | | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 4,611,145 | | 0 | | 785 | 5,128 |
| 2 Total number of individuals (including but | | d to th | ose | e list | ted | above | e) w | ho received more | e than \$10 | 00,000 | of | | |
| reportable compensation from the organi | zation | | | | | | | 155 | | | | | |
| | | | | | | | | | _ | | | Yes | No |
| 3 Did the organization list any former of | | | | | | | mpl | loyee, or highes | st compe | nsated | | | |
| employee on line 1a? If "Yes," complete s | | | | | | | | | | | 3 | | <u> </u> |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| organization and related organizations | greater th | an \$ | 150, | JUUL |)? [| T Ye | s, ¨ | complete Sched | duie J toi | r sucn | | | |
| individual | | | ٠ | | | | | | | | 4 | ~ | |
| 5 Did any person listed on line 1a receive o | | | | | | | | | | | | | |
| for services rendered to the organization | rir Yes, c | compi | ете | Scr | ieai | ile J T | or s | sucn person . | | • • | 5 | | |
| Section B. Independent Contractors | | | 1 | !I. | | | | | | | u | 100.00 | <u> </u> |
| Complete this table for your five high compensation from the organization. Report | | | | | • | | | | | | | | |
| (A) Name and business add | ress | | | | | | | (B) Description of serv | rices | (| (C) Compens | ation | |
| TALBOT DIGITAL LLC, 641 S STREET NW, THIRD I | | SHIN | GTC | N. r | OC 2 | 20001 | MF | EDIA COMMUNIC | | | | | 0,000 |
| ATTN: INC., 5700 WILSHIRE BLVD STE 375, LOS AN | | | | , L | | -5501 | _ | EDIA COMMUNIC | | | | | 4,091 |
| GLOBAL STRATEGY GROUP, LLC, 215 PARK AVENUE SOU | | | | ORK | NY | 10003 | _ | EDIA COMMUNIC | | | | | 6,650 |
| FAT CAMP FILMS, LLC, 225 E 39TH ST, APT 20G, N | | | | | , , | | _ | DEO PRODUCTIO | | | | | 1,762 |
| MJV MECHANICAL, 18 MEADOW STREET, LOCUST | | | | | | | _ | ILDING MAINTENANCE | | | | | 2,684 |

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

Form **990** (2024)

8

Form 990 (2024) Page **9**

Part VIII Statement of Revenue

| | | Check if Schedule | Осо | ntains a re | spor | nse or note to an | y line in this Pa | ırt VIII | | 🗆 |
|---|---------|--|---------|-------------|--------------|-------------------|----------------------|--|--------------------------------------|--|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| is, | 1a | Federated campaign | ns . | | 1a | 59,500 | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | 1b | | | | | |
| عَ ق | С | Fundraising events | | | 1c | 18,352,596 | | | | |
| fts, | d | Related organization | ns . | | 1d | 30,000 | | | | |
| ੜੂ ਵੂ∣ | е | Government grants | (cont | ributions) | 1e | | | | | |
| ns, | f | All other contribution | | | | | | | | |
| iti e | | and similar amounts no | ot incl | uded above | 1f | 97,166,720 | | | | |
| 호된 | g | Noncash contribution | | | | | | | | |
| של פר | | lines 1a-1f | | | 1g | \$ 4,198,537 | | | | |
| <u>₹</u> | h | Total. Add lines 1a- | -1f . | | | | 115,608,816 | | | |
| | | | | | | Business Code | | | | |
| <u>ic</u> | 2a | REGISTRATION FEE | | | | 900099 | 1,733,559 | 1,733,559 | | |
| e S | b | SALE OF PUBLICATI | ONS | | | 511190 | 4,967 | 4,967 | | |
| gram Ser Revenue | С | | | | | | | | | |
| ev lev | d | | | | | | | | | |
| Program Service Revenue | е | | | | | | | | | |
| ፈ | f | All other program se | | | | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a- | | | | | 1,738,526 | | | |
| | 3 | Investment income other similar amoun | | | | | 4.044.000 | | (07.000) | 4.070.740 |
| | 4 | Income from investn | • | | | | 4,241,029 | | (37,689) | 4,278,718 |
| | 4 5 | D 111 | | | ipt bt | ona proceeds | | | | |
| | 3 | noyanies | | (i) Rea | I | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | 9,805 | ` ' | | | | |
| | b | Less: rental expenses | 6b | | 4,640 | | | | | |
| | C | Rental income or (loss) | | | 5,165 | | | | | |
| | d | Net rental income o | | | | | 1,375,165 | | | 1,375,165 |
| | 7a | Gross amount from | | (i) Securit | | (ii) Other | | | | |
| | | sales of assets | | 07.04 | 5 000 | | | | | |
| | | other than inventory | 7a | 87,64 | 5,000 | | | | | |
| ē | b | Less: cost or other basis | | | | | | | | |
| en | | and sales expenses . | 7b | 83,08 | 4,887 | | | | | |
| Revenue | С | Gain or (loss) | 7c | 4,56 | 0,113 | 0 | | | | |
| | d | Net gain or (loss) | | | | | 4,560,113 | | | 4,560,113 |
| Other | 8a | Gross income from | | - | | | | | | |
| 0 | | events (not including | | | | | | | | |
| | | of contributions rep 1c). See Part IV, line | | | 0- | 4 000 005 | | | | |
| | L | • | | | 8a | 1,393,965 | | | | |
| | | Less: direct expense Net income or (loss) | | | 8b | 2,236,739 | (842,774) | | | (842,774) |
| | с 9а | Gross income f | | | g eve | ents | (042,774) | | | (042,774) |
| | - | activities. See Part I | | | 9a | | | | | |
| | b | Less: direct expense | | | 9b | | | | | |
| | c | Net income or (loss) | | | | ės | | | | |
| | | Gross sales of in | | | | | | | | |
| | | returns and allowan | | | 10a | | | | | |
| | b | Less: cost of goods | sold | | 10b | | | | | |
| | С | Net income or (loss) | from | sales of ir | vent | ory | | | | |
| SI | | | | | | Business Code | | | | |
| Miscellaneous Revenue | 11a | | | | | | | | | |
| scellaneo Revenue | b | | | | | | | | | |
| e Se | C | | | | | | | | | |
| Mis | d | | | | | | 0 | 0 | 0 | 0 |
| | e | Total reverse See | | | | | 126 690 975 | 4 700 500 | (07.000) | 0.074.000 |
| | 12 | Total revenue. See | แเรเท | uctions . | | | 126,680,875 | 1,738,526 | (37,689) | 9,371,222 |

9

Form 990 (2024) Page **10**

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

| | | (4) | in this Part IX . | | (D) |
|--------|---|-----------------------|---|-------------------------------------|---------------------------------------|
| 8b, 9b | ot include amounts reported on lines 6b, 7b, o, 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 . | 897,783 | 897,783 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 4,840 | 4,840 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,343,741 | 1,343,741 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 4,033,070 | 2,128,444 | 955,339 | 949,287 |
| 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 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 37,906,159 | 28,034,537 | 2,700,205 | 7,171,417 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 617,817 | 550,503 | 10,705 | 56,609 |
| 9 | Other employee benefits | 6,221,454 | 4,363,749 | 771,974 | 1,085,731 |
| 10 | Payroll taxes | 2,532,442 | 2,031,525 | 187,907 | 313,010 |
| 11 | Fees for services (nonemployees): | 2,002,442 | 2,031,020 | 107,907 | 313,010 |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 420,534 | 241,331 | 179,203 | |
| C | Accounting | 267,926 | 110,126 | 157,800 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 786,073 | | | 786,073 |
| f | Investment management fees | 932,594 | 749,245 | 79,457 | 103,892 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 25,881,889 | 24,236,105 | 1,066,408 | 579,376 |
| 12 | Advertising and promotion | 305,904 | 199,111 | 23,037 | 83,756 |
| 13 | Office expenses | 2,245,581 | 1,363,889 | 881,692 | 03,730 |
| 14 | Information technology | 1,475,652 | 1,067,605 | 200,136 | 207,911 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 3,260,969 | 2,642,887 | 230,338 | 387,744 |
| 17 | Travel | 2,982,343 | 2,848,326 | 63,977 | 70,040 |
| 18 | Payments of travel or entertainment expenses | | | | · · · |
| | for any federal, state, or local public officials | 45,898 | 45,898 | | |
| 19 | Conferences, conventions, and meetings . | 8,419,943 | 7,853,745 | 156,048 | 410,150 |
| 20 | Interest | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 1,097,585 | 858,932 | 117,273 | 121,380 |
| 23 | Insurance | 610,774 | 489,727 | 51,717 | 69,330 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| • | | | | | |
| a b | | | | | |
| C | | | | | |
| d | | | | | |
| e | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 102,290,971 | 82,062,049 | 7,833,216 | 12,395,706 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | 102,230,371 | 02,002,010 | 1,000,210 | 12,000,100 |
| | fundraising solicitation. Check here 🗹 if | | I | | |

Page **11**

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pal | | | |
|-----------------------------|-----|---|---------------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 35,315,787 | 1 | 39,325,908 |
| | 2 | Savings and temporary cash investments | 4,372,745 | 2 | 12,923,351 |
| | 3 | Pledges and grants receivable, net | 22,006,282 | 3 | 37,885,195 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| ts | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ą | 9 | Prepaid expenses and deferred charges | 2,162,983 | 9 | 3,080,844 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 40,363,375 | | | |
| | b | Less: accumulated depreciation 10b 32,104,538 | 7,557,284 | 10c | 8,258,837 |
| | 11 | Investments—publicly traded securities | 98,433,903 | 11 | 101,379,815 |
| | 12 | Investments—other securities. See Part IV, line 11 | 110,588,661 | 12 | 115,200,171 |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 17,981,770 | 15 | 16,858,683 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 298,419,415 | 16 | 334,912,804 |
| | 17 | Accounts payable and accrued expenses | 8,880,274 | 17 | 10,266,550 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 815,745 | 19 | 764,516 |
| | 20 | Tax-exempt bond liabilities | · | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | | 21 | |
| Ś | 22 | Loans and other payables to any current or former officer, director, | | | |
| ij | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | 0 | 22 | 0 |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 21,897,651 | 25 | 16,251,436 |
| | 26 | Total liabilities. Add lines 17 through 25 | 31,593,670 | 26 | 27,282,502 |
| Net Assets or Fund Balances | | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | | | |
| lan | 27 | Net assets without donor restrictions | 68,500,306 | 27 | 73,592,464 |
| Ва | 28 | Net assets with donor restrictions | 198,325,439 | 28 | 234,037,838 |
| ρ | 20 | Organizations that do not follow FASB ASC 958, check here | 130,323,433 | 20 | 204,007,000 |
| ∄ | | and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ts | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| SSe | 31 | Retained earnings, endowment, accumulated income, or other funds . | | 31 | |
| Ä | 32 | Total net assets or fund balances | 266,825,745 | 32 | 307,630,302 |
| Š | 33 | Total liabilities and net assets/fund balances | 298,419,415 | 33 | 334,912,804 |
| _ | 100 | Total habilities and het assets/fully balalices | 200,410,410 | 00 | Form 990 (2024) |

Form **990** (2024)

Page **12**

| 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 | | 1 | 26,68 | 0,875 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1 | 02,29 | 0,971 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 24,38 | 9,904 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 2 | 66,82 | 5,745 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 12,71 | 3,452 |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 3,70 | 1,201 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 3 | 07,63 | 0,302 |
| 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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O. | xplain | on | | | |
| 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 co reviewed on a separate basis, consolidated basis, or both. | | | 2a | | V |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . [| 2b | ~ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were auc separate basis, consolidated basis, or both. | lited o | n a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersiah | t of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent account | | | 2c | / | |
| | If the organization changed either its oversight process or selection process during the tax year, eschedule O. | | L | | • | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set for | orth in | the | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | За | | ~ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not un required audit or audits, explain why on Schedule O and describe any steps taken to undergo such | | | 3b | | |

Form **990** (2024)

| (A) Name and Title | (B) Average hours per week | | (Che | C) Po | sitior hat ap | າ ply) | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|------------------------------------|--|--------------------------------|-----------------------|---------|------------------|------------------------------|--------|---|--|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (25) ROBERT L NEWMARK | 5.0 | 1 | | | | | | 0 | 0 | 0 |
| CHAIR, REGIONAL OFFICES | 0.0 | • | | | | | | · · | <u> </u> | 0 |
| (26) MELANIE NELKIN | 5.0 | , | | | | | | | | |
| CHAIR, NATIONAL POLICY, EC MEMBER | 0.0 | V | | | | | | 0 | 0 | 0 |
| (27) AMY LEVIN RAGEN | 5.0 | / | | | | | | 0 | 0 | 0 |
| CHAIR, INTERRELIGIOUS AFFAIRS | 0.0 | • | | | | | | 0 | 0 | 0 |
| (28) HARRIET P SCHLEIFER | 5.0 | | | | | | | | | |
| CHAIR, CONTEMPORARY JEWISH LIFE | 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (29) JEFFREY E STONE | 5.0 | | | | | | | | | |
| CHAIR, INTERNATIONAL RELATIONS | 0.0 | √ | | | | | | 0 | 0 | 0 |
| (30) CLIFF P GOLDSTEIN | 5.0 | | | | | | | | | |
| ASSOCIATE CHAIR, BOARD OF TRUSTEES | 0.0 | √ | | | | | | 0 | 0 | 0 |
| (31) JEFFREY H ARONSON | 5.0 | / | | | | | | | | |
| EC MEMBER | 0.0 | V | | | | | | 0 | 0 | 0 |
| (32) STEPHNE BEHREND | 5.0 | / | | | | | | _ | | _ |
| EC MEMBER | 0.0 | V | | | | | | 0 | 0 | 0 |
| (33) MATTHEW BRONFMAN | 5.0 | / | | | | | | | | |
| EC MEMBER | 0.0 | V | | | | | | 0 | 0 | 0 |
| (34) MICHAEL FELDSTEIN | 5.0 | / | | | | | | | | |
| EC MEMBER | 0.0 | • | | | | | | 0 | 0 | 0 |
| (35) DAVID W INLANDER | 5.0 | / | | | | | | 0 | 0 | |
| EC MEMBER | 0.0 | • | | | | | | 0 | 0 | 0 |
| (36) ILANA RON LEVEY | 5.0 | ./ | | | | | | 0 | 0 | 0 |
| EC MEMBER | 0.0 | • | | | | | | 0 | 0 | 0 |
| (37) ANDREW H MARKS | 5.0 | ./ | | | | | | 0 | 0 | 0 |
| EC MEMBER | 0.0 | • | | | | | | 0 | 0 | 0 |
| (38) BEN A PLOTKIN | 5.0 | 1 | | | | | | 0 | 0 | 0 |
| EC MEMBER | 0.0 | • | | | | | | U | 0 | 0 |
| (39) LISA L PRUZAN | 5.0 | 1 | | | | | | 0 | 0 | 0 |
| EC MEMBER | 0.0 | • | | | | | | U | 0 | 0 |
| (40) JOYCE SILBERSTANG | 5.0 | / | | | | | | 0 | 0 | 0 |
| EC MEMBER | 0.0 | • | | | | | | U | U | |

SCHEDULE A (Form 990)

Department of the Treasury

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization AMERICAN JEWISH COMMITTEE 13-5563393 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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: An organization that normally receives (1) more than 331/3% 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 33¹/₈% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. 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. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

0

(E) **Total**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 65.918.682 54,381,322 53.786.287 83.041.093 115.608.816 372,736,200 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 **Total.** Add lines 1 through 3 65.918.682 54.381.322 53.786.287 83.041.093 115.608.816 4 372.736.200 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 29.669.572 **Public support.** Subtract line 5 from line 4 343,066,628 Section B. Total Support **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 Calendar year (or fiscal year beginning in) (a) 2020 (f) Total 7 65,918,682 54,381,322 53,786,287 83,041,093 115,608,816 372,736,200 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,051,819 2,610,141 2,834,680 4,370,499 5,890,834 17,757,973 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 25,740 83,334 593,850 1,393,965 1,104,843 3,201,732 393,695,905 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 4.397.457 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 87.14 % Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2024

18

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.)

| | in the organization rails to quality | dilder the te | oto notou bon | ovv, piodoo oc | mpioto i ait | , | |
|-------------|--|-----------------|-----------------|-------------------|--------------|-----------------|-----------|
| | on A. Public Support | | | | (0 | | <u> </u> |
| | dar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| 2 | received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise | | | | | | |
| _ | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| 3 | organization's tax-exempt purpose Gross receipts from activities that are not an | | | | | | |
| 3 | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| 7 | 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 | | | | | | |
| _ | | | | | | | |
| с 8 | Add lines 7a and 7b | | | | | | |
| O | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| 9 | Amounts from line 6 | (-, | (3) = 3 = 3 | (0, =0== | (0, 2020 | (0, =0=) | (4) |
| 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 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | • | | | • | | . , . , |
| | organization, check this box and stop he | | | | | | 🗆 |
| | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2024 (line 8 | | | | | | % |
| 16 Sooti | Public support percentage from 2023 Sch | | | | | 16 | % |
| | on D. Computation of Investment Inc | | | av lina 10. activ | mn (f)) | 17 | 0/ |
| 17 18 | Investment income percentage for 2024 (Investment income percentage from 2023 | | | - | | 17 | <u>%</u> |
| 18 19a | 33 ¹ / ₃ % support tests—2024. If the organi | | | | | | |
| 134 | 17 is not more than 33 ¹ / ₃ %, check this box | | | | | | |
| b | 33 ¹ / ₃ % support tests—2023. If the organiz | | _ | | | - | _ |
| - | line 18 is not more than 331/3%, check this b | | | | | | |
| 20 | Private foundation. If the organization di | | = | = | - | | _ |

Part IV **Supporting Organizations**

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

Se

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

| | II A (1 (1) III 350) 2024 | | | rage J |
|------------------|--|-------|--------|---------------|
| Part | IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 4.4 | | |
| | | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | | |
| <u> </u> | • | 11c | | |
| Secti | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | ion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Secti | ion 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 in | nstru | ctions | s). |
| a b c 2 | □ The organization satisfied the Activities Test. Complete line 2 below. □ The organization is the parent of each of its supported organizations. Complete line 3 below. □ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (Activities Test. Answer lines 2a and 2b below. | | | tions). |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| a | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | | | | | |
|--|--|--------|----------------------------|-----------------------------|--|--|--|
| 1 | 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 | | | | | | | |
| 1 | Net short-term capital gain | 1 | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | | | |
| _ 7 | Other expenses (see instructions) | 7 | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | |
| Sect | ion B-Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | | | |
| а | Average monthly value of securities | 1a | | | | | |
| b | Average monthly cash balances | 1b | | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Sect | ion C-Distributable Amount | | | Current Year | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | |
| | emergency temporary reduction (see instructions). | 6 | Cata annata al Tarre III | tion on a series of | | | |
| 7 | ☐ Check here if the current year is the organization's first as a non-function | aliy I | ıntegrated Type III suppor | ting organization | | | |

Schedule A (Form 990) 2024

(see instructions).

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued | 1) | |
|------------------|--|--------------------------------|-----------------------------|--------|-------------------------------|
| Secti | on D-Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe | rted | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required- | nrovide details in Part | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | th the organization is res | | - | |
| | (provide details in Part VI). See instructions. | o. ga <u>=</u> aoo. | · | 8 | |
| 9 | Distributable amount for 2024 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 0 | |
| | Line o amount divided by line 3 amount | | (ii) | - | (iii) |
| Secti | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2024 | S | Distributable Amount for 2024 |
| 1 | Distributable amount for 2024 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2024 | | | | |
| | (reasonable cause required—explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2024 | | | | |
| а | From 2019 | | | | |
| b | From 2020 | | | | |
| С | From 2021 | | | | |
| d | From 2022 | | | | |
| е | From 2023 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | \neg | |
| h | Applied to 2024 distributable amount | | | | |
| -i | Carryover from 2019 not applied (see instructions) | | | | |
| ÷ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | _ | |
| 4 | Distributions for 2024 from | | | _ | |
| • | Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | - | |
| b | Applied to distributions of prior years Applied to 2024 distributable amount | | | | |
| ט | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2024, if | | | - | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI . See instructions. | | | | |
| | Remaining underdistributions for 2024. Subtract lines | | | _ | |
| 6 | | | | | |
| | 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | | |
| 7 | | | | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2020 | | | | |
| b | Excess from 2021 | | | | |
| С | Excess from 2022 | | | | |
| Ы | Excess from 2023 | | | | |

Schedule A (Form 990) 2024

Excess from 2024 .

| 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.) |
|---------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part VI

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.)

| Return Reference - Identifier | | | | Explanation | | | |
|-------------------------------|--|----------|----------|-------------|-----------|-----------|-----------|
| SCHEDULE A, PART II, | Description | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| LINE 10 - OTHER INCOME | (1) GROSS INCOME FROM FUNDRAISING EVENTS NOT INCLUDING CONTRIBUTIO NS REPORTED ON PART VIII, LINE 1C | 25,740 | 83,334 | 593,850 | 1,104,843 | 1,393,965 | 3,201,732 |
| | Total | 25,740 | 83,334 | 593,850 | 1,104,843 | 1,393,965 | 3,201,732 |

Schedule B (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

AMERICAN JEWISH COMMITTEE

13-5563393

Organization type (check one):

| e gameanon speciological | | | | | | |
|---|--|--|--|--|--|--|
| 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 instructions. | 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See | | | | | |
| General Rule | | | | | | |
| or more (in money o | 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 | | | | | | |
| regulations under se 16b, and that receiv | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ved from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or not 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 tha | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it | | | | | |

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

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Name of organization

AMERICAN JEWISH COMMITTEE

Employer identification number

13-5563393

| 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 | | |
| | | \$ 11,419,426 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | Name, address, and ZIP + 4 | Total contributions | (d) Type of contribution | | |
| 2 | | \$10,000,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$4,390,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | Name, address, and ZIP + 4 | Total contributions | (d) Type of contribution | | |
| 4 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 6 | | \$2,600,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |

Name of organization

AMERICAN JEWISH COMMITTEE

Employer identification number

13-5563393

| Part I | Contributors (see instructions). Use duplicate copies | or Part i ir additional space is i | needed. |
|-------------|---|------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ 2,500,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | Name, address, and ZIP + 4 | Total contributions | (d) Type of contribution |
| 8 | | \$ 2,500,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | Name, address, and ZIP + 4 | Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

Name of organization

AMERICAN JEWISH COMMITTEE

Employer identification number

13-5563393

| raitii | Noticasti Property (see instructions). Ose duplicate copies of Part II il additional space is fleeded. | | | | | |
|---------------------------|--|---|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |

Name of organization

AMERICAN JEWISH COMMITTEE

13-5563393

| Part III | Exclusively relig |
|---------------|--------------------|
| AMERIC | AN JEWISH COMMITTE |

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 ac | ditional space is needed. | | | | |
|---------------------------|---|---|--|-------------------------------------|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gi | ft | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | Transferee's name, address, a | and ZIP + 4 | Relation | ship of transferor to transferee | | |
| | | | | | | |
| (a) No. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gi | ft | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | | (e) Transfer of | f gift | | | |
| | Transferee's name, address, a | Transferee's name, address, and ZIP + 4 Relatio | | | | |
| | | | | | | |
| (a) No. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (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 git | ft | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, a | | _ | ship of transferor to transferee | | |
| | | | | | | |
| | | | | | | |

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 **Employer identification number (EIN)** AMERICAN JEWISH COMMITTEE 13-5563393 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . Yes No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses, and EINs 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. (c) EIN (a) Name (b) Address (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5)

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

Cat. No. 50084S

Schedule C (Form 990) 2024

(6)

| Sched | dule C (Form 990) 2024 | | | | | Page ∠ | |
|------------|--|------------------|--|----------------------|-----------------------|----------------|--|
| Par | t II-A Complete if the organization section 501(h)). | n is exempt ı | under section 50 | 01(c)(3) and file | d Form 5768 (ele | ction under | |
| A (| Check if the filing organization belongs EIN, expenses, and share of exceptions. | | | art IV each affiliat | ed group member's | name, address, | |
| B (| Check $\ \square$ if the filing organization checked | box A and "lim | ited control" provi | sions apply. | | | |
| | Limits on Lobi | ying Expendit | ures | | (a) Filing | (b)Affiliated | |
| | (The term "expenditures" m | eans amounts | paid or incurred. |) | organization's totals | group totals | |
| 1a | Total lobbying expenditures to influence | public opinion | (grassroots lobbyi | ng) | | | |
| b | | | | | | | |
| c | Total lobbying expenditures (add lines 1 | a and 1b) . | | | | | |
| c | Other exempt purpose expenditures . | | | | | | |
| e | Total exempt purpose expenditures (ad | d lines 1c and 1 | d) | | | | |
| f | Lobbying nontaxable amount. Enter columns. | the amount f | rom the following | g table in both | | | |
| | IF the amount on line 1e, column (a) or (b) is | : THEN the lob | bying nontaxable a | mount is: | | | |
| | not over \$500,000 | 20% of the ar | nount 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 of | ver \$1,500,000. | | | |
| | over \$17,000,000 | \$1,000,000. | | | | | |
| Ç | Grassroots nontaxable amount (enter 25 | 5% of line 1f) | | | | | |
| r | Subtract line 1g from line 1a. If zero or le | ess, enter -0- | | | | | |
| i | Subtract line 1f from line 1c. If zero or le | · | | | | | |
| j | · | | | | | | |
| | reporting section 4911 tax for this year? | | | | | | |
| | (Some organizations that made a se | ction 501(h) ele | Period Under Sec ection do not have ructions for lines | e to complete all | of the five column | s below. | |
| | Lobbying | Expenditures | During 4-Year Av | eraging Period | | | |
| | Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total | |
| 28 | Lobbying nontaxable amount | | | | | | |
| k | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | |
| | : Total lobbying expenditures | | | | | | |
| | | | | | | | |
| | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990) 2024

| Part | Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | filed | Form | 5768 | | |
|-------------|---|---------|---------|-----------|--------|-------|
| For ea | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed | (a | a) | | (b) | |
| | iption of the lobbying activity. | Yes | No | Aı | nount | İ |
| 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: | | | | | |
| а | Volunteers? | V | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | ~ | | | | |
| C | Media advertisements? | | ~ | | | |
| d | Mailings to members, legislators, or the public? | ~ | | | | 7,965 |
| е | Publications, or published or broadcast statements? | | ~ | | | |
| f | Grants to other organizations for lobbying purposes? | | ~ | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | ~ | | | 5 | 1,456 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | ~ | | | |
| i | Other activities? | | > | | | |
| j | Total. Add lines 1c through 1i | | | | 5 | 9,421 |
| 2a | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | ~ | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Part l | Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6). |)(5), c | or sec | ction | | |
| | | | | | 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 Part I | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | _ | - | 3 | | |
| | and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes." | | , line | | | |
| 1 | , | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb | ying | | | | |
| - | and political expenditures next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | • | 5 | | | |
| 2 (see | Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information. EXT PAGE | up lis | t); Par | t II-A, I | ines 1 | and |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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.

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | DURING 2024, AJC SOUGHT TO INFLUENCE LOCAL, STATE, AND NATIONAL POLICY THROUGH DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, AND GOVERNMENT OFFICIALS. TO STRENGTHEN SUPPORT FOR ISRAEL, AJC FOCUSED ON EFFORTS TO SUPPORT ISRAEL'S RIGHT TO DEFEND ITSELF AFTER THE OCTOBER 7TH TERROR ATTACK, TO CULTIVATE MULTILATERAL RELATIONS WITH ISRAEL - INCLUDING THE BROADENING OF THE ABRAHAM ACCORDS - AND TO EXPAND SECURITY RESOURCES AND COUNTERTERROR EFFORTS SUCH AS COUNTERING IRAN'S MALIGN INFLUENCE IN THE MIDDLE EAST. ADDITIONALLY, AJC MOBILIZED A COMPREHENSIVE OPERATION TO ELEVATE THE STORIES OF THOSE TAKEN HOSTAGE BY HAMAS ON OCTOBER 7, 2023, BY FACILITATING HUNDREDS OF MEETINGS, FOR BOTH HOSTAGE FAMILIES AND RELEASED HOSTAGES, WITH ELECTED OFFICIALS ON CAPITOL HILL AND ACROSS THE COUNTRY. TO COMBAT DOMESTIC ANTISEMITISM, AJC HAS ADVOCATED FOR THE IMPLEMENTATION OF THE NATIONAL STRATEGY TO COUNTER ANTISEMITISM. ADDITIONALLY, AJC SUPPORTS FUNDING FOR SECURITY AND ANTI-HATE PROGRAMS, SUCH AS THE NONPROFIT SECURITY GRANT PROGRAM, AND LEGISLATION TO PROMOTE REPORTING OF HATE CRIMES. |

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| | of the organization | Employer identification number |
|-----|---|---|
| | RICAN JEWISH COMMITTEE | 13-5563393 |
| Pai | | sed Funds or Other Similar Funds or Accounts |
| | Complete if the organization answered " | /es" on Form 990, Part IV, line 6. |
| | | (a) Donor advised funds (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) . | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | , | advisors in writing that the assets held in donor advised |
| | | organization's exclusive legal control? |
| 6 | Did the organization inform all grantees, donors, an | d donor advisors in writing that grant funds can be used |
| | | of the donor or donor advisor, or for any other purpose |
| | conferring impermissible private benefit? | |
| Par | t II Conservation Easements | |
| | Complete if the organization answered " | es" on Form 990. Part IV. line 7. |
| 1 | Purpose(s) of conservation easements held by the o | |
| - | Preservation of land for public use (for example, recrea | 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Protection of natural habitat | ☐ Preservation of a certified historic structure |
| | ☐ Preservation of open space | _ 1 10001 Valion of a continue mission o chaotaro |
| 2 | | d a qualified conservation contribution in the form of a conservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | |
| b | Total acreage restricted by conservation easements | |
| C | Number of conservation easements on a certified his | |
| d | Number of conservation easements included on line | |
| | on a historic structure listed in the National Register | • |
| 3 | Number of conservation easements modified, tran | 24 |
| | the organization during the tax year | |
| 4 | Number of states where property subject to conserv | |
| 5 | | rding the periodic monitoring, inspection, handling of |
| | | ements it holds? |
| 6 | Staff and volunteer hours devoted to monitoring, | nspecting, handling of violations, and enforcing |
| | - | |
| 7 | Amount of expenses incurred in monitoring, ins | |
| - | | |
| 8 | | 2d above satisfy the requirements of section 170(h)(4)(B) |
| | (i) and agation 170/b\/4\/D\/ii\Q | $\cdots \cdots $ Yes \square No |
| 9 | | onservation easements in its revenue and expense statement and balance |
| | sheet, and include, if applicable, the text of the footi | note to the organization's financial statements that describes the |
| | organization's accounting for conservation easemer | ts. |
| Par | Organizations Maintaining Collections | of Art, Historical Treasures, or Other Similar Assets |
| | Complete if the organization answered " | |
| 1a | | B ASC 958, not to report in its revenue statement and balance sheet works |
| | | held for public exhibition, education, or research in furtherance of public |
| | service, provide in Part XIII the text of the footnote to | o its financial statements that describes these items. |
| b | If the organization elected, as permitted under FAS | B ASC 958, to report in its revenue statement and balance sheet works of |
| | | for public exhibition, education, or research in furtherance of public service, |
| | provide the following amounts relating to these item | s. |
| | (i) Revenue included on Form 990. Part VIII. line 1 | |
| | (ii) Assets included in Form 990, Part X | |
| 2 | | historical treasures, or other similar assets for financial gain, provide the |
| _ | following amounts required to be reported under FA | |
| а | | |
| b | Assets included in Form 990, Part X | \$ |

| Part | III Organizations Maintaining | Collections of | Art, Historical 7 | reasures, c | r Ot | her Similar Ass | ets (cont | inued) |
|--------|--|-----------------------------|-----------------------|-------------------------|--------|-------------------------------|-------------|--------------|
| 3 | Using the organization's acquisition, collection items (check all that apply). | accession, and ot | ner records, chec | k any of the | follow | ring that make sig | gnificant u | se of its |
| а | ☐ Public exhibition | | d 🗌 Loan | or exchange | progra | am | | |
| b | Scholarly research | | e 🗌 Other | | _ | | | |
| С | ☐ Preservation for future generations | ; | | | | | | |
| 4 | Provide a description of the organization XIII. | | and explain how t | hey further th | e org | anization's exem _l | pt purpose | in Part |
| 5 | | | | | | | | |
| Part | IV Escrow and Custodial Arra | angements | <u> </u> | | | | | |
| | Complete if the organization 990, Part X, line 21. | answered "Yes" | | | | · | | orm |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | - | | | | ∃ Yes | ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the following to | able. | | | | |
| | | | | | | Am | nount | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount | nt on Form 990, Pa | art X, line 21, for e | scrow or cus | todial | account liability? | ☐ Yes | ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII. Check here | e if the explanation | n has been pr | ovide | ed in Part XIII . | | |
| Par | | | | | | | | |
| | Complete if the organization | answered "Yes" | | Part IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two years b | oack | (d) Three years back | (e) Four ye | |
| 1a | Beginning of year balance | 164,699,020 | 151,813,883 | 171,687 | - | 155,398,511 | 139 | ,686,402 |
| b | Contributions | 1,793,000 | 1,249,000 | 7,851 | ,686 | 5,546,178 | 7 | ,053,731 |
| С | Net investment earnings, gains, and | | | | | | | |
| | losses | 14,436,534 | 16,129,789 | (21,422, | 690) | 17,473,690 | 13 | ,733,806 |
| d | Grants or scholarships | 571,334 | 544,998 | 213 | ,450 | 548,472 | | 248,545 |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | 5,837,908 | 3,520,928 | 5,689 | ,877 | 5,849,115 | 4 | ,509,545 |
| f | Administrative expenses | 467,663 | 427,726 | 398 | ,832 | 333,746 | | 317,338 |
| g | End of year balance | 174,051,649 | 164,699,020 | 151,813 | ,883 | 171,687,046 | 155 | ,398,511 |
| 2 | Provide the estimated percentage of t | the current year en | d balance (line 1g | ı, column (a)) | held a | as: | | |
| а | Board designated or quasi-endowment | nt 23.78 9 | % | | | | | |
| b | Permanent endowment 76.22 | 2_% | | | | | | |
| С | Term endowment 0.00 % | | | | | | | |
| | The percentages on lines 2a, 2b, and | | | | | | | |
| 3a | Are there endowment funds not in the | e possession of th | e organization that | at are held an | ıd adı | ministered for the | | |
| | organization by: | | | | | | Ye | es No |
| | (i) Unrelated organizations? | | | | | | 3a(i) | · |
| | `` | | | | | | 3a(ii) • | |
| b | If "Yes" on line 3a(ii), are the related o | _ | • | | | | 3b • | |
| 4 | Describe in Part XIII the intended uses | | n's endowment f | unds. | | | | |
| Part | , , , | | | | | _ | | |
| | Complete if the organization | answered "Yes" | ' on Form 990, I | Part IV, line | 11a. S | See Form 990, F | Part X, lin | <u>e 10.</u> |
| | Description of property | (a) Cost or ot (investment) | ' ' | or other basis ther) | ٠, | Accumulated epreciation | (d) Book v | alue |
| 1a | Land | | | 430,126 | | | | 430,126 |
| b | Buildings | | | 21,361,011 | | 16,050,496 | 5 | ,310,515 |
| С | Leasehold improvements | | | 4,515,998 | | 3,110,394 | 1. | ,405,604 |
| d | Equipment | | | 14,056,240 | | 12,943,648 | 1. | ,112,592 |
| е | Other | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) n | nust equal Form 99 | 90. Part X. line 10 | c, column (B)) | | | 8 | ,258,837 |

Schedule D (Form 990) (Rev. 1-2025)

Page **3**

| Part VII | Investments- | Other Securities |
|----------|--------------|------------------|

| Complete if the organization answered "Yes" on Fo | rm 990. Part IV. lin | e 11b. See Form | 990. Part X. line 12. | |
|--|----------------------|--|------------------------|--|
| (a) Description of security or category | (b) Book value | (c) Met | nod of valuation: | |
| (including name of security) | | Cost or end- | -of-year market value | |
| (1) Financial derivatives | | | | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) LONG ONLY EQUITIES | - | END OF YEAR MA | | |
| (B) LONG/SHORT EQUITIES | - | END OF YEAR MA | | |
| (C) DIVERSIFYING HEDGE FUNDS | - | END OF YEAR MA | | |
| (D) PRIVATE EQUITY INVESTMENTS | | END OF YEAR MA | | |
| (E) STATE OF ISRAEL BONDS | - | END OF YEAR MARKET VALUE END OF YEAR MARKET VALUE | | |
| (F) INVESTMENT REDEMPTION RECEIVABLE | 3,748,938 | END OF YEAR MA | RKET VALUE | |
| (G) | - | | | |
| (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | 115 200 171 | | | |
| Part VIII Investments—Program Related | 115,200,171 | | | |
| Complete if the organization answered "Yes" on Fo | rm 000 Part IV lin | o 11c. Soo Form | 000 Part V line 13 | |
| (a) Description of investment | (b) Book value | | hod of valuation: | |
| (a) Description of investment | (b) book value | | of-year market value | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | | | |
| Part IX Other Assets | | | | |
| Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lin | e 11d. See Form | 990, Part X, line 15. | |
| (a) Description | | | (b) Book value | |
| (1) RIGHT TO USE ASSET | | | 5,117,573 | |
| (2) BENEFICIAL INTEREST IN TRUSTS HELD BY THIRD PARTIES | | | 11,741,110 | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | <u> </u> | | 16,858,683 | |
| Part X Other Liabilities | 000 5 104 5 | 44 446 0 | 5 000 D 11 | |
| Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lin | e 11e or 11f. See | e Form 990, Part X, | |
| line 25. | | | | |
| 1. (a) Description of liability | | | (b) Book value | |
| (1) Federal income taxes | | | E EE4 040 | |
| (2) ACCRUED UNFUNDED PENSION LIABILITY | | | 5,551,012 | |
| (3) LEASE OBLIGATIONS | | | 5,827,771 | |
| (4) OTHER RETIREMENT BENEFITS (5) CHARITABLE GIFT ANNUITIES | | | 2,207,150 2,637,074 | |
| | | | | |
| (6) SECURITY DEPOSITS | | | 28,429 | |
| <u>(7)</u> | | | | |
| <u>(8)</u> | | | | |
| Tatal (Column (h) must equal Form 990, Part Y, line 25, col. (R)) | | | 16.054.400 | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footr | | · · · · · · · · · · · · · · · · · · · | 16,251,436 | |
| organization's liability for uncertain tax positions under FASR ASC 740. Chec | • | | • | |

Page 4

| Part | | - | Return |
|-------|--|--------------------------------|----------------------------------|
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | |
| Part | | | er Return |
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 . 1 | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| _C | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li | ne 18.) | 5 |
| Part | • • | and 4. Down N/ Black 4th and 0 | Jan Dant V. Barr A. Dant V. Barr |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a alt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par | | |
| | | t to provide any additional in | mormation. |
| SEE S | TATEMENT | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS | INCOME FROM AJC'S ENDOWMENT FUNDS ARE USED TO PROVIDE A SOURCE OF ONGOING SUPPORT FOR ITS EXEMPT PURPOSES. |
| SCHEDULE D, PART X, LINE 1 - ACCRUED UNFUNDED PENSION LIABILITY | ACCRUED UNFUNDED PENSION LIABILITY OF \$5,551,012 REPRESENTS THE EXCESS OF PENSION BENEFIT OBLIGATION OVER THE ASSETS OF THE FROZEN PENSION PLAN. |
| SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE | AJC HAS EVALUATED ITS TAX POSITIONS AND HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THAT IT WILL CONTINUE TO BE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. AJC PRESCRIBED TO A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AS OF DECEMBER 31, 2024, AJC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED BUSINESS INCOME TAX LIABILITY, WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS FINANCIAL STATEMENTS. |

SCHEDULE F (Form 990)

(Rev. January 2025)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

AMERICAN JEWISH COMMITTEE

13-5563393 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990. Part IV. line 14b. 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, expenditures for of offices in region (by type) (such as, a program service, agents, and independent fundraising, program services, the region describe specific type of and investments investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region CENTRAL AMERICA AND THE **INVESTMENTS CARIBBEAN** 0 0 65,787,376 (1) EAST ASIA AND THE PACIFIC **INVESTMENTS** 0 0 4,914,403 (2) MIDDLE EAST AND NORTH **INVESTMENTS AFRICA** 0 4.814.007 (3) **EUROPE (INCLUDING ADVOCACY** PROGRAM SERVICES **ICELAND AND GREENLAND)** 5 28 4.135.002 MIDDLE EAST AND NORTH **ADVOCACY** PROGRAM SERVICES **AFRICA** 2 14 2,104,183 MIDDLE EAST AND NORTH **GRANTMAKING AFRICA** 0 0 746,488 **EUROPE (INCLUDING** GRANTMAKING **ICELAND AND GREENLAND)** 0 0 471.279 SUB-SAHARAN AFRICA PROGRAM SERVICES 0 190,628 1 (8) EAST ASIA AND THE PACIFIC **ADVOCACY** PROGRAM SERVICES 0 1 102,058 SOUTH AMERICA **GRANTMAKING** 0 0 85,974 (10)SUB-SAHARAN AFRICA **GRANTMAKING** 0 0 40,000 (11) SOUTH AMERICA **ADVOCACY PROGRAM SERVICES** 0 (12)1 15,373 (13)(14)(15)(16) (17)83,406,771 45 Subtotal Total from continuation 0 sheets to Part I

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

45

Cat. No. 50082W

Schedule F (Form 990) (Rev. 1-2025)

83,406,771

Totals (add lines 3a and 3b)

| Part | | 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) | | | (SEE STATEMENT) | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| 2 | | | | | | arities by the foreign | | d as a tax | 31 |

Schedule F (Form 990) (Rev. 1-2025)

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) | | | | | | | |

Schedule F (Form 990) (Rev. 1-2025)

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 |

Schedule F (Form 990) (Rev. 1-2025)

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.

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS | AJC'S GRANT RECIPIENTS CERTIFY THAT THE GRANTS WILL BE USED IN COMPLIANCE WITH ANY APPLICABLE UNITED STATES (US) LAWS, US AND INTERNATIONAL STATUTES, REGULATIONS, RULES AND EXECUTIVE ORDERS, INCLUDING ALL ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, REGULATIONS, RULES AND EXECUTIVE ORDERS. NO FUNDS WILL BE USED IN PARTISAN FASHION TO SUPPORT OR OPPOSE CANDIDATES FOR PUBLIC OFFICE. AJC REQUIRES THE RECIPIENTS TO SUBMIT NARRATIVE AND FINANCIAL REPORTS. |
| SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EAST ASIA AND THE PACIFIC - ACCRUAL, ADVOCACY EUROPE (INCLUDING ICELAND AND GREENLAND) - ADVOCACY, ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL, ADVOCACY SOUTH AMERICA - ACCRUAL, ADVOCACY SUB-SAHARAN AFRICA - ACCRUAL |
| SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | SOUTH AMERICA - ACCRUAL |
| SCHEDULE F, PART V - FOREIGN INVESTMENTS | AJC INVESTS IN SEVERAL ENTITIES THAT ARE LEGALLY DOMICILED IN FOREIGN JURISDICTIONS. THE 2024 END OF YEAR VALUE OF INVESTMENTS DOMICILED IN CENTRAL AMERICA/CARIBBEAN, ASIA, AND IN MIDDLE EAST/NORTH AFRICA WERE \$65,787,376, \$4,914,403, AND \$4,814,007, RESPECTIVELY. |
| SCHEDULE F, PART V - NON- INVESTMENT ACTIVITY | EXPENSES ARE RECOGNIZED BY AJC ON AN ACCRUAL BASIS. EXPENSES PAID IN ADVANCE AND NOT YET INCURRED ARE REPORTED AS PREPAID EXPENSES UNTIL THE APPLICABLE PERIOD. |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-------------------------|--------------------------------|--------|--|----------------------|-----------------------------|-------------------------------|------------------------------------|---|
| Name of Organization | IRS code section and EIN | Region | Purpose of grant | Amount of cash grant | Manner of cash disbursement | Amount of non-cash assistance | Description of non-cash assistance | Method of valuation (book, FMV, apraisal, other) |
| (1) | | | GRANT FOR ITS ACTIVITIES IN RECONSTRUCTIN G COMMUNITIES DAMAGED OR DESTROYED BY HAMAS AND THE RESULTING HOSTILITIES. | 200,000 | WIRE TRANSFER | | | |
| (2) | | | GRANT FOR HOLOCAUST JEWISH MUSEUM OF THESSALONIKI. | 104,976 | WIRE TRANSFER | | | |
| (3) | | | GRANT IN SUPPORT OF ITS ACTIVITIES TO ASSIST THOSE WHO WERE VICTIMS OF RAPE DURING THE EVENTS OF OCTOBER 7, OR THOSE WHOSE PAST TRAUMA WERE REAWAKEN BY THOSE HORRIFIC EVENTS. | 100,000 | WIRE TRANSFER | | | |
| (4) | | | GRANT IN SUPPORT OF ITS WORK IN SUPPORTING WAR ORPHANS. | 100,000 | WIRE TRANSFER | | | |
| (5) | | | GRANT FOR HOLOCAUST JEWISH MUSEUM OF THESSALONIKI. | 100,000 | WIRE TRANSFER | | | |
| (6) | | | GRANT TO SUPPORT COMMUNITY MEMBERS IN NURSING HOMES AND OTHER PROGRAMS FOR THE ELDERLY. | 100,000 | WIRE TRANSFER | | | |
| (7) | | | GRANT TO SUPPORT THE ERECTION OF A MONUMENT IN KASTORIA COMEMORATING KASTORIA JEWS WHO PERISHED IN THE HOLOCAUST. | 55,000 | WIRE TRANSFER | | | |
| (8) | | | GRANT TO EDEN ASSOC. FOR ITS ACTIVITIES IN RELIEF OF VICTIMS OF SEXUAL ASSAULT ON OCTOBER 7, 2023. | 50,000 | WIRE TRANSFER | | | |
| (9) | | | GRANT FOR RECONSTRUCTIO N OF THE KIBBUTZ AFTER THE ASSAULTS OF OCT 7, 2023 | 50,000 | WIRE TRANSFER | | | |
| (10) | | | GRANT FOR ONGOING RECONSTRUCTIO N AND | 50,000 | WIRE TRANSFER | | | |

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-------------------------|--------------------------------|--------|--|----------------------|-----------------------------|-------------------------------|------------------------------------|---|
| Name of Organization | IRS code section and EIN | Region | Purpose of grant | Amount of cash grant | Manner of cash disbursement | Amount of non-cash assistance | Description of non-cash assistance | Method of valuation (book, FMV, apraisal, other) |
| | | | REHABILITATION EFFORTS AFTER THE ASSAULTS OF OCTOBER 7, 2023. | | | | | |
| (11) | | | GRANT TO SUPPORT THE PURCHASE OF A MOBILE WATER TREATMENT VEHICLE FOR MALAWI COMMUNITIES (DE DUCTED \$20K INCLUDED BY ERROR NOT THIS SUBMISSION). | 50,000 | WIRE TRANSFER | | | |
| (12) | | | GRANT TO SUPPORT THE CREATION OF A MONUMENT IN KASTORIA COMEMORATING KASTORIA JEWS WHO PERISHED IN THE HOLOCAUST. | 35,000 | WIRE TRANSFER | | | |
| (13) | | | GRANT TO ZIV MEDICAL CENTER FOR MEDICAL RESPONSE TO THE CURRENT SITUATION IN ISRAEL. | 27,162 | WIRE TRANSFER | | | |
| (14) | | | GRANT TO SUPPORT ITS EFFORTS TO MITIGATE THE EFFECTS OF A DRAUGHT IN ZAMBIA. | 25,000 | WIRE TRANSFER | | | |
| (15) | | | GRANT FOR RELIEF OF FAMILIES IMPACTED BY HOSTILITIES IN THE GAZA PERIMETER. | 25,000 | WIRE TRANSFER | | | |
| (16) | | | GRANT FOR HOLOCAUST JEWISH MUSEUM OF THESSALONIKI. | 25,000 | WIRE TRANSFER | | | |
| (17) | | | GRANT TO CREATE A HISTORICAL EXPOSITION OF THE JEWS OF KASTORIA, GREECE - TO CREATE A MEMORIAL PLAQUE ON THE BENEFACTORS WALL. | 23,000 | WIRE TRANSFER | | | |
| (18) | | | GRANT FOR ITS ACTIVITIES DIRECTED TO RELIEF OF A LANDSLIDE IN PAPUA, NEW GUINEA. | 20,000 | WIRE TRANSFER | | | |
| (19) | | | JBI GRANT FOR TRAINING PROGRAM ON GENOCIDE PREVENTION WITH OSAPG. | 20,000 | WIRE TRANSFER | | | |

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-------------------------|--------------------------------|---------------|---|----------------------|-----------------------------|-------------------------------|------------------------------------|---|
| Name of Organization | IRS code section and EIN | Region | Purpose of grant | Amount of cash grant | Manner of cash disbursement | Amount of non-cash assistance | Description of non-cash assistance | Method of valuation (book, FMV, apraisal, other) |
| (20) | | | JBI GRANT FOR TRAINING PROGRAM ON GENOCIDE PREVENTION WITH OSAPG. | 20,000 | WIRE TRANSFER | | | |
| (21) | | | GRANT FOR RELIEF IN THE WAKE OF THE RECENT ROCKET ATTACK. | 20,000 | WIRE TRANSFER | | | |
| (22) | | | GRANT FOR ITS ACTIVITIES IN RELIEF OF UKRAINIAN REFUGEES IN POLAND. | 15,061 | WIRE TRANSFER | | | |
| (23) | | SOUTH AMERICA | GRANT FOR ACTIVITIES AND PROJECTS ALIGNED WITH AJC AND FISESP'S MISSION AND PRIORITIES. | 15,000 | WIRE TRANSFER | | | |
| (24) | | SOUTH AMERICA | GRANT FOR ACTIVITIES AND PROJECTS ALIGNED WITH AJC AND FISESP'S MISSION AND PRIORITIES. | 15,000 | WIRE TRANSFER | | | |
| (25) | | SOUTH AMERICA | GRANT FOR ACTIVITIES AND PROJECTS ALIGNED WITH AJC AND FISESP'S MISSION AND PRIORITIES. | 12,169 | WIRE TRANSFER | | | |
| (26) | | SOUTH AMERICA | GRANT FOR ACTIVITIES AND PROJECTS ALIGNED WITH AJC AND FISESP'S MISSION AND PRIORITIES. | 11,480 | WIRE TRANSFER | | | |
| (27) | | | GRANT FOR ONGOING RECONSTRUCTIO N AND REHABILITATION EFFORTS AFTER THE ASSAULTS OF OCTOBER 7, 2023. | 10,000 | WIRE TRANSFER | | | |
| (28) | | | GRANT TO SUPPORT THE JEWISHI CHOIR OF THESSALONIKI. | 7,500 | WIRE TRANSFER | | | |
| (29) | | | GRANT TO SPONSOR TWO YOUNG PEOPLE AFFECTED BY THE BARBAROUS ATTACK OF OCTOBER 7 TO JAPAN. | 7,400 | WIRE TRANSFER | | | |
| (30) | | SOUTH AMERICA | GRANT FOR ACTIVITIES AND PROJECTS ALIGNED WITH AJC AND FISESP'S MISSION AND PRIORITIES. | 7,058 | WIRE TRANSFER | | | |
| (31) | | | GRANT FOR INTERNATIONAL DIALOGUE OF CIVILIZATIONS & | 5,126 | WIRE TRANSFER | | | |

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|------------------|-----|--------|----------------------------|----------------------|-----------------------------|-------------------------------|------------------------------------|---|
| Name Organiza | | Region | Purpose of grant | Amount of cash grant | Manner of cash disbursement | Amount of non-cash assistance | Description of non-cash assistance | Method of valuation (book, FMV, apraisal, other) |
| | | | TOLERANCE CONFERENCE 2. | | | | | |

SCHEDULE G (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization AMERICAN JEWISH COMMITTEE | | | | | Employer identifica | ation number 563393 |
|--|--|--|---|---|--|---|
| Part I Fundraising Activities | Complete if th | e organiza | tion answ | vered "Yes" on Fo | | |
| Form 990-EZ filers are of the indicate whether the organization and indicate whether the organization and indicate whether the organization but internet and email solicitations and indicate indicate in internet and email solicitations and indicate in internet and email solicitations are indicated in internet indicate in internet indicate in internet indicate in internet indicate internet indicate in | on raised funds to ons tten or oral agree n 990, Part VII) or d individuals or e | hrough any e f g ement with r entity in co | of the follo Solicitati Solicitati Special f any individual | on of nongovernment on of government of government of the contraction | ent grants grants ers, directors, truste ndraising services? | ✓ Yes □ No |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | | draiser have control of utions? | (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 |
| . AB DATA P O BOX 170062 | (SEE | Yes | No | | | |
| 1 AB DATA, P O BOX 170062, MILWAUKEE, WI 53217-8000 | STATEMENT) | ~ | | 962,846 | 786,073 | 176,773 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Fotal | | | | 962,846 | 786,073 | 176,773 |
| 3 List all states in which the organized registration or licensing. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IOH, OK, OR, PA, RI, SC, TN, UT, VA, WA, | anization is regis L, KS, KY, LA, ME | tered or lice | ensed to s | | | d it is exempt from |
| | | | | | | |

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.

| | | gross receipts greater that | 11 \$5,000. | | | |
|-----------------|----------|--|----------------------------|-------------------------|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | HERBERT H. LEHMAN DINNER | ACCOUNTANTS DINNER | 27 | (add col. (a) through col. (c)) |
| മ | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 5,364,184 | 1,850,315 | 11,138,097 | 18,352,596 |
| | 2 | Less: Contributions | 5,338,264 | 1,726,195 | 9,894,172 | 16,958,631 |
| | 3 | Gross income (line 1 minus line 2) | 25,920 | 124,120 | 1,243,925 | 1,393,965 |
| | 4 | Cash prizes | | | | 0 |
| | 5 | Noncash prizes | | | | 0 |
| Direct Expenses | 6 | Rent/facility costs | | | | 0 |
| t Exp | 7 | Food and beverages | | | | 0 |
| Direc | 8 | Entertainment | | | | 0 |
| | 9 | Other direct expenses . | 79,309 | 117,198 | 2,040,232 | 2,236,739 |
| | 10 11 | Direct expense summary. Ad Net income summary. Subtra | | | | 2,236,739 (842,774) |
| Pa | rt II | | e organization answe | ered "Yes" on Form 9 | 990, Part IV, line 19, o | or reported more than |
| 0 | | Ţ.:,c:: | | (b) Pull tabs/instant | | (d) Total gaming (add |
| ňu | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | 1 | Gross revenue | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | | | | |
| | 6 | Volunteer labor | ☐ Yes % ☐ No | ☐ Yes % ☐ No | ☐ Yes % ☐ No | |
| | 7 | Direct expense summary. Ad | d lines 2 through 5 in c | olumn (d) | | |
| | 8 | Net gaming income summary | /. Subtract line 7 from li | ne 1, column (d) | | |
| _ | _ | | | androno analy 101 | | |
| | | Enter the state(s) in which the org s the organization licensed to confundation for the function of the confunction of the conf | | | | |
| | - | | | | | |
| 10 | | Were any of the organization's gar f "Yes," explain: | | | | |
| | - | | | | | |

| cneau | ie G (Form 990) (Rev. 1-2025) | | Page 3 | | | | |
|---------------|--|-------|----------|--|--|--|--|
| 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: | | | | | | |
| а | The organization's facility | | <u>%</u> | | | | |
| b | An outside facility | | % | | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | | | |
| | Name | | | | | | |
| | Address | | | | | | |
| 15a b c | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐Yes | □No | | | | |
| | Name | | | | | | |
| | Address | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | Name | | | | | | |
| | Gaming manager compensation \$ | | | | | | |
| | Description of services provided | | | | | | |
| | □ Director/officer □ Employee □ Independent contractor | | | | | | |
| 17 | Mandatory distributions: | | | | | | |
| а | 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 | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions. | | | | | | |
| SEE N | IEXT PAGE | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule G (Form 990) (Rev. 1-2025)

| Da | rt | I۱ |
|----|----|----|
| | | |

Supplemental Information. Provide the explanations 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).

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1 | MAIL SOLICITATION & PROGRAM ADVOCACY |
| SCHEDULE G, PART I, LINE 2B(III) - AB DATA | CHECKS ARE MAILED DIRECTLY TO AB DATA'S PO BOX IN MILWAUKEE. ON A DAILY BASIS, AB DATA RETRIEVES THE CHECKS FROM THE PO BOX AND HANDS THE CHECKS TO THE PERSONNEL FOR DATA ENTRY. THE DATA ENTRY PERSONNEL PHYSICALLY OPEN UP EVERY SINGLE PIECE OF MAIL AND ENTER THE DONATIONS INTO AB DATA'S RECORD-KEEPING SYSTEM. ONCE THE DONATIONS ARE ENTERED INTO THE RECORD-KEEPING SYSTEM, THEY ARE THEN DEPOSITED DIRECTLY INTO AJC'S BANK ACCOUNT. ON A MONTHLY BASIS, AJC'S ACCOUNTING DEPARTMENT RECONCILES THE BANK ACCOUNT TO A REPORT PROVIDED BY AB DATA WHICH LISTS ALL THE DONATIONS. |
| SCHEDULE G, PART I, LINE 2B(V) - AB DATA | AMOUNTS IN COLUMN (V) REPRESENT PAYMENTS TO PROFESSIONAL FUNDRAISERS FOR FUNDRAISING AND PROGRAMMATIC SERVICES AND REIMBURSEMENT OF FUNDRAISING EXPENSES, SUCH AS: PRINTING, PAPER, ENVELOPES, ETC. |
| SCHEDULE G, PART II, LINE 9(D) - OTHER DIRECT FUNDRAISING EVENT EXPENSES | AJC REPORTS ALL EXPENDITURES RELATED TO ITS SPECIAL EVENT FUNCTIONS AS "OTHER DIRECT EXPENSES" ON SCHEDULE G, PART II, LINE 9. COSTS OF RUNNING THESE SPECIAL EVENTS ARE FREQUENTLY INVOICED AS ONE FEE BY THE VENDOR, SO THAT THE RENTAL, FOOD AND OTHER COSTS ARE BUNDLED AND FURTHER CATEGORIZATION ON SCHEDULE G, PART II IS NOT POSSIBLE. IT IS THEREFORE MORE ACCURATE TO COMBINE ALL THE EXPENSES. |

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number |
|--|--------------------------------------|---|---|----------------------------------|---|-----------------|--------------------------------------|
| AMERICAN JEWISH COMMITTEE | | | | | | | 13-5563393 |
| Part I General Information | on Grants an | d Assistance | | | | | |
| Does the organization mainta and the selection criteria used Describe in Part IV the organi | d to award the g ization's proced | rants or assistance ures for monitoring | ? the use of grant fu | | States. | | Yes No |
| Part II Grants and Other As Part IV, line 21, for an | | | | | | | on answered "Yes" on Form 990, d. |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description | |
| (1) (SEE STATEMENT) | 13-1790719 | 501(C)(3) TAX EXEMPT | 100,000 | | | | (SEE STATEMENT) |
| (2) (SEE STATEMENT) | 23-7076117 | 501(C)(3) TAX EXEMPT | 100,000 | | | | (SEE STATEMENT) |
| (3) (SEE STATEMENT) | 23-7049727 | 501(C)(3) TAX EXEMPT | 100,000 | | | | (SEE STATEMENT) |
| (4) KAVOD SHEF INITIATIVE 820 S. MONACO PARKWAY, DENVER, CO 80224 | 47-5495289 | 501(C)(3) TAX EXEMPT | 85,000 | | | | (SEE STATEMENT) |
| (5) JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY, BOX 62, NEW YORK, NY 10027 | 13-0887640 | 501(C)(3) TAX EXEMPT | 83,171 | | | | (SEE STATEMENT) |
| (6) (SEE STATEMENT) | 13-1996126 | 501(C)(3) TAX EXEMPT | 50,000 | | | | (SEE STATEMENT) |
| (7) (SEE STATEMENT) | 13-6104086 | 501(C)(3) TAX EXEMPT | 50,000 | | | | (SEE STATEMENT) |
| (8) THINC FOUNDATION PO BOX 880538, SAN DIEGO, CA 92168-0538 | 37-2145886 | 501(C)(3) TAX EXEMPT | 50,000 | | | | (SEE STATEMENT) |
| (9) THE GIVING GROUP COMMUNITY / GGC 500 COMMERCIAL STREET, BOSTON, MA 02109 | 04-3367888 | 501(C)(3) TAX EXEMPT | 50,000 | | | | (SEE STATEMENT) |
| (10) JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY, BOX 62, NEW YORK, NY 10027 | 13-0887640 | 501(C)(3) TAX EXEMPT | 42,200 | | | | (SEE STATEMENT) |
| (11) (SEE STATEMENT) | 52-2650466 | 501(C)(3) TAX EXEMPT | 28,262 | | | | (SEE STATEMENT) |
| (12) (SEE STATEMENT) | | | | | | | |
| 2 Enter total number of section | | • | | line 1 table | | | |
| 3 Enter total number of other or | - | | | | | | |
| For Panerwork Reduction Act Notice | see the Instructio | ns for Form 990 | | Cat 1 | No. 50055P | | Schodula I (Form 990) (Rev. 12-2024 |

Schedule I (Form 990) (Rev. 12-2024)

| Supplemental Information. Provide the STATEMENT) | e information i | equired in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
|--|-----------------|-----------------------|------------------------|-------------------------------|-------------------|
| | e information i | equired in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
| | e information i | equired in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
| | e information i | equired in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
| | e information i | equired in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
| | e information i | required in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
| | e information i | required in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
| | e information I | required in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
| | e information i | equired in Part I, I | ine 2; Part III, colum | n (b); and any other addition | onal information. |
| ATEMENT) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
|---|------------|---------------------------|----------------------|-------------------------------|--|------------------------------------|--|
| Name and address of organization or government | EIN | IRC section if applicable | Amount of cash grant | Amount of non-cash assistance | Method of valuation (book, FMV, appraisal, other) | Description of non-cash assistance | Purpose of grant or assistance |
| (12) JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE, 21ST FLOOR, NEW YORK, NY 10017 | 22-0053483 | 501(C)(3) TAX EXEMPT | 20,000 | | | | AJC GRANT FOR ITS ACTIVITIES IN RELIEF OF ELDERLY ISRAELI JEWS(AMIGOUR). |
| (13) UNIVERSITY OF CALIFORNIA, IRVINE 324 ALDRICH HALL, IRVINE, CA 95697-7600 | 95-2226406 | 501(C)(3) TAX EXEMPT | 20,000 | | | | GRANT TO UCI CLINIC'S HUMAN RIGHTS PROJECT ON AFGHANISTAN. |
| (14) UNIVERSITY OF CALIFORNIA, IRVINE 324 ALDRICH HALL, IRVINE, CA 95697-7600 | 95-2226406 | 501(C)(3) TAX EXEMPT | 20,000 | | | | GRANT TO UCI CLINIC'S HUMAN RIGHTS PROJECT ON AFGHANISTAN. |
| (15) AMERICAN FRIENDS OF BAR-HAN ILAN UNIVERSITY INC.(BAR-ILAN UNIVERSITY IN ISRAEL) 160 EAST 56TH STREET, NEW YORK, NY 10022 | 46-4198975 | 501(C)(3) TAX EXEMPT | 19,000 | | | | AJC JBI GRANT TO THE DINAH PROJECT 7/10 AT THE RACKMAN CENTER TO DOCUMENT EVIDENCE OF SEXUAL VIOLENCE FOR THE VICTIMS OF OCT 7TH. AS APPROVED BY THE JBI COUNCIL ON JULY 31, 2024. |
| (16) AMERICAN FRIENDS OF BAR-HAN ILAN UNIVERSITY INC.(BAR-ILAN UNIVERSITY IN ISRAEL) 160 EAST 56TH STREET, NEW YORK, NY 10022 | 46-4198975 | 501(C)(3) TAX EXEMPT | 19,000 | | | | AJC JBI GRANT TO THE DINAH PROJECT 7/10 AT THE RACKMAN CENTER TO DOCUMENT EVIDENCE OF SEXUAL VIOLENCE FOR THE VICTIMS OF OCT 7TH. AS APPROVED BY THE JBI COUNCIL ON JULY 31, 2024. |
| (17) ATLANTIC COUNCIL OF THE UNITED STATES, INC. 1030 15TH STREET, NW,, 12TH FLOOR, WASHINGTON, DC 20005 | 52-0742294 | 501(C)(3) TAX EXEMPT | 12,450 | | | | PAYMENT TO ATLANTIC COUNCIL TO BE USED BY SLP TO FOCUS UN ATTENTION ON UYGHUR WOMEN AND GIRLS' RIGHTS. AS APPROVED BY THE ADMINISTRATIVE COUNCIL ON JULY 31. |
| (18) ATLANTIC COUNCIL OF THE UNITED STATES, INC. 1030 15TH STREET, NW,, 12TH FLOOR, WASHINGTON, DC 20005 | 52-0742294 | 501(C)(3) TAX EXEMPT | 12,450 | | | | PAYMENT TO ATLANTIC COUNCIL TO BE USED BY SLP TO FOCUS UN ATTENTION ON UYGHUR WOMEN AND GIRLS' RIGHTS. AS APPROVED BY THE ADMINISTRATIVE COUNCIL ON JULY 31. |
| (19) MUFLEHUN 800 MAINE AVE SW,, STE 200, WASHINGTON, DC 20024 | 27-2480390 | 501(C)(3) TAX EXEMPT | 11,000 | | | | CURRICULUM UPDATE AND TRAINING DELIVERY FOR THE RUSSEL BERRIE FOUNDATION GRANT. |
| (20) AMERICAN FRIENDS OF HAGAL SHELI 555 11TH STREET, NW, SUITE 1000, WASHINGTON, DC 20024 | 36-5019715 | 501(C)(3) TAX EXEMPT | 10,000 | | | | AJC GRANT FOR ITS SWORD OF IRON EMERGENCY PROJECT. |

| Return Reference - Identifier | Explanation |
|---|---|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS | AJC'S GRANT RECIPIENTS CERTIFY THAT THE GRANTS WILL BE USED IN COMPLIANCE WITH ANY APPLICABLE UNITED STATES LAWS, STATUTES, REGULATIONS, RULES AND EXECUTIVE ORDERS, INCLUDING ALL ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, REGULATIONS, RULES AND EXECUTIVE ORDERS. NO FUNDS WILL BE USED IN PARTISAN FASHION TO SUPPORT OR OPPOSE CANDIDATES FOR PUBLIC OFFICE. IN MOST OF THE CASES AJC REQUIRES THE RECIPIENTS TO SUBMIT NARRATIVE AND FINANCIAL REPORTS. |
| (1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | AMERICAN FRIENDS OF MAGEN DAVID ADOM 20 W 36TH STREET,, SUITE 1100, NEW YORK, NY 10018-9784 |
| (2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | AMERICAN FRIENDS OF SHEBA MEDICAL CENTER 6505 WILSHIRE BLVD.,, SUITE 615, LOS ANGELES, CA 90048 |
| (3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | AMERICAN FRIENDS OF RAMBAM MEDICAL CENTER 442 FIFTH AVENUE,, SUITE 1353, NEW YORK, NY 10018 |
| (6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | AMERICAN FRIENDS OF TEL AVIV UNIVERSITY INC 8 WEST 40TH STREET,, 8TH FLOOR, NEW YORK, NY 10018 |
| (7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | PEF ISRAEL ENDOWMENT FUNDS, INC. 630 THIRD AVENUE,, 15TH FL, NEW YORK, NY 10017 |
| (11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | AMERICAN FRIENDS OF GALILEE MEDICAL CENTER PO BOX 789856, PHILADELPHIA, PA 19178-9856 |
| SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | AMERICAN FRIENDS OF MAGEN DAVID ADOM: AJC GRANT TO AFMDA FOR ITS ACTIVITIES IN OFFERING TRAINING IN EMERGENCY FIRST AID IN MEDICAL CARE COMMUNITIES THROUGH ISRAEL. |
| SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | AMERICAN FRIENDS OF SHEBA MEDICAL CENTER: AJC GRANT IN SUPPORT FOR ITS VICTIMS OF WAR REHABILITATION CENTER. |
| SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | AMERICAN FRIENDS OF RAMBAM MEDICAL CENTER: AJC ADDITIONAL GRANT FOR ITS ACTIVITIES TO ASSIST RAMBAM HOSPITAL IN INSTALLING A NEW REMOTE VPN SYSTEM. |
| SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE SCHEDULE I, PART II , | KAVOD SHEF INITIATIVE: GRANT TO SUPPORT FUNDING OF FOOD FOR HOLOCAUST SURVIVORS. JEWISH THEOLOGICAL SEMINARY: |
| COLUMN H - PURPOSE OF GRANT OR ASSISTANCE SCHEDULE I, PART II, | ED CHASE JEWISH THEOLOGICAL SEMINARY ALLOCATION. AMERICAN FRIENDS OF TEL AVIV UNIVERSITY INC: |
| COLUMN H - PURPOSE OF GRANT OR ASSISTANCE SCHEDULE I, PART II , COLUMN H - PURPOSE OF | AJC GRANT FOR ITS PTSD CLINIC. PEF ISRAEL ENDOWMENT FUNDS, INC.: |
| GRANT OR ASSISTANCE SCHEDULE I, PART II , COLUMN H - PURPOSE OF | AJC GRANT FOR ITS ACTIVITIES IN RELIEF OF SOLDIERS INJURED IN THE CURRENT WAR. THINC FOUNDATION: |
| SCHEDULE I, PART II , COLUMN II - PURPOSE OF | AJC GRANT FOR CONDUCTING A SURVEY COMPARING PUBLIC ATTITUDES TOWARD TEACHING ETHNIC STUDIES VS. CRITICAL OR LIBERATED ETHNIC. THE GIVING GROUP COMMUNITY / GGC: |
| GRANT OR ASSISTANCE SCHEDULE I, PART II , COLUMN H - PURPOSE OF | AJC GRANT TO SUPPORT ONGOING RECONSTRUCTION AND REHABILITATION OF KIBBUTZ NIR OZ AFTER 10/07 ASSAULT. JEWISH THEOLOGICAL SEMINARY: |
| GRANT OR ASSISTANCE SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | ED CHASE JEWISH THEOLOGICAL SEMINARY ALLOCATION. AMERICAN FRIENDS OF GALILEE MEDICAL CENTER: AJC GRANT FOR MEDICAL RESPONSE TO THE CURRENT SITUATION IN NORTHERN ISRAEL. |

SCHEDULE J (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

AMERICAN JEWISH COMMITTEE 13-5563393 **Questions Regarding Compensation** Part I Yes No 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. First-class or charter travel Housing allowance or residence for personal use ✓ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b 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 2 Indicate which, if any, of the following the 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. Compensation committee Written employment contract ✓ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b V Participate in or receive payment from an equity-based compensation arrangement? 4c 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. 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: 5a 5b If "Yes" on line 5a or 5b, describe in Part III. 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: 6a 1 6b 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 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) (Rev. 1-2025)

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.

| THO SAITH OF COMMITTED (E)(I) (III) TO | | (B) Breakdown of W-2 ar | | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---|------|-------------------------|-------------------------------------|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)–(D) | in column (B) reported as deferred on prior Form 990 |
| THEODORE DEUTCH | (i) | 711,868 | 0 | 23,973 | 185,350 | 52,142 | 973,333 | 0 |
| 1 CHIEF EXECUTIVE OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JULIE SCHAIR | (i) | 394,320 | 0 | 27,222 | 10,350 | 50,373 | 482,265 | 0 |
| 2 CHIEF DEVELOPMENT OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JANET BECKER | (i) | 327,089 | 0 | 14,635 | 10,098 | 39,811 | 391,633 | 0 |
| CHIEF HUMAN RESOURCES AND STRATEGY OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARC D STERN | (i) | 323,144 | 0 | 14,429 | 9,965 | 39,343 | 386,881 | 0 |
| 4 CHIEF LEGAL OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JASON ISAACSON | (i) | 313,975 | 0 | 14,025 | 9,712 | 40,085 | 377,797 | 0 |
| 5 CHIEF POLICY & POLITICAL AFFAIRS OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BELLE YOELI | (i) | 310,375 | 0 | 0 | 9,348 | 15,241 | 334,964 | 0 |
| CHIEF STRATEGY AND COMMUNICATION OFFICER 6 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT LEIKIND | (i) | 251,720 | 0 | 11,139 | 7,868 | 53,859 | 324,586 | 0 |
| 7 REGIONAL DIRECTOR, AJC BOSTON | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MELANIE PELL | (i) | 307,673 | 0 | 1,503 | 9,348 | 5,362 | 323,886 | 0 |
| 8 CHIEF FIELD OPERATIONS OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NOAM MARANS | (i) | 256,254 | 0 | 6,927 | 7,934 | 38,602 | 309,717 | 0 |
| 9 DIRECTOR, INTERRELIGIOUS AFFAIRS | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JON SCHWEITZER | (i) | 251,207 | 0 | 535 | 7,790 | 49,157 | 308,689 | 0 |
| MANAGING DIRECTOR, MARKETING AND COMMUNICATIONS | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DINA SIEGEL VANN | (i) | 254,417 | 0 | 6,897 | 7,644 | 39,237 | 308,195 | 0 |
| 11 DIRECTOR, BILLA | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHAEL GILBERT | (i) | 250,816 | 0 | 6,652 | 7,648 | 32,290 | 297,406 | 0 |
| 12 DIRECTOR REGIONAL OFFICE ADVANCEMENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELISSA FISHMAN AS OF MAY 06, 2024 | (i) | 250,356 | 0 | 1,935 | 0 | 28,064 | 280,355 | 0 |
| 13 CHIEF FINANCIAL OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RICHARD M HYNE UNTIL MAY 31, 2024 | (i) | 277,415 | 0 | 644 | 4,848 | 13,659 | 296,566 | 0 |
| 14 CHIEF FINANCIAL OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) (Rev. 1-2025)

| Pa | rt | I | I |
|----|----|---|---|
|----|----|---|---|

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.

| Return Reference - Identifier | Explanation |
|---|---|
| SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL | BUSINESS CLASS AIRLINE TICKETS ARE TYPICALLY BOOKED FOR THE CEO. AJC PAYS FOR ALL THE TRAVEL COSTS OF SPOUSE WHO ACCOMPANIES THE CEO ON AJC TRIPS WHERE HER PRESENCE SERVES A BUSINESS PURPOSE UP TO A TOTAL \$25,000 A YEAR. |
| SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS | SEE RESPONSES TO LINE 1A ABOVE. |
| SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE | AJC PAID ITS CEO A TAXABLE HOUSING ALLOWANCE OF \$20,400, AS REPORTED ON FORM 990, SCHEDULE J, PART II, COLUMN (III). |
| SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | AJC'S CEO, THEODORE DEUTCH, PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") PLAN THAT WENT INTO EFFECT IN FEBRUARY OF 2022. PURSUANT TO THAT SERP PLAN, THE CEO RECEIVED DEFERRED COMPENSATION OF \$175,0000 THAT IS REPORTED IN FORM 990, SCHEDULE J, PART II, COLUMN (C). |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN JEWISH COMMITTEE

Employer identification number

13-5563393

| Part | 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 | Method noncash c | (d) d of dete ontribution | | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded | | 158 | 4 010 163 | MARKET \ | /ΔΙ I I E | | |
| 10 | Securities—Closely held stock. | | 150 | 4,010,103 | WARRET | ALUL | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 40 | | | | | | | | |
| 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 (GOODS) | V | 21 | 188,375 | COST | | | |
| 26 | Other (| | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received | by the or | ganization during the tax | vear for contributions for | | | | |
| | which the organization completed | | | | 29 | 0 | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organiza | tion receive | by contribution any prope | erty reported on Part I lines | 1 through | , | | |
| oou | 28, that it must hold for at least 3 | | | | | | | |
| | used for exempt purposes for the | | | | | 30a | | ~ |
| b | If "Yes," describe the arrangemen | | 3 P | | | Jua | | |
| 31 | Does the organization have a | | otance nolicy that require | es the review of any no | netandard | 4 | | |
| 91 | | | | | Ji iotal ludi (| | ٠, | |
| 20- | | | | | | 31 | ~ | |
| 32a | Does the organization hire or us contributions? | | • | is to solicit, process, or se | | | | |
| | | | | | | 32a | | <i>'</i> |
| ь 33 | If "Yes," describe in Part II. If the organization didn't report an | amount in | column (c) for a type of pro | pperty for which column (a) | is checked | | | |
| | describe in Part II. | | (c) . c. a type of pro | , , , , , , , , , , , , , , , , , , , | | , | | |

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.

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBERS OF CONTRIBUTIONS | THE ORGANIZATION RECEIVED 158 SEPARATE GIFTS OF PUBLICLY TRADED SECURITIES. |

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN JEWISH COMMITTEE

Employer identification number
13-5563393

| Return Reference - Identifier | Explanation |
|--|---|
| - FORM 990, PAGE 1, BOX G. GROSS RECEIPTS | GROSS RECEIPTS REPORTED OF \$212,277,141 IS CALCULATED AS TOTAL REVENUE OF \$126,680,875 PER PART I LINE 12 PLUS RENTAL EXPENSES OF \$274,640, COST BASIS AND SALES EXPENSES FOR INVESTMENTS OF \$83,084,887, AND \$2,236,739 OF DIRECT EXPENSES PER PART VIII. |
| FORM 990, PART I, LINE 8 - CONTRIBUTIONS AND GRANTS | CONTRIBUTIONS AND GRANTS TOTALING \$115,596,511 IN 2024 WERE \$32,555,418 HIGHER THAN THE \$83,041,093 REPORTED IN 2023. IN 2024, AJC RECEIVED INCREASED RESTRICTED FUNDS FOR SUPPORT OF ITS COMMUNICATION EFFORTS POST OCTOBER 7TH, AS WELL AS NEW GIFTS IN SUPPORT OF AJC'S CENTER FOR EDUCATIONAL ADVOCACY AND CENTER FOR THE NEW MIDDLE EAST. WITH INCREASED FUNDING AVAILABLE IN 2024 FOR ITS COMMUNICATIONS EFFORTS, CORRESPONDING INCREASES TO EXPENSES WERE NOTED IN 2024 OVER 2023. |
| FORM 990, PART I, LINE 10 - INVESTMENT INCOME | UNREALIZED GAINS OF \$12,713,452 AND \$16,875,361 IN 2024 AND 2023, RESPECTIVELY WERE INCURRED, BUT ARE NOT REQUIRED TO BE INCLUDED IN THIS LINE. |
| FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION | ADVOCATES FOR A SECURE ISRAEL ACHIEVING FAIR TREATMENT IN THE COMMUNITY OF NATIONS, AND SEEKS TO SAFEGUARD UNIVERSAL HUMAN RIGHTS. ADDITIONAL INFORMATION ON AJC'S MISSION IS AVAILABLE ON AJC'S WEBSITE. |
| FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION | WITH THE LARGEST SOCIAL MEDIA FOLLOWING OF ANY JEWISH ORGANIZATION IN THE WORLD, INCLUDING SOCIAL MEDIA ACCOUNTS IN ENGLISH, FRENCH, SPANISH, ARABIC AND GERMAN, AJC INTERACTS FREQUENTLY WITH MILLIONS OF USERS, FROM DIPLOMATS, AND ELECTED OFFICIALS, TO MEDIA ELITES. THEY, IN TURN, SHARE AJC'S ADVOCACY MESSAGES WITH THEIR CONSTITUENCIES, ALLOWING AJC TO REACH AND ENGAGE A WIDE AUDIENCE AROUND THE GLOBE. |
| FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES | (EXPENSES \$7,943,605 INCLUDING GRANTS OF \$65,151)(REVENUE \$168,289) OTHER 2024 PROGRAMMATIC ACTIVITIES: AJC'S OTHER 2024 PROGRAMMATIC ACTIVITIES INCLUDE: (1) INTERRELIGIOUS AND INTERGROUP RELATIONS: AJC BUILDS COALITIONS WITH LIKE-MINDED PARTNERS TO ADVANCE SHARED INTERESTS AND VALUES, AND TO FURTHER UNDERSTANDING. THE AGENCY FIRMLY BELIEVES THAT THE WELL-BEING OF THE JEWISH COMMUNITY IS LINKED TO THAT OF OTHER FAITH AND MINORITY GROUPS IN THE UNITED STATES AND AROUND THE WORLD. IN 2024, AJC CREATED TRANSLATE HATE: THE CATHOLIC EDITION, A GROUNDBREAKING RESOURCE FOR CHURCHES ACROSS AMERICA TO PAVE THE WAY TOWARDS ERADICATING ANTISEMITISM.; (2) AMID A MASSIVE SURGE IN ANTISEMITIC AND ANTI-ZIONIST INCIDENTS AT COLLEGES AND K-12 SCHOOLS, AJC ESTABLISHED A NEW CENTER FOR EDUCATION ADVOCACY IN 2024. THE CENTER'S MULTI-TIERED APPROACH AIMS TO ALLOW JEWS OF ALL AGES, IN ALL EDUCATIONAL SPACES, TO LEARN AND GROW WITHOUT THE THREATS OF HARASSMENT, INTIMIDATION, AND VIOLENCE. IN SEPTEMBER, AJC CO-HOSTED MORE THAN 100 UNIVERSITY LEADERS FOR THE LARGEST-EVER UNIVERSITY PRESIDENTS SUMMIT ON CAMPUS ANTISEMITISM; (3) ACCESS, AJC'S YOUNG PROFESSIONAL DIVISION, IS CHARGED WITH EMPOWERING JEWISH LEADERS TO ADVOCATE ON BEHALF OF CRITICAL DOMESTIC AND GLOBAL ISSUES FACING THE JEWISH COMMUNITY. IN 2024, IT FACILITATED 130 PROGRAMS FOR THOUSANDS OF EMERGING JEWISH LEADERS IN 15 CITIES WORLDWIDE. ACCESS WAS ALSO THE ENGINE BEHIND AJC'S INAUGURAL 3CS CONTENT CREATOR SUMMIT, WHICH EQUIPPED INFLUENCERS WITH CONTENT, COMMUNITY, AND CONFIDENCE TO COMBAT ANTISEMITISM ON THEIR PLATFORMS.; (4) 2024 ALSO SAW THE CREATION OF AJC'S CENTER FOR A NEW MIDDLE EAST AIMED AT FOSTERING PEACE AND CIVILITY BETWEEN ISRAEL AND ITS NEIGHBORS THROUGH DIPLOMACY, CIVIL SOCIETY, AND BUSINESS. |
| FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION | THE GLOBAL JEWISH COMMUNITY STILL REELING FROM THE HORRORS OF HAMAS' BRUTAL ATTACK ON OCTOBER 7, 2023, AJC MOBILIZED ITS UNPARALLELED GLOBAL NETWORK TO TACKLE THE UNPRECEDENTED THREATS FACING WORLD JEWRY. FROM WORLD CAPITALS TO COLLEGE CAMPUSES, AJC WORKED WITH LEADERS ACROSS SOCIETY TO SUPPORT ISRAEL AND COMBAT SURGING ANTISEMITISM, AND WE LEVERAGE STRATEGIC COMMUNICATIONS TO EDUCATE, COUNTER MISINFORMATION, AND SHAPE PUBLIC OPINION. AJC RELEASED ITS ANNUAL STATE OF ANTISEMITISM IN AMERICA REPORT, ADVOCATED FOR THE IMPLEMENTATION OF THE RECOMMENDATIONS OF ITS "CALL TO ACTION AGAINST ANTISEMITISM IN AMERICA," WHICH PROVIDES THE NECESSARY DATA TO BETTER UNDERSTAND, RESPOND TO, AND PREVENT ANTISEMITISM. THE AGENCY ALSO RALLIED THE UNITED STATES, EUROPEAN AND MIDDLE EAST ALLIES, AND THE INTERNATIONAL COMMUNITY TO UNITE IN ACTION TO DECISIVELY HALT IRAN'S QUEST FOR NUCLEAR WEAPONS, CURTAIL ITS CONVENTIONAL WEAPONS PROGRAM, AND CHECK ITS REGIONAL AGGRESSION AND INTERNAL OPPRESSION. |
| FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION | IN 2024, AJC NATIONAL EFFORTS CONTINUED TO FOCUS ON ADDRESSING THE AFTERMATH OF THE OCTOBER 7 ATTACK, INCLUDING THE SPIKE IN ANTISEMITISM AND UNFAIR CRITICISMS OF THE JEWISH STATE AROUND THE WORLD AND IN MULTILATERAL FORUMS. MAJOR RESOURCES WERE DEVOTED TO EDUCATING UNINFORMED AUDIENCES THROUGH TRAININGS AND WEBINARS, ADDRESSING GAPS IN HATE CRIME REPORTING IN THE U.S. TO PROTECT TARGETED COMMUNITIES, AND SETTING THE RECORD STRAIGHT WHEN IT COMES TO ISRAEL'S EFFORTS TO NEUTRALIZE TERRORIST THREATS, FROM HAMAS, TO HEZBOLLAH, AMONG OTHERS. |

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

 Name of the organization
 Employer identification number

 AMERICAN JEWISH COMMITTEE
 13-5563393

| Return Reference - Identifier | Explanation |
|---|---|
| FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS | AJC IS A MEMBERSHIP ORGANIZATION UNDER APPLICABLE NEW YORK NONPROFIT CORPORATION LAW, AND THE MEMBERS OF ITS BOARD OF GOVERNORS CONSTITUTES ITS CORPORATE MEMBERSHIP. |
| FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY | SEE ABOVE. |
| FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS | SEE ABOVE. |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | THE RETURN WAS PREPARED INTERNALLY AND THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY AJC'S STAFF. THE DRAFT WAS THEN REVIEWED BY AJC'S AUDIT COMMITTEE, AND SUBSEQUENTLY PROVIDED TO AJC'S EXECUTIVE COUNCIL PRIOR TO FILING WITH THE IRS. PURSUANT TO AJC'S BYLAWS, THE EXECUTIVE COUNCIL CONSTITUTES AJC'S BOARD OF DIRECTORS AS THAT TERM IS USED IN THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW. |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | AJC HAS WRITTEN CONFLICT OF INTEREST POLICIES COVERING ALL MEMBERS OF THE EXECUTIVE COUNCIL, MEMBERS OF THE INVESTMENT COMMITTEE, OFFICERS, AND EMPLOYEES STIPULATING THAT NO INDIVIDUAL MAY PARTICIPATE IN A DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST, AND HE OR SHE MUST DISCLOSE ANY POTENTIAL CONFLICTS. ALL MEMBERS OF THE EXECUTIVE COUNCIL, OFFICERS, KEY EMPLOYEES WHO HAVE SIGNING AUTHORITY, AND OTHER EMPLOYEES ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE APPROPRIATE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND TO INDICATE WHETHER THE ORGANIZATION DOES BUSINESS WITH AN ENTITY IN WHICH THEY HAVE A MATERIAL FINANCIAL INTEREST. RESTRICTIONS IMPOSED ON PERSONS WITH A CONFLICT INCLUDE REFRAINING FROM PARTICIPATING IN DELIBERATIONS AND DISCUSSIONS, AS WELL AS ANY DECISION, RELATING TO THE ALLEGED CONFLICT. |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | IN 2024, AJC HIRED A COMPENSATION CONSULTANT WHO CONDUCTED A SALARY REVIEW OF CHIEF EXECUTIVE OFFICER COMPENSATION, REVIEWING FAIR MARKET COMPARABLE FOR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE CHIEF EXECUTIVE OFFICER'S MULTI-YEAR CONTRACT WAS REVIEWED AND APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE AND SUBSEQUENTLY APPROVED BY THE EXECUTIVE COUNCIL. THE ORGANIZATION MAINTAINS RECORDS REGARDING THE COMPENSATION SETTING PROCESS. COMPENSATION OF OTHER KEY EMPLOYEES FOR THE PAST SEVERAL YEARS HAS BEEN TIED TO THE SALARY INCREASES NEGOTIATED WITH AJC'S LABOR UNIONS, EXCEPT FOR THOSE WHO HAVE RECEIVED PROMOTIONS AND/OR INCREASED RESPONSIBILITIES. ALL DETERMINATIONS OF COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN WRITING. |
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | IN 2024, SALARIES FOR SENIOR MANAGERS AND KEY EMPLOYEES WERE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE. AJC RETAINED A PROFESSIONAL COMPENSATION FIRM IN 2019 AND PERFORMED A COMPLETE A REVIEW OF RELEVANT SALARIES AND ADOPTED A MULTI-YEAR PLAN FOR ADJUSTING SALARIES OF RELEVANT SENIOR MANAGEMENT. THE REVIEW FROM 2019 WERE PERFORMED AGAIN IN 2024. ALL DETERMINATIONS OF COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN WRITING. |
| FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED | FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, OR, PA, RI, SC, TN, UT, VA, WI, WV |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | AJC CURRENTLY DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. AJC CURRENTLY MAKES ITS CONFLICT OF INTEREST POLICY AND WHISTLEBLOWER POLICY AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON ITS WEBSITE AND FORM 990T IS AVAILABLE UPON REQUEST. THE IRS DOES NOT REQUIRE THE PUBLIC DISSEMINATION OF AJC'S IRS FORM 1023 BECAUSE THE ORGANIZATION WAS INITIALLY RECOGNIZED AS TAX EXEMPT IN 1929 AND PUBLIC AVAILABILITY IS NOT REQUIRED WHERE THE ORGANIZATION DID NOT HAVE A COPY OF ITS EXEMPTION APPLICATION ON THE EFFECTIVE DATE OF THE REQUIREMENT IN JULY 1987. |
| FORM 990, PART VII, SECTION A | AJC'S EXECUTIVE COUNCIL SERVES AS ITS FIDUCIARY BOARD. |

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organizationEmployer identification numberAMERICAN JEWISH COMMITTEE13-5563393

| Return Reference - Identifier | | E | xplanation | | | | | | | | |
|--|---|--|--|---|--|--|--|--|--|--|--|
| FORM 990, PART IX, COLUMN (A) - STATEMENT OF FUNCTIONAL EXPENSES | ALLOCATING CERTAIN SHAF MANAGEMENT BELIEVES TH COSTS RELATE TO FUNCTION BEEN RECLASSIFIED TO CO RECLASSIFICATION DID NO | DURING THE YEAR ENDED DECEMBER 31, 2024, AJC CHANGED ITS METHODOLOGY FOR ALLOCATING CERTAIN SHARED COSTS AMONG PROGRAM AND SUPPORTING SERVICES. MANAGEMENT BELIEVES THIS CHANGE PROVIDES A MORE ACCURATE REFLECTION OF HOW COSTS RELATE TO FUNCTIONAL ACTIVITIES. PRIOR YEAR FUNCTIONAL EXPENSE AMOUNTS HAVE BEEN RECLASSIFIED TO CONFORM TO THE CURRENT YEAR PRESENTATION. THIS RECLASSIFICATION DID NOT AFFECT TOTAL EXPENSES, NET ASSETS, OR THE FINANCIAL POSITION FOR THE YEAR ENDED DECEMBER 31, 2023. | | | | | | | | | |
| FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES | (a) Description | (b) Total Expenses | (c) Program Service Expenses | (d) Management and General Expenses | (e) Fundraising Expenses | | | | | | |
| | AJC INCURRED A SIGNIFICANT AMOUNT OF MEDIA COSTS RESPONDING TO THE OCTOBER 7TH ATTACKS ON ISRAEL. | 21,170,336 | 21,170,336 | | 0 | | | | | | |
| | OTHER PROGRAMMATIC AND ADMINISTRATIVE CONSULTING FEES. | 4,711,553 | 3,065,769 | 1,066,408 | 579,376 | | | | | | |
| | Total | 25,881,889 | 24,236,105 | 1,066,408 | 579,376 | | | | | | |
| FORM 990, PART XI, LINE 9 - | | (a) Descriptio | n | | (b) Amount | | | | | | |
| OTHER CHANGES IN NET ASSETS OR FUND BALANCES | PENSION AND POSTRETIRE BENEFIT COSTS REPRESEN DUE TO THE INCREASE IN T BENEFIT OBLIGATION | PRIMARILY | 2,552,528 | | | | | | | | |
| | CHANGE IN VALUE OF SPLIT | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 1, | | | | | | | | | |
| GENERAL NOTE - | IDENTICAL. HOWEVER, IN A DIFFERENCES BETWEEN TH | IN GENERAL, NUMBERS IN THIS FORM 990 AND AJC'S ANNUAL FINANCIAL AUDIT REPORT ARE IDENTICAL. HOWEVER, IN A FEW PLACES, THERE ARE NON-MATERIAL DIFFERENCES BASED ON DIFFERENCES BETWEEN THE STANDARDS OF THE ACCOUNTING PROFESSION FOR A FINANCIAL REPORT, AND THE INQUIRIES ON THE FORM 990. | | | | | | | | | |
| PART X - BALANCE SHEET - LINE 32 - TOTAL NET ASSETS | TOTAL NET ASSETS OF \$307 AMOUNT OF \$266,825,745 RE BY INCREASES IN THE FAIR CONDITIONS AND RESTRICT BEYOND ON INCREASED CO OF EDUCATION AND THE MI | EPORTED AT DECE MARKET VALUE O FED FUNDS RAISEI MMUNICATION EF | EMBER 31, 2023. TI F INVESTMENTS D D DURING 2024 WI | HIS INCREASE IS LA DURING 2024 DUE T HICH WILL BE SPEN | ARGELY DRIVEN O MARKET T IN 2025 AND | | | | | | |
| SCHEDULE D - PART X - LINE 1 - (2) | ACCRUED UNFUNDED PENS BENEFIT OBLIGATION OVER THE ASS | | · · / · · / · | | S OF PENSION | | | | | | |
| SCHEDULE D, PART VII - LINE 3 A THROUGH D | INVESTMENTS ARE NOT RE. ASSET VALUE, AS A PRACTI | | | | JE BASED ON NET | | | | | | |
| SCHEDULE F, PART I, LINE 3 - (1) | DOMICILED OUTSIDE OF TH AND THE CARIBBEAN REFLE CARIBBEAN AND SIMILAR LO INVESTED IN ASSETS AROU AFTER REVIEW BY AJC'S OL | THE SCHEDULE INCLUDES A SUMMARY OF THE FAIR MARKET VALUE OF AJC'S INVESTMENTS DOMICILED OUTSIDE OF THE UNITED STATES. THE INVESTMENTS SHOWN FOR CENTRAL AMERICA AND THE CARIBBEAN REFLECT INVESTMENTS IN PRIVATE EQUITY HEADQUARTERED IN THE CARIBBEAN AND SIMILAR LOCALES FOR TAX PURPOSES. AJC'S PRIVATE EQUITY FUNDS ARE THEN NVESTED IN ASSETS AROUND THE WORLD. THE PRIVATE EQUITY INVESTMENTS ARE CHOSEN AFTER REVIEW BY AJC'S OUTSIDE INVESTMENT ADVISORS, BROWN ADVISORY, AND AFTER APPROVAL BY AJC'S INVESTMENT COMMITTEE, WHOSE MEMBERS ARE ALL SEASONED | | | | | | | | | |
| SCHEDULE R, PART II - | THE FORM 990 INCLUDES AI CONDUCTED SOLELY BY EMENTITIES FOR PURPOSES OF ALL ACTIVITY PROVIDES AND TRANSPARENCY OF OUR REFOR EACH OF AJC'S FOREIGHTO COMPILE FINANCIAL INFOLE ARE MAINTAINED IN THE UNFINANCE, LEGAL AND ADMIT | MPLOYEES OF FOR F ACTING WITHIN MORE ACCURATE / EPORTING AS OPP GEN AFFILIATES, AJO ORMATION AND PR IITED STATES. ADD NISTRATIVE AREAS | EIGN AFFILIATES THE FOREIGN CO AND COMPLETE PI OSED TO REPORT C HAS CONTRACT REPARE LOCAL RE DITIONALLY, PERIC S VISIT THE FOREI | WHICH EXIST AS FIUNTRIES. IN ADDITICTURE OF AJC ANIFING ONLY OUR U.S. BED WITH LOCAL ACEGULATORY FILING DDICALLY, AJC STAGN OFFICES TO RE | LOW-THROUGH ON, SHOWING DENHANCES THE S. ACTIVITIES. COUNTING FIRMS S. ALL RECORDS FF IN THE | | | | | | |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

(Rev. January 2025)

Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | Employer identification numbe |
|---------------------------|-------------------------------|
| AMERICAN JEWISH COMMITTEE | 13-5563393 |
| | |

| | (a) Name, address, and EIN (if applicable) of disregarded entity | | Prima | (b) ary 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 Organizat one or more related tax-exempt organizations duri | tions. Co ing the ta | mplete if thax year. | ne organization | answered "Yes" o | on Form 990, Pa | rt IV, line 34, bed | cause it had |
| | (a) Name address and FIN of related organization | Duine ou | b) | (c) | (d) | (e) | (f) | (g) |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section | g) 512(b)(13) rolled tity? |
|---|--------------------------------|---|----------------------------|--|-------------------------------|---------|--|
| | | | | | | Yes | No |
| (1) INSTITUTE OF HUMAN RELATIONS (23-7389215) | SUPPORTING | NY | 501(C)(3) | 12 | AJC | ~ | |
| 165 EAST 56TH STREET, NEW YORK, NY 10022 | ORGANIZATION | | | | | | |
| (2) TRANS-ATLANTIC INSTITUTE | ADVOCACY | BELGIUM | | | AJC | ~ | |
| AVENUE DES ARTS, 43-6 EME ETAGE (6, BRUXELLES, 1040, BE | | | | | | | |
| (3) AJC BERLIN | ADVOCACY | GERMANY | | | AJC | ~ | |
| LEIPZIGER PLATZ 15, BERLIN, 10117, GM | | | | | | | |
| (4) FUNDAJCA AMERICAN JEWISH COMMITTEE CENTRAL EUROPE | ADVOCACY | POLAND | | | AJC | ~ | |
| MYSIEJ 5, WARSAW, 00-496, PL | | | | | | | |
| (5) AJC FRANCE | ADVOCACY | FRANCE | | | AJC | ~ | |
| 5 BIS CIRQUE, PARIS, 75008, FR | | | | | | | |
| (6) AJC JERUSALEM | ADVOCACY | ISRAEL | | | AJC | ~ | |
| MESILAT YESHARIM 11, JERUSALEM, 91370, IS | | | | | | | |
| (7) AJC UAE | ADVOCACY | UNITED ARAB EMIRATES | | | AJC | ~ | |
| 711 AL KHATEM TOWER, ABU DHABI GLOB, ABU DHABI, AE | | | | | | | |

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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 | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under | (g) Share of end-of- year assets | Dispropalloca | h) ortionate tions? | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-----------------------------|--|-------------------------------|---|--|---------------|---------------------------|---|---|----|--------------------------------|
| | | country) | | sections 512-514) | | 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 | Section 5 contr ent | i) 512(b)(13) rolled ity? |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|---------------------------|------------------------------------|
| | | | | | | | | Yes | No |
| (1)(SEE STATEMENT) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Schedule R (Form 990) (Rev. 1-2025)

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

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|------|-------|-----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | a | | ~ |
| b | Gift, grant, or capital contribution to related organization(s) | b | | ~ |
| С | Gift, grant, or capital contribution from related organization(s) | c | ~ | |
| d | Loans or loan guarantees to or for related organization(s) | d | | ~ |
| е | Loans or loan guarantees by related organization(s) | le | | ~ |
| | | | | |
| f | Dividends from related organization(s) | 1f | | ~ |
| g | Sale of assets to related organization(s) | g | | ~ |
| h | | h | | ~ |
| 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) | lk | | ~ |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | ~ | |
| m | | m | | ~ |
| n | | n | ~ | |
| 0 | | 0 | ~ | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | р | | ~ |
| a | | a | | ~ |
| • | | | | |
| r | Other transfer of cash or property to related organization(s) | lr 📗 | ~ | |
| s | | ls | | ~ |
| 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 t | thre | sholo | ds. |
| | (a) Name of related organization (b) Transaction type (a—s) (c) Amount involved Method of determining amount involved | | | |
| ^ | IC JERUSALEM EMV | | | |

| (a) Name of related organization | (b) Transaction type (a—s) | (c) Amount involved | (d) Method of determining amount involved |
|--|----------------------------|------------------------|---|
| AJC JERUSALEM (1) | R | 1,585,402 | FMV |
| AJC FRANCE (2) | R | 1,395,828 | FMV |
| AJC BERLIN (3) | R | 1,194,519 | FMV |
| TRANS-ATLANTIC INSTITUTE (4) | R | 598,531 | FMV |
| FUNDAJCA AMERICAN JEWISH COMMITTEE CENTRAL EUROPE (5) | R | 197,231 | FMV |
| (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 El | N of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | income (related, unrelated, excluded | | e) partners ction (c)(3) zations? | (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 |
|------------------------------|-------------|-------------------------|---|---|-----|---|---------------------------------|--|-----------------------------------|----|---|---|----|--------------------------------|
| | | | | sections 512—514) | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |

| Part IV | Identification of Related Organizations Taxable as a Corporation or Trust (c | continued) |
|---------|--|------------|
|---------|--|------------|

| (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 | , | o)(13) rolled |
|---|----------------------|---|-------------------------------|--|---------------------------|---------------------------------------|--------------------------|----------|------------------|
| | | | | | | | | Yes | No |
| (1) CHARITABLE REMAINDER TRUSTS (2) OLD WESTBURY, OLD WESTBURY, NY 11568 | INVESTMENT | NY | AJC | TRUST | | | | \ | |