Product: Exempt Name: AMERICAN JEWISH COMMITTEE, INC. FEIN: *****3393 Bank Info: Fiscal Year Begin Date: 1/1/2021 IRS Message:

Return Information

Category: SooPT - DO NOT FILE

Plan Number:

Fiscal Year End Date: 12/31/2021

IRS Center: **Ogden** e-Postmark: **11/11/2022 2:45 PM** Notification:

eSigned:

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/10/2022	21X:0198270- 00005:V1	Upload Started			Brady,Mary	
11/10/2022	21X:0198270- 00005:V1	Ready to Release by Customer				
11/10/2022	21X:0198270- 00005:V1	Upload Started			Brady,Mary	
11/10/2022	21X:0198270- 00005:V1	Ready to Release by Customer				
11/11/2022	21X:0198270- 00005:V1	Released for Transmission - Validation in Progress			Adames, Yolanda	
11/11/2022	21X:0198270- 00005:V1	Ready to transmit - Validation Complete				
11/11/2022	21X:0198270- 00005:V1	Transmitted to FD - 990-T	1368672022315036fe76			
11/11/2022	21X:0198270- 00005:V1	Upload Started			Adames, Yolanda	
11/11/2022	21X:0198270- 00005:V1	Released for Transmission - Validation in Progress			Adames, Yolanda	
11/11/2022	21X:0198270- 00005:V1	Ready to transmit - Validation Complete				
11/11/2022	21X:0198270- 00005:V1	Transmitted to NY	13686720223150337f13			
11/11/2022	21X:0198270- 00005:V1	Accepted by FD - 990-T on 11/11/2022				
11/14/2022	21X:0198270- 00005:V1	Accepted by NY - on 11/14/2022				

ID Status Date

Status

State/Other

State Category

FBAR BSA ID

FBAR

			IRS e-file Signature Authorization	n L	OMB No 1545-0047
Form 8	8879-TE	or calendar year 20:	for a Tax Exempt Entity 21. or fiscal year beginning 2021, and ending		2021
Departm	ent of the Treasury		Do not send to the IRS. Keep for your records.		2021
Internal F	Revenue Service	1	Go to www.irs.gov/Form8879TE for the latest informatio	EIN or SSN	
Name o	AMERICAN JEV	USH COMMIT	TEE INC	13-556	3393
Name a	and title of officer or person		RICHARD HYNE		
			CFO		
Part			eturn Information re using this Form 8879 TE and enter the applicable amount, if	form the return	Form 8038-CP and
Form to or 10a which	5330 filers may enter do	llars and cents	s. For all other forms, enter whole dollars only if you check the or the return being filed with this form was blank, then leave line -0-). But, if you entered -0- on the return, then enter -0- on the a	e 1b, 2b, 3b, 4b, 5b,	6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check here		b Total revenue, if any (Form 990, Part VIII, column (A), lir	ne 12)	1b
2a	Form 990-EZ check	nere	b Total revenue, if any (Form 990-EZ, line 9)		2b
3a	Form 1120-POL che	-	b Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check		b Tax based on investment income (Form 990-PF, Part)		4b
5a	Form 8868 check here Form 990-T check here	ALCONT NOT	b Balance due (Form 8868, line 3c) b Total tax (Form 990-T, Part III, line 4)		5b0.
6a 7a	Form 990-T check he		b Total tax (Form 990-1, Part III, line 4) b Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check her		b FMV of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check her		b Tax due (Form 5330, Part II, line 19)		9b
10a Part	Form 8038-CP check		b Amount of credit payment requested (Form 8038-CP, ture Authorization of Officer or Person Subject	Part III, line 22)	10b
Under of entir 2021 e compli- interm acknow of any entry t financi	ty) electronic return and ac eta I further declare tha ediate service provider, wiedgement of receipt of refund. If applicable, I a o the financial institutio a institution to debit th	companying so t the amount in transmitter, or r reason for re uthorize the U n account indice entry to this :	A am an officer of the above entity or I am a person sub , (EIN), (EIN)_, (EIN), (EIN), (EIN), (EIN), (EIN), (EIN), (EIN), (EIN)_,	bject to tax with respe and that I have e d belief, they are true, nic return I consent to 5 and to receive from t cessing the return or r lectronic funds withdra I taxes owed on this r y Financial Agent at 1	examined a copy of the , correct, and o allow my the IRS (a) an refund, and (c) the date awal (direct debit) return, and the 1-888-353-4537 no
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Under of entit 2021 e comple interm acknow of any entry t financi later th payme person PIN: cl 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ty)	Acclare that X companying sc t the amount in transmitter, or reason for re- uthorize the U account indiv or to the paymin infidential info (PIN) as my si THORNTON LI the tax year 20 es) regulating usure consent on subject to t and Author x-digit electron r five-digit self- entry is my P lance with the ORNTON LLP	(EIN)	bject to tax with respe and that I have e in belief, they are true, nic return. I consent to S and to receive from t cessing the return or r lectronic funds withdra al taxes owed on this p ry Financial Agent at 1 molved in the process ed to the payment. I h t to electronic funds w to enter my PII form that a copy of the r e the aforementioned are on the tax year 202 ency(ies) regulating ch Date 05 all zeros m indicated above. I c tion for Authorized IR 11/10/2022	examined a copy of the a correct, and b allow my the IRS (a) an refund, and (c) the date awal (direct debit) return, and the 1-888-353-4537 no sing of the electronic iave selected a withdrawal. N <u>36605</u> Enter five numbers, but do not enter all zeros return is being filed ERO to enter my PIN 21 electronically filed harities as part of the M (1) (LC2) confirm that I am
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	000 -		COPY - DO NOT FILE	T	· · · · · · · · · · · · · · · · · · ·		
Form	990-T		Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047		
		Eor ca			2021		
		TUICa	endar year 2021 or other tax year beginning, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.	·	2021		
	tment of the Treasury al Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	I).	Open to Public Inspection for 501(c)(3) Organizations Only		
Α	Check box if		Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number		
	address changed.				10 556000		
	kempt under section	Print or	AMERICAN JEWISH COMMITTEE, INC. Number, street, and room or suite no. If a P.O. box, see instructions.	- Grou	13-5563393 FGroup exemption number		
X] 501(c)(3) 408(e) 220(e)		instructions)				
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code				
	529(a) 529A		NEW YORK, NY 10022-2709	F	Check box if		
			bk value of all assets at end of year > 271,019,503.		an amended return.		
G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust				
	Check if filing only t		Claim credit from Form 8941 Claim a refund shown on Form 2439				
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u>		
			ed Schedules A (Form 990-T)		1		
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
	,		d identifying number of the parent corporation.				
			DANIEL GOLDWATER, CONTROLLER Telephone number	(212)	891-1473		
					T		
1			ss taxable income computed from all unrelated trades or businesses (see		0		
				1	0.		
2				2			
3	Add lines 1 and 2						
4			see instructions for limitation rules)		0.		
5			taxable income before net operating losses. Subtract line 4 from line 3		0.		
6		•	ng loss. See instructions	6	<u>_</u>		
7	I otal of unrelated Subtract line 6 fro		ss taxable income before specific deduction and section 199A deduction.	7			
8			ally \$1,000, but see instructions for exceptions)		1,000.		
9			Juction. See instructions				
10	Total deductions				1,000.		
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		, .		
	enter zero			11	0.		
Pa	rt II Tax Com	putat	on		-I		
1	Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.		
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on				
	Part I, line 11 from	ו:	Tax rate schedule or Schedule D (Form 1041)	2			
3	Proxy tax. See in:	structio		▶ 3			
4	Other tax amounts	s. See i	nstructions	4			
5	Alternative minimu	um tax	trusts only)	5			
6	Tax on noncomp	liant fa	cility income. See instructions	6			
7	Total. Add lines 3	throug	n 6 to line 1 or 2, whichever applies	7	0.		
LHA	For Paperwork	Reduct	on Act Notice, see instructions.		Form 990-T (2021)		

CC	DP	Υ	

Form **8868**

(Rev. January 2020)

COPY - DO NOT FILE Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 — 		
File a separate	application f	or each return.

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	Name of exempt organization or other filer, see instru	Name of exempt organization or other filer, see instructions.				n number (TIN)
print	AMERICAN JEWISH COMMITTEE,	TNC			13-5563393	
File by th due date	e hi i i i i i i i i i i i i i i i i i i		ions.		15 55	
filing you return. Se	165 EAST 56TH STREET					
instructio		oreign add	ress, see instructions.			
Enter t	he Return Code for the return that this application is for (fil	le a separa	te application for each return)			
Applic	ation	Return	Application			Return
Is For Code Is For				Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	.720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
 If th box 1 1 t t t 	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit 	Group Exe and atta NOVEI ganization's	mption Number (GEN) I ch a list with the names and TINs of MBER 15, 2021 , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizat 	roup, check this sion is for.
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720 any nonrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less	3a	\$	0.
-						
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
L	using EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	l (direct del	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice.	. see instru	ictions.		Form 8	868 (Rev. 1-2020)

023841 04-01-20

	990-T (2021)			F	Page 2
Part					
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	_			
b	Other credits (see instructions) 1b	_			
С	General business credit. Attach Form 3800 (see instructions)	_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_			
е	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2			0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	3			
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here	4			0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a	Payments: A 2020 overpayment credited to 20216a				
b	2021 estimated tax payments. Check if section 643(g) election applies 66				
с	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total 🕨 6g				
7	Total payments. Add lines 6a through 6g	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded	11			
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)				
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority	/		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here				X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
4	Enter available pre-2018 NOL carryovers here \$ <u>1,957,332</u> . Do not include any post-2017 NOL c	arryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Pa	rt I, line 4	4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruction			-	
	Business Activity Code Available post-2017 NOL			•	
	901101 \$	8	,368.	•	
	\$			-	
6a	Did the organization change its method of accounting? (see instructions)				X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
	explain in Part V				

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

TAXPAYER COPY Signature of officer Image: Copy of the second se	Date	CFO Title			the p	ne IRS discuss this return with eparer shown below (see ctions)? X Yes No		
Print/Type preparer's name	Preparer's signature		Date	Check self- employ	if ed	PTIN P00504182		
Firm's name GRANT THORNTON LLP					Firm's EIN ► 36-6055558			
757 THIRD AVENUE, 3RD FLOOR								
Firm's address 🕨 NEW YORK, NY 10	017-2013			Phone no.	(212) 599-0100			
	Print/Type preparer's name DANIEL ROMANO Firm's name GRANT THORNTON LLP 757 THIRD AVENU	Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature SANIEL ROMANO Firm's name GRANT THORNTON LLP 757 THIRD AVENUE, 3RD FLOOR	Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature SANIEL ROMANO Firm's name GRANT THORNTON LLP 757 THIRD AVENUE, 3RD FLOOR	Print/Type preparer's name Preparer's signature Date Paniel ROMANO Firm's name ► GRANT THORNTON LLP 757 THIRD AVENUE, 3RD FLOOR	Print/Type preparer's name Preparer's signature Date Check self- employ PANIEL ROMANO Firm's name ▶ GRANT THORNTON LLP 757 THIRD AVENUE, 3RD FLOOR	Signature of officer Date Title Print/Type preparer's name Preparer's signature Date Check if self- employed DANIEL ROMANO Firm's name GRANT THORNTON LLP Firm's EIN 757 THIRD AVENUE, 3RD FLOOR Firm's EIN Firm's EIN		

13-5563393

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/01	381,567.	50,591.	330,976.	330,976.
12/31/02	433,279.	0.	433,279.	433,279.
12/31/03	190,314.	0.	190,314.	190,314.
12/31/04	240,561.	0.	240,561.	240,561.
12/31/05	261,398.	0.	261,398.	261,398.
12/31/06	315,794.	0.	315,794.	315,794.
12/31/07	122,692.	0.	122,692.	122,692.
12/31/08	0.	0.	0.	0.
12/31/09	4,226.	0.	4,226.	4,226.
12/31/10	3,417.	0.	3,417.	3,417.
12/31/11	26,052.	Ο.	26,052.	26,052.
12/31/12	3,721.	0.	3,721.	3,721.
12/31/13	68.	Ο.	68.	68.
12/31/15	4,812.	0.	4,812.	4,812.
12/31/16	5,916.	Ο.	5,916.	5,916.
12/31/17	14,106.	0.	14,106.	14,106.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,957,332.	1,957,332.

		COPY - [T FILE						1
SCH	IEDULE A	Unrelated Busin		Tavah	la Ir		n o		OMB No.	1545-0047
(For	m 990-T)									
		From an Unrelate	ed Tr	ade o	r Bu	isine	ess		20	101
				ationa and	the let				 U	121
	ment of the Treasury	Go to www.irs.gov/Form990T for						(-)(0)	Open to Publi	c Inspection for
Interna	Revenue Service	Do not enter SSN numbers on this form as it	may be r	nade public	if your	organiza	ation is a 501	(C)(3).		anizations Only
A N	lame of the organizatio	on							cation numb	er
	AMERICAN JEW	ISH COMMITTEE, INC.					13-	5563393		
<u>c</u> ι	Inrelated business a	activity code (see instructions) 901101					D Seque	nce:	1 of	1
E [escribe the unrelat	ed trade or business INVESTMENT IN QPIS								
Par	t I Unrelated	Trade or Business Income		(A) Inc	come		(B) Expe	nses	(C)	Net
_						_				
	Gross receipts or s		4.							
-		wances c Balance	1c							
2 3		d (Part III, line 8)	2 3			_				
		ract line 2 from line 1c come (attach Sch D (Form 1041 or Form	3							
Ψa	1120)). See instruc		4a		-5	590.				-590.
h		rm 4797) (attach Form 4797). See instructions)	4b							
c	• • • • •	tion for trusts	4c							
5		a partnership or an S corporation (attach								
Ŭ	. ,	EMENT 2	5		-82,7	20.				-82,720.
6		IV)	6							,
7		anced income (Part V)	7							
8		royalties, and rents from a controlled								
		VI)	8							
9		e of section 501(c)(7), (9), or (17)								
		t VII)	9							
10		activity income (Part VIII)	10							
11		e (Part IX)	11							
12		instructions; attach statement)	12							
13	Total. Combine lin	es 3 through 12	13		-83,3	310.				-83,310.
Par	t II Deduction	Is Not Taken Elsewhere See instruction	ons for	[,] limitatio	ns on	dedu	ctions De	duction	s must b	e
		nnected with the unrelated business ind								-
	•									
1		officers, directors, and trustees (Part X)								
2		s								
3		enance								
4							~~~~~			
5		atement). See instructions						. 5		7,197.
6	Taxes and license	5						. 6		252.
7		ch Form 4562). See instructions			7					
8		claimed in Part III and elsewhere on return						8b		
9										
10		eferred compensation plans								
11	Employee benefit	programs			•••••			. 11		
12 13		penses (Part VIII)								
13 14	Other deductions	costs (Part IX) (attach statement)		SEF	STAT	EMENT	4	13		5,892.
14 15		• • • • • • • • • • • • • • • • • • • •								13,341.
15 16		Add lines 1 through 14 s income before net operating loss deduction. Su								,••
10		s income before her operating loss deduction. Su						16		-96,651.
17		operating loss. See instructions								0.
18		ss taxable income. Subtract line 17 from line 16								-96,651.
LHA		Reduction Act Notice, see instructions.							le A (Form	990-T) 2021
-		· · · · · · · · · · · · · · · · · · ·							•	

123741 01-28-22

	ule A (Form 990-T) 2021				Page 2
Part	III Cost of Goods Sold Enter meth	od of inventory valua	ation 🕨		
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7					
8	Inventory at end of year				
	-				Yes No
9 Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				
			-		
1	Description of property (property street address, city, st	ate, ZIP code). Chec	k if a dual-use. See instr	ructions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
h	From real and personal property (if the				
b					
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part 1	Description of debt-financed property (street address, c	e instructions)			0.
	D []		_	_	
	-	Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt Connected and the (attends at statement)				
5					
э	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)	-			
6	Divide line 4 by line 5	0	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on P	art I, line 7, column (A)	>	0.
_	r				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro				0.
11	Total dividends-received deductions included in line	IU			
	D1-28-22			Schodulo	A (Form 990-T) 2021

6 2021.05000 AMERICAN JEWISH COMMITTEE 01982701

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Sched Part	ule A (Form 990-T) 2021 VI Interest, Annu	iities Ro	ovalties, and Re	ents fror	n Control	led Or	ganization	s (see instruct	tions)	Page 3
1 011	•••••••••••••••••••••••••••••••••••••••						-	lled Organization	,	
	1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Total		al of specified nents made tion's gross in		mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
		_	No	nexempt C	Controlled O	rganizati	ons			
7	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		that is inc controlling	of column 9 cluded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
Totals						►	Enter here line 8, c	nns 5 and 10. and on Part I, column (A) 0.	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B) 0.
Part	VII Investment	ncome	of a Section 50	1(c)(7), (<u>9), or (17)</u>	Orgar	nization _{(s}	ee instructions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conno- (attach state)	ected (attach s	asides tatemer	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					Add amou	unto in				Add amounts in
Totals				•	column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt 4	Activity Income,	Other T	han Adve		a Income	see instructions	\	
1	Description of exploite		-	e anor i	inan / lar		gineenie		, 	
2	Gross unrelated busin			ness Ente	r here and o	n Part I	line 10. colum	n (A)	2	
3	Expenses directly con						-	. ,		
5									3	
4	Net income (loss) from									
•	lines 5 through 7								4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen									
	4. Enter here and on P								7	

Schedule A (Form 990-T) 2021

123731 01-28-22

Sched Part	ule A (Form 990-T) 2021 IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basis	3.	
	Α				
	В				
	C				
	D				
Enter a	amounts for each periodical listed above in the co	rresponding column.		1	
		Α	В	C	D
2	Gross advertising income		<u> </u>		
	Add columns A through D. Enter here and on Pa	art I, line 11, column (A)		►	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (B)		₽	0.
4	Advertising gain (loss). Subtract line 3 from line				
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7		<u> </u>		
а	Add line 8, columns A through D. Enter the grea			•	٥
Part	Part II, line 13 X Compensation of Officers, Direct	ctore and Trustope (·····	····· •	. 0.
Γαιι			ee instructions)	3. Percentage	1 Componention
	1. Name	2. Title		of time devoted	 Compensation attributable to
	I. Maine			to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	· · · · · · ·				
					0.
Part	XI Supplemental Information (see)	instructions)			

AMERICAN JEWISH COMMITT	13-5563393			
FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2		
DESCRIPTION		NET INCOME OR (LOSS)		
	ORDINARY BUSINESS INCOME (LOSS) OTHER PORTFOLIO INCOME (LOSS)	-82,841. 121.		
TOTAL INCLUDED ON SCHED	-82,720			
FORM 990-T (A)	INTEREST PAID	STATEMENT 3		
DESCRIPTION		AMOUNT		
INTEREST EXPENSE FROM Q	PIS	7,197.		
TOTAL TO SCHEDULE A, PA	RT II, LINE 5	7,197.		
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4		
DESCRIPTION		AMOUNT		
PORTFOLIO EXPENSE FROM TAX PREPARATION FEE	QPIS INVESTMENT	1,992. 3,900.		
TOTAL TO SCHEDULE A, PA	RT II, LINE 14	5,892.		
990-T SCH A PO	ST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 5		

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	605.	0.	605.	605.
12/31/19	0.	0.	0.	0.
12/31/20	7,763.	0.	7,763.	7,763.
12/31/21	0.	0.	0.	0.
NOL CARRYC	VER AVAILABLE THIS	YEAR	8,368.	8,368.

Name

Department of the Treasury Internal Revenue Service

COPY - DO NOT FILE Capital Gains and Losses

OMB No. 1545-0123

Capital Gains and Losses							
Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-	٠L,						
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990	0-T.						
Go to www.irs.gov/Form1120 for instructions and the latest information.							

/ Employer identification number

13-5563393

AMERICAN	JEWISH	COMMITTEE,	INC.
----------	--------	------------	------

Did the corporation dispose of any investme	ent(s) in a qualified opportuni	ity fund during the tax yea	ır?		Yes X No			
If "Yes," attach Form 8949 and see its instru	-							
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less								
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)			
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b								
1b Totals for all transactions reported on								
Form(s) 8949 with Box A checked	2.				2.			
2 Totals for all transactions reported on								
Form(s) 8949 with Box B checked								
3 Totals for all transactions reported on								
Form(s) 8949 with Box C checked								
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	,		4				
5 Short-term capital gain or (loss) from like-kir				5				
6 Unused capital loss carryover (attach comput				6	()			
7 Net short-term capital gain or (loss). Combir	ne lines 1a through 6 in column	h		7	2.			
Part II Long-Term Capital Ga	ins and Losses - Asse	ets Held More Than	One Year					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b								
8b Totals for all transactions reported on								
Form(s) 8949 with Box D checked		787.			-787.			
9 Totals for all transactions reported on								
Form(s) 8949 with Box E checked								
10 Totals for all transactions reported on								
Form(s) 8949 with Box F checked								
				11	195.			
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 37			12				
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13				
				14				
15 Net long-term capital gain or (loss). Combin	15	-592.						
Part III Summary of Parts I and								
16 Enter excess of net short-term capital gain (li	ine 7) over net long-term capital	loss (line 15)		16				
17 Net capital gain. Enter excess of net long-terr	m capital gain (line 15) over net	short-term capital loss (line 7	7)	17				
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the app	licable line on other returns		18	0.			
Note: If losses exceed gains, see Capital Lo.	sses in the instructions.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021



Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification no.

13-5563393

AMERICAN JEWISH COMMITTEE, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your <u>broker and may even tell you which box to check</u>.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If ye in column column (f)	it, if any, to gain or ou enter an amount (g), enter a code in). See instructions .	(h) Gain or (loss). Subtract column (e) from column (d) &	
			(1010., day, yr.)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
ST	CAPITAL LOSS FROM LP'S	VARIOUS	VARIOUS	2.				2.	
	Totals. Add the amounts in colun								
	negative amounts). Enter each to								
	Schedule D, line 1b (if Box A abo			_					
	above is checked), or line 3 (if B			2.				2.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

11

123011 12-14-21 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

15451111 153424 0198270-00005

ame(s) shown on return. Nan	ne and SSN or taxpaye	r identification n	o. not required if	shown on page 1			ity number or ntification no.
AMERICAN JEWISH (COMMITTEE INC.						563393
efore you check Box D, E, or atement will have the same ir		ou received any	Form(s) 1099-B	or substitute statem	ent(s) from y		
oker and may even tell you w	hich box to check.						
Part II Long-Term. Tra	insactions involving capita	l assets you held n	ore than 1 year are	generally long-term (s	ee instructions	s). For short-term t	ransactions,
Note: You may aggre codes are required. Er	gate all long-term transact	ions reported on Fo Schedule D, line 8a	orm(s) 1099-B show you aren't required	ing basis was reported to report these trans	to the IRS an actions on For	id for which no adj m 8949 (see instru	ustments or ctions).
ou must check Box D, E, or F be ou have more long-term transactions t	elow. Check only one bo	x. If more than one bo	ox applies for your long	-term transactions, comple	ete a separate Fo	rm 8949, page 2, for	
(D) Long-term transaction					-		
(E) Long-term transactio							
(F) Long-term transactio	ns not reported to you	on Form 1099-B		1			1
(a)	(b)	(c)	(d) Proceeds	(e) Cost or other		if any, to gain or enter an amount	(h) Gain or (loss).
Description of property (Example: 100 sh. XYZ Co	Date acquired (Mo., day, yr.)	Date sold or disposed of	(sales price)	basis. See the), enter a code in	Subtract column (e
((,, ,, ,,	(Mo., day, yr.)		Note below and	(f) (a)		from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)
CAPITAL LOSS FROM L	P'S VARIOUS	VARIOUS		787.		aajaoantont	-787.
Totals. Add the amounts in	i columns (d), (e), (d), a	nd (h) (subtract					
negative amounts). Enter ea							
Schedule D, line 8b (if Box		2					
above is checked), or line				787.			-787.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

123012 12-14-21

Form 4797
Department of the Treasury

Internal Revenue Service						
Name(s) shown on return						

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184
2021

Attachment Sequence No. 27

		, ,
AMERICAN JEWISH COMMITTEE, INC.		13-5563393
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
	1c	

 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

					(300 1131140101	13)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	d	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
123	1 GAIN FROM LP'S	VARIOUS	VARIOUS	195.				195.
3	Gain, if any, from Form 4684, line 39	1					3	
4	Section 1231 gain from installment sa						1	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t						3	
7	Combine lines 2 through 6. Enter the							195.
•	Partnerships and S corporations. F	•	-					
	line 10, or Form 1120-S, Schedule K,		· / ·					
	Individuals, partners, S corporation				loss, enter the an	ount		
	from line 7 on line 11 below and skip							
	1231 losses, or they were recaptured	l in an earlier yea	r, enter the gain	from line 7 as a lor	ng-term capital gai	n on		
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 b	elow.				
8	Nonrecaptured net section 1231 loss	es from prior vea	ars. See instructi	ons		1	3	
9	Subtract line 8 from line 7. If zero or l							
-	line 9 is more than zero, enter the am	,	,	Ũ				
	capital gain on the Schedule D filed v			•			9	195.
De						· · · · ·		
Га	Irt II Ordinary Gains and I	LUSSES (see in	structions)					
10	Ordinary gains and losses not includ	led on lines 11 th	nrough 16 (inclue	de property held 1	year or less):			
11	Loss, if any, from line 7	•		•		1	1	()
	Gain, if any, from line 7 or amount fro						2	
13	- · · · · · · · · · · · · · · · · · · ·						3	
14	Net gain or (loss) from Form 4684, lin						4	
15	Ordinary gain from installment sales f						5	
16	Ordinary gain or (loss) from like-kind e						6	
17							7	
	For all except individual returns, ente						<u> </u>	
	a and b below. For individual returns,				,			
а	If the loss on line 11 includes a loss fi	•		(b)(ii), enter that pa	rt of the loss here	Enter the		
4	loss from income-producing property							
	as an employee.) Identify as from "Fo						Ba	
h	Redetermine the gain or (loss) on line							
2		-					3b	
ΙН	A For Paperwork Reduction Act N							Form 4797 (2021)
		5.00, 000 Jepai						

118011 12-17-21

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13

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Form 4797 (2021) AMERICAN JEWISH COMMITTEE, INC.

13-5563393

Page 2

(b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) Δ В С D These columns relate to the properties on **Property A Property B Property C Property D** lines 19A through 19D. 20 Gross sales price (Note: See line 1a before completing.) 20 21 21 Cost or other basis plus expense of sale 22 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 23 24 Total gain. Subtract line 23 from line 20 24 If section 1245 property: 25 a Depreciation allowed or allowable from line 22 25a 25b b Enter the smaller of line 24 or 25a 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. **a** Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 260 d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f 26g If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for 27 a partnership. a Soil, water, and land clearing expenses 27a **b** Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 28a mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a 28b 29 If section 1255 property: a Applicable percentage of payments excluded 29a from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. Total gains for all properties. Add property columns A through D, line 24 30 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 31 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section (b) Section 280F(b)(2) 179 Section 179 expense deduction or depreciation allowable in prior years 33 33 Recomputed depreciation. See instructions 34 34 35 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report Form 4797 (2021) 118012 12-17-21

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15451111 153424 0198270-00005

Name

Department of the Treasury Internal Revenue Service

COPY - DO NOT FILE Capital Gains and Losses

OMB No. 1545-0123

Capital Gailis and Losses								
Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-	٠L,							
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990	0-T.							
Go to www.irs.gov/Form1120 for instructions and the latest information.								

Employer identification number

/

13-5563393

AMERICAN	JEWISH	COMMITTEE,	INC.
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Did the corporation dispose of any investme					Yes X No			
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.								
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year o	or Less					
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)			
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b								
1b Totals for all transactions reported on								
Form(s) 8949 with Box A checked	2.				2.			
2 Totals for all transactions reported on								
Form(s) 8949 with Box B checked								
3 Totals for all transactions reported on								
Form(s) 8949 with Box C checked								
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	7		4				
5 Short-term capital gain or (loss) from like-kir				5				
6 Unused capital loss carryover (attach comput				6	()			
7 Net short-term capital gain or (loss). Combir	ne lines 1a through 6 in column	h		7	2.			
Part II Long-Term Capital Ga	ins and Losses - Ass	ets Held More Than	One Year		•			
See instructions for how to figure the amounts to enter on the lines below.(d)(e)(g) Adjustments to gain or loss from Form(s) 8948 Date 11, line 2, column (g)This form may be easier to complete if you round off cents to whole dollars.(a)(c)(c)(c)					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b								
8b Totals for all transactions reported on								
Form(s) 8949 with Box D checked		787.			-787.			
9 Totals for all transactions reported on								
Form(s) 8949 with Box E checked								
10 Totals for all transactions reported on								
Form(s) 8949 with Box F checked								
				11	195.			
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 37	7		12				
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13				
14 Capital gain distributions				14				
15 Net long-term capital gain or (loss). Combin		nh		15	-592.			
Part III Summary of Parts I and	d II							
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	l loss (line 15)		16				
17 Net capital gain. Enter excess of net long-terr	n capital gain (line 15) over net	short-term capital loss (line 7	7)	17				
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the ap	plicable line on other returns		18	0.			
Note: If losses exceed gains, see Capital Lo.	sses in the instructions.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021



Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

Sequence No. 12A Social security number or taxpayer identification no.

13-5563393

AMERICAN JEWISH COMMITTEE, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	loss. If yo in column	t, if any, to gain or bu enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
ST	CAPITAL LOSS FROM LP'S	VARIOUS	VARIOUS	2.				2.
2	Totals. Add the amounts in colur	nns (d) (e) (a) a	nd (h) (subtract	L				
	negative amounts). Enter each to							
	Schedule D, line 1b (if Box A abo							
	above is checked), or line 3 (if B			2.				2.
	above is checked), of fille 5 (if b				l	hania az r	anautad ta tha IDC	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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123011 12-14-21 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

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Form 8949 (2021)				Attachn	nent Sequenc	ce No. 12A	Page 2
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
AMERICAN JEWISH COMMI	TTEE, INC.					13-55	563393
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	oox to check.						
Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	e generally long-term (s	ee instructions). For short-term tr	ansactions,
Note: You may aggregate all							
codes are required. Enter the You must check Box D, E, or F below. C	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate Fo	rm 8949, page 2, for e	
If you have more long-term transactions than will	1 5		, ,		,		
(D) Long-term transactions rep					Note above	e)	
(E) Long-term transactions rep			-	eported to the IRS			
(F) Long-term transactions not (a)				(0)	Adjustment	if any, to gain or	(h)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (g)), enter a code in ee instructions.	Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
LT CAPITAL LOSS FROM LP'S	VARIOUS	VARIOUS		787.		aujustment	<787.>
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E				787.			<787.>
Note: If you checked Box D above b	ut the basis repo	orted to the IRS	was incorrect, ent	ter in column (e) the	basis as rep	orted to the IRS	, and enter an

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter ar adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

123012 12-14-21

Form 4797
Department of the Treasury

Internal Revenue Service						
Name(s) shown on return						

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184
2021

Attachment Sequence No. 27

		, ,
AMERICAN JEWISH COMMITTEE, INC.		13-5563393
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
	1c	

 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

			· · , · · · · · · · · · · ·		101100110110000	10)					
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or ot basis, plus improvements expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)			
123	1 GAIN FROM LP'S	VARIOUS	VARIOUS	195.				195.			
3	Gain, if any, from Form 4684, line 39						3				
4	Section 1231 gain from installment sa	ales from Form 6	252 line 26 or 3	7			4				
5	Section 1231 gain or (loss) from like-k						5				
6	Gain, if any, from line 32, from other t		6								
7	Combine lines 2 through 6. Enter the		7	195.							
•	Partnerships and S corporations. F	•	-			F	•				
	line 10, or Form 1120-S, Schedule K,										
	Individuals, partners, S corporation	•			loss enter the am	ount					
	from line 7 on line 11 below and skip										
	1231 losses, or they were recaptured	l in an earlier yea	r, enter the gain	from line 7 as a lor	ng-term capital gai	n on					
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 be	elow.							
8	Nonrecaptured net section 1231 loss	es from prior vea	ars. See instructi	ons		-	8				
9	Subtract line 8 from line 7. If zero or l					····· -					
	line 9 is more than zero, enter the am	,	,	U				1			
	capital gain on the Schedule D filed v					<u> </u>	9	195.			
Da	rt II Ordinary Gains and I		- 1 1								
10			structions)								
10	Ordinary gains and losses not incluc	led on lines 11 th	rough 16 (inclue	de property held 1	year or less):						
11	Loss, if any, from line 7						11	()			
12	Gain, if any, from line 7 or amount fro						12				
13	Gain, if any, from line 31						13				
14	Net gain or (loss) from Form 4684, lin						14				
15	Ordinary gain from installment sales f	rom Form 6252,					15				
16	Ordinary gain or (loss) from like-kind e						16				
17											
	Compline lines 10 through 16			For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines							
18	•						17				
18	•	r the amount fror	m line 17 on the								
	For all except individual returns, ente	r the amount from complete lines a	m line 17 on the a and b below.	appropriate line of	your return and sł	kip lines					
	For all except individual returns, ente a and b below. For individual returns,	r the amount fror complete lines a rom Form 4684,	m line 17 on the a and b below. line 35, column (appropriate line of (b)(ii), enter that pai	your return and sl rt of the loss here.	tip lines Enter the					
	For all except individual returns, ente a and b below. For individual returns, If the loss on line 11 includes a loss fr loss from income-producing property	r the amount fror complete lines a rom Form 4684, on Schedule A (m line 17 on the a and b below. line 35, column (Form 1040), line	appropriate line of (b)(ii), enter that par 16. (Do not include	your return and sh rt of the loss here. e any loss on prop	tip lines Enter the erty used	18a				
а	For all except individual returns, ente a and b below. For individual returns, If the loss on line 11 includes a loss fi	r the amount fror complete lines a rom Form 4684, on Schedule A (rrm 4797, line 18	m line 17 on the a and b below. line 35, column (Form 1040), line a." See instructio	appropriate line of (b)(ii), enter that pai 16. (Do not include ons	your return and sł rt of the loss here. e any loss on prop	tip lines Enter the erty used					
а	For all except individual returns, ente a and b below. For individual returns, If the loss on line 11 includes a loss fi loss from income-producing property as an employee.) Identify as from "Fo Redetermine the gain or (loss) on line	r the amount fror complete lines a rom Form 4684, on Schedule A (rrm 4797, line 18	m line 17 on the a and b below. line 35, column (Form 1040), line a." See instructio e loss, if any, on	appropriate line of (b)(ii), enter that par 16. (Do not include ons line 18a. Enter her	your return and sł rt of the loss here. e any loss on prop	tip lines Enter the erty used ⊶1					

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Form 4797 (2021) AMERICAN JEWISH COMMITTEE, INC.

13-5563393

Page 2

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) Δ В С D These columns relate to the properties on **Property A Property B Property C Property D** lines 19A through 19D. 20 Gross sales price (Note: See line 1a before completing.) 20 21 21 Cost or other basis plus expense of sale 22 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 23 24 Total gain. Subtract line 23 from line 20 24 If section 1245 property: 25 a Depreciation allowed or allowable from line 22 25a 25b b Enter the smaller of line 24 or 25a 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. **a** Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 260 d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f 26g If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for 27 a partnership. a Soil, water, and land clearing expenses 27a **b** Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 28a mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a 28b 29 If section 1255 property: a Applicable percentage of payments excluded 29a from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 Total gains for all properties. Add property columns A through D, line 24 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 31 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section (b) Section 280F(b)(2) 179 Section 179 expense deduction or depreciation allowable in prior years 33 33 Recomputed depreciation. See instructions 34 34 35 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report Form 4797 (2021) 118012 12-17-21

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15451111 153424 0198270-00005

0065	Retu	COPY - DO Irn of U.S. Perso Certain Foreigr	ons With	Respect to)		OMB	OMB No. 1545-1668		
Form 8865	• • •	Attach to yo	our tax return.	-			20 Attachment 3 and check applicable 4 ing DEC 3 Check applicable boo Category 2 Conceller Check applicable boo Category 2 Conceller (if any) B-1593568 rence ID number runder whose law ISLANDS 8b Exchange Bb Exchange ferent 1065 Trecords of the forei ferent Yes Yes Yes SHIP Yes Yes Yes Yes	0024	1	
	•	ww.irs.gov/Form8865 for in Iformation furnished for the f			tion.		202 Attachment Sequence No. ion number a ind check applicable 4 ig DEC 31 \$ Check applicable box Category 2 Constr if any) -1593568 rence ID number under whose laws SLANDS 8b Exchange ra StANDS 8b Form 1065 records of the foreignerent Yes Yes Yes Yes Yes Yes Yes Yes Yes	.UZ		
Department of the Treasury Internal Revenue Service		beginning JUL 8		and ending DEC	31	2021	Attac Sequ	Attachment Sequence No. 8 n number 4 DEC 31 DEC 31 any) 1593568 nce ID number 00 Attachment science .00 Form 1065 .00 Form 1065 .00 Form 1065 .00 Form 1065 .00 Yes X Yes X	65	
Name of person filing this r	eturn	20gg	, === .,	and onding		, s identificat				
					1	3-556339	3			
AMERICAN JEWISH	COMMITTEE, INC.									
Filer's address (if you aren'	t filing this form with your tax i	eturn)	A Category o	f filer (see Categories o	f Filers in the		and check app	licable box(e	:s)):	
			Filer's tax y	2	3		4			
		0	D beginning	JAN I	, 202	, and chu	ing	, 31	2021	
C Filer's share of liabilities	· · · · · · · · · · · · · · · · · · ·	Qualified nonre		0		Other	\$		266.	
	consolidated group but not the	parent, enter the following li	ntormation abo	but the parent:	EIN					
<u>Name</u> Address										
	pecified foreign financial assets	are reported on this form. S	ee instructions	3						
	n other partners (see instructio			<u> </u>						
		,				(4)	Check applicable box(es)			
(1) Name		(2) Address		(3) Identification n	umber	Category 1	Category 2	Constructiv	e owner	
G1 Name and address of fo	reign partnership					2(a) EIN	,	0		
TA XIV-B, L.P										
200 CLARENDON STRE	ET 56TH FLOOR							mboi		
BOSTON, MA 02116	,					3 Country	under who	se laws org	janized	
						CAYMAN		-		
4 Date of organization 5 d	Principal place f business	6 Principal business 6 activity code number	7 Principal bus activity	siness	8a Funct		8b Excha	ange rate)	
	MAN ISLANDS		NVESTING	Ľ	JSD	-		.000	000	
H Provide the following in	formation for the foreign partn	ership's tax year:	<u>г</u>							
1 Name, address, and ide	ntification number of agent (if a	any) in the United States		e foreign partnersh	i i			-		
				orm 1042	Form 88		_] Form 100	55		
			E-FILE	enter where Form 10	Job IS filed					
3 Name and address of fo	reign partnership's agent in co	untry of organization, if any			n custody of	the books and	records of th	e foreign		
	reign partnereinp e agent in ee	ann y or organization, ir any	TA XIV-B,				lerent			
			200 CLARE	NDON STREET,	56TH F	L				
			BOSTON, M	A 02116						
• • •	id the foreign partnership pay (or accrue any interest or roya	Ity for which t	he deduction is not						
								X	No	
	l amount of the disallowed ded									
	ection 721(c) partnership, as d cations made by the foreign pa								No No	
	orms 8858, Information Return			Disregarded Entities		····· •	105		NU	
	ranches (FBs), attached to this		-	-		►				
	p classified under the law of th						SHIP			
	interest in the foreign partners									
separate unit under R	egulations section 1.1503(d)-1	(b)(4) or part of a combined	separate unit u	under Regulations s	ection					
						►	Yes	X	No	
, ,	rate unit or combined separate		,	Ũ			<u> </u>			
section 1.1503(d)-1(b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uiramantaQ		~		▶	∟ Yes		No	
	meet both of the following rec total receipts for the tax year w									
	artnership's total assets at the o		han \$1 million	. }			Yee		No	
	te Schedules L, M-1, and M-2.			J						
LHA For Privacy Act and	l Paperwork Reduction Act No	tice, see the separate instru	ictions.		-			Form 8865	(2021)	

Form 88	865 (2021)	AMERICAN JEWISH COMMITTE	E, INC	COFT-DONOTF			1	3-5563393		Page 2		
12 a	()	this Form 8865 claiming a foreign-de			nder section 2	50) with re	espect to			Ū		
				.				Yes	X	No		
b	•			from sales, leases, exchanges, or other dispositions (but not license								
		ions with or by the foreign partnershi			-	•						
	eligible incom	ne (FDDEI)		· · · · · · · · · · · · · · · · · · ·	-			►				
C	If "Yes," enter	the amount of gross income derived										
	filer included	in its computation of FDDEI						▶				
d	lf "Yes," enter											
	included in its computation of FDDEI Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in											
13	Enter the nun											
	the partnership or of receiving a distribution from the partnership											
14	At any time d	uring the tax year were any transfers	between	the partnership and its partr	ners subject to	the disclo	sure			_		
	requirements of Regulations section 1.707-8?								X	No		
15 a	Were there ar											
	that would re	ring the		_	-							
		amount or value of each transfer, an		Yes	X	No						
b	•	ership assume a liability or receive pr										
		od of transferring the property to the l					-			-		
Sign Here		r value of each transfer, the debt assume enalties of perjury, I declare that I have exami						Yes edge and belief i	t is true	No		
if You're	Filing correct, a	and complete. Declaration of preparer (other										
This Forn Separate												
Not With	Your _	gnature of general partner or limited liability		ambar				— 🕨	Date			
Tax Retu		e preparer's name		er's signature		Date		PTIN	Dale			
Paid				0			Check self-employ	if red				
Prepa	arer Firm's n	ame					Firm's EIN ►					
							Phone no.					
Only Firm's address P Phone no.												
Sche	dule A	Constructive Ownership	of Parti	nership Interest. Ch	eck the box	kes that	apply to the file	er. If you ch	eck			
		box b , enter the name, add		•				•				
		interest you constructively	own. S	ee instructions.								
		a X Owns a direct interest		b	Owns a o	constructiv	/e interest					
									Check if	Check if		
Name			Address				Identification num	foreign person	direct partner			
Sche	edule A-1	Certain Partners of Foreig	yn Part	nership (see instruct	tions)							
		Name		Address			Identifiection	n number (if any)		Check if foreign		
			Address							person		
Sche	edule A-2	Foreign Partners of Section	on 721	<u> </u>	instruction	,						
Name of foreign Address		Country of U.S. taxpayer organization identification number			Check if related to	11.0 hours form						
pa	artner			(if any)	(if an		U.S. transferor	Capital	Pi	ofits		
									%	%		
									%	%		
		ave any other foreign person as a dir				<u></u>		Yes		No		
Sche	edule A-3	Affiliation Schedule. List a direct interest or indirect			omestic) in v	which the	e foreign partne	ership owns	6			
		Name		Address			EIN (if any)		Total ordinary income or loss			
										partněr- ship		
										+		

Form 8865 (2021)

110652 11-22-21

SCHEDULE O						
(Form 8865)						
(Rev. October 2021)						

COPY -	DO NO	T FILE
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Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

Attach to Form 8865. See the Instructions for Form 8865.	
Go to www.irs.gov/Form8865 for instructions and the latest information	n

Department of the Tre Internal Revenue Serv	easury vice	► Go t	o www.irs.gov/Form	8865 for instructions	and the latest inform	nation.			
Name of transfero	r	JEWISH C	OMMITTEE, INC.			Filer's identi 13-556		er	
Name of foreign p		XIV-B, L	· · ·		EIN (if any) 98–1593	1		ID numi	ber (see instr)
 b If "Yes," wa 2 Was any in time therea 	s the gain deferral tangible property	method appl transferred co ntribution as	ied to avoid the recognitionsidered or anticipated to defined in Regulations s	on of gain upon the cont to be, at the time of the tr				Yes Yes Yes	X No No X No
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704 allocation me			(g) ecognized transfer
Cash	12/31/21		135,000.						
Stock, notes receivable and payable, and other securities									
Inventory									
Tangible property used in trade or business									
Intangible property described in section 197(f)(9)									
Intangible property, other than intangible property described in section 197(f)(9)									
Other property									
Totals			135,000.						
3 Enter the tr	ansferor's percent	age interest i	n the partnership: (a) Be	fore the transfer	.0000 %	(b) After	the transfer		.8794 %

Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported (n this schedule su	hiect to gain recor	nition under section 90	D4(f)(3) or section 904(f)(5)(E) 2	Yes X No

110661 10-05-21