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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

			lendar year, or ta C Name of organiza		g 01-01-2015 , and end	ing 12-31-2	2015	D 5		:d
	ck if app dress cha		The American Jew	vish Joint Distributio	n			I b cilipi	io yei	identification number
_	aress cna me chan	-	Committee Inc % ALIYAH KOZIRO	OVSKY-RATSEN				13-1	656	634
	tial returi	-	Doing business as	•						
Fır	nal		Niahaanaadahaa	-+ (D.O. h f		\ D	/b-	E Telep	hone r	number
_ `	terminati		711 Third Avenue		all is not delivered to street ad	aress) Room,	suite	(212	1)68	7-6200
<u>'</u>	ended re olication p		City or town state	e or province coun	try, and ZIP or foreign postal o	ode		(212	. , 00	7-0200
I API	nication ;	pending	New York, NY 10		ary, and Ear or roroigh postar (Jour		G Gross	recei	pts \$ 405,420,346
			F Name and ad	Idress of princip	al officer		H(a) 1	s this a grou	n rot	turn for
			Alan Gıll					s tills a grou subordinates		Yes 🗸
			711 Third Aven New York, NY 1					No		
[Tax	c-exemp	t status		501(c)() ◀(॥	nsert no) 4947(a)(1) o	r		Are all subor ncluded?	dınatı	es Yes No
				301(c) () 4(1	11Serc 110) 4947(a)(1) C	1 327			h a lı	ıst (see ınstructions)
ı W	ebsite:	► wwv	w jdc org				H(c)	Group exemp	otion	number ▶
K Forn	n of orga	nızatıon	✓ Corporation	Trust Associat	tion Other ►		L Year	of formation	1914	M State of legal domicile N'
		_								
Pa	rt I		mary							
					or most significant activ SUTION COMMITTEE (J		WORLD'S	LEADING J	EWIS	SH HUMANITARIAN
a.					IG IN MORE THAN 70 C					
ž										
Ĕ										
Activities & Governance	2 Ch	neck th	ııs box ▶ ┌ ıf the	organization dis	scontinued its operations	or dispose	d of more th	nan 25% of i	ts ne	t assets
3			'	_						
∞	3 Nu	umber	of voting members	s of the governir	ng body (Part VI, line 1a				3	163
Пе	4 Nu	umber	of independent vo	iting members o	f the governing body (Pa	t VI, line 1	b)		4	162
2	5 To	tal nur	mber of individual	s employed in c	alendar year 2015 (Part	V, line 2a)			5	206
ă .	6 To	tal nur	mber of volunteers	s (estimate if ne	cessary)				6	282
					rt VIII, column (C), line				7a	3,729,782
	b Net	t unrela	ated business tax	able income from	m Form 990-T, line 34				7 b	2,224,460
								Prior Year		Current Year
(I)			butions and grant		•		•	306,288	•	
Ravenue					ne 2g)		•		0	
λċ			,	•	(A), lines 3, 4, and 7d)		•	19,008		' ' '
_	11		•	, , , , , , , , , , , , , , , , , , , ,	lines 5, 6d, 8c, 9c, 10c,	•		1,198	,003	1,650,144
	12	1 otal 1	revenue—add line	s 8 through 11	(must equal Part VIII, c	olumn (A), l	ine	326,494	.583	294,789,734
	13	Grants	s and sımılar amo	unts paid (Part	IX, column (A), lines 1–3	3)		276,544	,321	178,616,380
	14				X, column (A), line 4)				0) (
	15	Saları	es, other compen	sation, employe	e benefits (Part IX, colur	nn (A), line	s	26,020	183	52,219,699
Expenses		5-10)	•							
E G	16a				column (A), line 11e) .		•	365	,779	307,039
ጃ			, · · · · ·	, , ,	, line 25) ▶ <u>10,363,791</u>		-			
					ines 11a-11d, 11f-24e			23,902		
					t equal Part IX, column			326,833	•	
_ 0	19	Reven	iue iess expenses	Subtract line	18 from line 12		•	-338	,452	25,192,201
Net Assets or Fund Balances							Beginn	ing of Current	t Year	r End of Year
ssel 3afa	20	Total	assets (Part X, lır	ne 16)				529,943	,475	479,015,516
¥ 2	21	Total	lıabılıtıes (Part X,	, line 26)			•	146,233	,546	128,642,025
žŢ	22	Net as	ssets or fund bala	nces Subtract	ine 21 from line 20 .			383,709	,929	350,373,491
	t II		ature Block							
					mined this return, includ plete Declaration of pre					nents, and to the best of information of which
orepa	rer has	any ki	nowledge							
	l	****	c# #c					2016-11-11		
Sign		Signa	ature of officer					Date		
Here			IR SINGAL Director of							
		<u> </u>	e or print name and tr		1-					
			Print/Type preparer's i Qi Wen Liang	name	Preparer's signature Qi Wen Liang		Date 2016-11-11	Check I if	PTI PO1	IN 1270238
Paic		-		ANT THORNTON LLP	<u>-</u>		<u> </u>	self-employed Firm's EIN ▶	1	
	parer	·	Firm's address > 757		DOR			Phone no (21	[2] 59	99-0100
Use	Only	/ [ˈ		/ YORK, NY 100172					, 55	
		ı	IN ⊏ VV	. TORK, NT 1001/2	_U_J			1		

. ✓Yes No

TYes √No Tes √No 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, 38,761) Relief, Welfare and Health RELIEF AND WELFARE PROGRAMS PROVIDE HUMAN SERVICES TO JEWS IN NEED IN COUNTRIES AROUND THE WORLD SERVICES ARE PROVIDED TO THOSE INDIVIDUALS THAT MEET CRITERIA RELEVANT TO THE LOCAL ENVIRONMENT, SUCH AS POVERTY AND INCOME LEVELS, THE EXISTENCE OR LACK OF AVAILABLE SOCIAL SERVICES WITHIN A COUNTRY, AND CONSIDERATION FOR PHYSICAL MOBILITY, DISABILITIES, AND UNIQUE CIRCUMSTANCES 2,732,904)

Social Development and Strengthening of Jewish Life SOCIAL DEVELOPMENT PROGRAMS SEEK TO ENHANCE THE VIABILITY OF JEWISH COMMUNITIES AROUND THE WORLD AND TO ENHANCE RESPONSES TO SOCIAL NEEDS THROUGH TRAINING AND DEVELOPMENT PROGRAMS FOCUS ON CAPACITY-BUILDING THROUGH EFFORTS TO SUPPORT THE CREATION AND MAINTENANCE OF JEWISH COMMUNITIES, TO STRENGTHEN COMMUNITIES BY BUILDING COMMUNAL PARTICIPATION, AND TO IMPROVE COMMUNITY LIFE (Code) (Expenses \$ 15,674,915 including grants of \$ 12,166,334) (Revenue \$ 4c COMMUNITIES AND PROFESSIONALS IN THE PUBLIC SECTOR.

Empowerment and Training EMPOWERMENT AND TRAINING PROGRAMS PROVIDE SERVICES AND OPPORTUNITIES TO THOSE IN NEED FOR INCREASED ACCESS TO EMPLOYMENT OPPORTUNITIES AND COMMUNITY INTEGRATION FOR VULNERABLE GROUPS WITHIN THE JEWISH COMMUNITY AROUND THE WORLD PROGRAMS INCLUDE CREATING OPPORTUNITIES THAT PROMOTE JOB UPGRADING AND MOBILITY FOR VULNERABLE POPULATIONS, CONSULTING FOR OVERSEAS JEWISH

See Additional Data

Total program service expenses ▶

4d

(Expenses \$

Other program services (Describe in Schedule O)

16,739,347 including grants of \$

236,075,156

8,375,412) (Revenue \$

737,190)

Form 990 (2015)

Page 2

Par	t 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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📽	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	•	No
	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 2	11 c		No
	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 2	11 d	•	No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No

С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Palt I	25a		No
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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Pait II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		No

25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . \raiseta	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
		ı		

	member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \cdot . \cdot	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	

29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Pait I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			No.

Νo organization? If "Yes," complete Schedule R, Part V, line 2 . 36 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? If "Yes," complete Schedule R, Part VI Νo 37

Par	rt 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	<u> </u>		
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	131	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	e . 1c	Yes	
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	206		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori over, a financial account in a foreign country (such as a bank account, securities account, or other financial	·		
L	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶			
	(FBAR)	5		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
c -	Describes an accordance to the control of the contr	5c		NI -
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions of were not tax deductible?	r gifts 6b		
	,			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requifile Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t? 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required?	99 as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	e a 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any to	ıme		
_	during the year?	8	-	No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		No
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities		I	I
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	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			
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? Note. See the instruction additional information the organization must report on Schedule O	s for 13a		
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		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 990	2015)					Ρā
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N describe the circumstances, processes, or changes in Schedule O			- 10b b	elov	٧,
Sectio	Check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management			<u> </u>	<u></u>	
				Ye	s	-
1a Ente	the number of voting members of the governing body at the end of the tax	1a	163			

	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 162			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Code Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
.0a				No
.0a b	Did the organization have local chapters, branches, or affiliates?	10a		No
.0a b .1a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
.0a b .1a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
.0a b .1a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
.0a b .1a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
.0a b .1a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
.0a b .1a b .2a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
.0a b .1a b .2a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NC,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

16b

- .9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

organization's exempt status with respect to such arrangements?

State the name, address, and telephone number of the person who possesses the organization's books and records
►ALIYAH KOZIROVSKY-RATSEN 711 THIRD AVENUE New York, NY 10017 (212) 687-6200

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total			٠.			. ▶				•
c Total from continuation sh d Total (add lines 1b and 1c)	•				٠.	. >		3,020,949	1,388,564	606,529

- Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Νo

Section B. Independent Contractors 1 Complete this table for your five highest compensated independent compensation from the organization Report compensation for the cale		
(A) Name and business address	(B) Description of services	(C) Compensation
OMP, 1133 19th Street NW Suite 300 WASHINGTON, DC 20036	DIRECT MAILING	929,431
KPMG LLP, 2323 Ross Avenue Suite 1400 DALLAS, TX 75201	INTERNAL AUDIT	773,910
BAKER MCKENZIE CIS LTD, 300 EAST RANDOLPH STREET SUITE 500 CHICAGO, IL 60601	LEGAL	536,043
GRANT THORNTON LLP, 757 THIRD AVENUE 4TH FLOOR NEW YORK, NY 10017	AUDIT AND TAX	520,192
NEUBERGER BERMAN LLC, 604 THIRD AVENUE NEW YORK, NY 10158	INVESTment MANAGER	338,705
2 Total number of independent contractors (including but not limited to th \$100,000 of compensation from the organization ► 12	nose listed above) who received more than	

Form 99								Page 9
Part V	/##	Statement o						_
		Check If Sched	ule O contains a respoi	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a	50,928,430				012 011
ants	b	Membership du	ies 1b					
Gr.	С	Fundraising ev	ents 1c					
fts. ir A	d	Related organiz	zations 1d	19,565,000				
ni Gi	e	Government grant		24,409,327				
ons Sir	f	All other contribution	ons, gifts, grants, and 1f	178,478,362				
Contributions, Gifts, Grants and Other Similar Amounts	, g	sımılar amounts no Noncash contributi	ons included in lines	1,211,033				
ont nd (h	1a-1f \$ Total. Add lines	c 1a_1f		273,381,119			
<u>ت</u> =	-"	Total. Add lille:	5 1a-11	Durana Cada	27.5,551,113			
₹.	2a	COURSES		Business Code	38,761	38,761		
Program Service Revenue	b		ND PARTNERSHIP FEES		1,913,311	1,913,311		
n' GE	С	PRESCHOOL ACTIV			1,556,783	1,556,783		
- <u>1</u>	d				_,	2,222,123		
ď	е							
gran	f	All other progra	am service revenue					
ď	g	Total. Add lines	s 2a-2f		3,508,855			
	3	Investment inc	ome (including dividen	ds, interest,			16.404	2.050.507
	_		ar amounts) stment of tax-exempt bond		2,944,413		-16,184	2,960,597
	4 5			proceeds >	0			
		Royaleles :	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss)	me or (loss)		0			
	_	Wee remaining	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	123,935,815					
	b	Less cost or other basis and	110,630,612					
	c	sales expenses Gain or (loss)	13,305,203					
	d	Net gain or (los	ss)		13,305,203		3,745,966	9,559,237
e n	8a	Gross income f events (not inc	_					
Other Revenue		\$of contributions See Part IV , lir						
her	ь	Less directles	apenses b					
ŏ	c		(loss) from fundraising	events >	0			
	9a		from gaming activities ne 19					
	ь	Loss direct ev	apenses b					
			(loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo		•				
	Ь		a oods sold b					
	С	_	(loss) from sales of inv	entory >	0			
		Miscellaneou		Business Code				
	11a	JOINT ISRAEL BROOKDALE I			548,956			548,956
	b	PROCEEDS FR			488,874			488,874
	с		PREMISES RENT		330,365			330,365
	d	All other reven	ue		281,949			281,949
	е	Total. Add lines	s 11a-11d		1,650,144			
	12	Total revenue.	See Instructions .		294,789,734	3,508,855	3,729,782	14,169,978

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)

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	459,268	459,268		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	178,157,112	178,157,112		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,460,881	1,272,921	2,187,960	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	77,611	77,611		
7	Other salaries and wages	43,491,561	32,170,790	5,674,405	5,646,366
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,743,639	28,866	1,674,158	40,615
9	Other employee benefits	1,684,105	1,039,190		644,915
10	Payroll taxes	1,761,902	1,000,527	470,305	291,070
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	676,350	444,075	160,979	71,296
С	Accounting	1,418,299	40,346	1,374,119	3,834
d	Lobbying	42,014		42,014	_
е	Professional fundraising services See Part IV, line 17	307,039			307,039
f	Investment management fees	1,585,303		1,585,303	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,928,040	4,204,232	1,254,189	1,469,619
12	Advertising and promotion	0			
13	Office expenses	5,778,604	4,953,184	526,937	298,483
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,478,060	2,317,875	2,125,759	34,426
17	Travel	5,344,457	4,065,749	676,488	602,220
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,382,550	586,464	538,044	258,042
20	Interest	442,131		442,131	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,353,205		1,353,163	42
23	Insurance	1,142,736	441,309	701,427	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TRAINING AND DEVELOPMENT	2,109,797	1,825,884	241,379	42,534
b	BAD DEBT EXPENSE	1,872,464		1,872,464	
c	PRINTING AND POSTAGE	658,637	472,382	112,735	73,520
d	MARKETING ENHANCEMENT	208,058	20,562	64,528	122,968
e	All other expenses	3,033,710	2,496,809	80,099	456,802
25	Total functional expenses. Add lines 1 through 24e	269,597,533	236,075,156	23,158,586	10,363,791
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form	990 (2015)					Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any l	ine in t	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			42,471,116	1	41,475,088
	2	Savings and temporary cash investments			12,588,999	2	11,959,269
	3	Pledges and grants receivable, net			82,124,538	3	74,159,667
	4	Accounts receivable, net			8,190,041	4	3,233,815
	5	Loans and other receivables from current and former off trustees, key employees, and highest compensated em II of Schedule L			0	5	21,667
Assets	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	3(c)(3) sectio	(B), and on 501(c)(9)	0	6	0
As	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	45,889,973			
	ь	Less accumulated depreciation	10 b	19,669,663	57,256,575	10 c	26,220,310
	11	Investments—publicly traded securities			292,021,922	11	289,888,266
	12	Investments—other securities See Part IV, line 11 .			24,841,305	12	21,927,015
	13	Investments—program-related See Part IV, line 11 .			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			10,448,979	15	10,130,419
	16	Total assets Add lines 1 through 15 (must equal line 34	1)		529.943.475	16	479.015.516

62,298,285

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19

20 0

21

23

25

26

27

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32

33

34

0 18

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0

Ω 22

0 24

29,925,116

54,010,145

146,233,546

179,877,190

167,973,997

35,858,742

383,709,929

529,943,475

55,980,028

0

0

0

0

0

30,327,845

42,334,152

128,642,025

145,875,978

168,688,190

35,809,323

350,373,491

479,015,516

Form 990 (2015)

Liabilities

17

18

19

20

21

22

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26

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33

34

Net Assets or Fund Balances

Accounts payable and accrued expenses

Escrow or custodial account liability Complete Part IV of Schedule D . . .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

persons Complete Part II of Schedule L

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Grants payable .

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

294,789,734

269,597,533

25,192,201

383,709,929

-21,654,827

-36,873,812

350,373,491

Yes

 $\overline{\mathbf{v}}$

No

Νo

Nο

Form 990 (2015)

Reconcilliation of Net Assets

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . . Donated services and use of facilities . Investment expenses .

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

Separate basis

✓ Consolidated basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Schedule O

Single Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

2b Yes

2c

3a

3b

Yes

2a

Additional Data

Software ID: Software Version:

EIN: 13-1656634

Name: The American Jewish Joint Distribution Committee Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)													
(Code) (Expenses \$	9,840,001	including grants of \$	1,995,385) (Revenue \$	0)								
Research and Deve	elopment												
(Code) (Expenses \$	6,899,346	including grants of \$	6,380,027) (Revenue \$	737,190)								
All Other Programs	3												

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent co	ntrac	LOF	3				1	i	1
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore ti ss pe	than ersoi icer i	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Helen Abeles Board Member	10	x						0	0	С
Geraldine Acuna-Sunshine Board Member	10	x						0	0	C
Claude Amall Board Member	10	х						0	0	С
Jonathan Art Board Member	10	x						0	0	C
Daniel Bader Board Member (thru 4/15)	10	x						0	0	C
Nora Lee Barron Board Member	10	х						0	0	(
Alan Batkın	10							1		

0 0 10

0 0 10

0 0

0 0

Board Member

Board Member

Mandell Berman

Honorary Board Member

Board Member (THRU 1/15)

Saby Behar

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Rıchard Bernstein Ex-Officio Board Member	1 0	х						0	0	0	
Angelica Berrie Board Member	10	x						0	0	0	
Penny Blumenstein President	1 0	x		×				0	0	0	
Wendy Brenner Board Member	1 0	×						0	0	0	
Amy Bressman Board Member	1 0	×						0	0	0	
David Brown Ex-Officio Board Member	1 0	×						0	0	0	
Stuart Brown Board Member	10	×						0	0	0	
Sandra Cahn	1 0	Х						0	0	0	
Board Member	0.0	1			1						

0 0 10

0 0 10

0 0

Honorary Board Member

David Colman Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and inde	pendent co			•			1	1	1	I
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Geoffrey Colvin	1 0	х						0	0	
Board Member	0 0									
Sandra Danto Board Member	1 0	x						0	0	0
Manuel Dupkın II Honorary Board Member	10	×						0	0	0
Yechiel Eckstein Board Member	10	×						0	0	0
Shukı Ehrlich Board Member	1 0	×						0	0	С
Arnold Eisen	1 0	х						0	0	
Board Member	0 0	^						U	0	١
Neville Eisenberg	1 0									

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Board Member

Alejandro Ergas

Board Member

Zachary Fasman Board Member

Rabbi David Ellenson

Board Member (thru 4/15)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the			
		individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		organization and related organizations			
Diane Feinberg	10												
Ex-Officio Board Member	0 0	X			L'	'		0	0	0			
Lawrence Field	10				'	'			1 !	1			
Board Member	0 0	X			L			0	U	0			
Eva Fischl	10					'	']	1 !	1			
Board Member	0 0	X			L			0	0				
Martha Freedman	10												
Board Member	0.0	X				'		0	0				
Morton Friedkin	1 0				\vdash		\vdash						
Board Member	0 0	X			'	'	'	0	0				
	10			†		 	\vdash	<u> </u>					
Board Member	0.0	X				'		0	0				
Jack Frydrych	10	$\vdash \vdash \vdash$		\vdash	\vdash	 	\vdash						
		X			'	'	'	0	0	(
Board Member	0.0	1 '			1 '	1 '	'	,	1 '	1			

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Patricia Gantz

Lorraine Garfinkle Board Member

Harold Gernsbacher Ex-Officio Board Member

Honorary Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S				1		i
(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
Merle Ginsburg	10	.,								
Board Member	0 0	X						0	0	0
Zvı Gitelman	1 0	v						0	0	
Board Member	0 0	X						U	0	U
Carol Goldberg	1 0	v						0	0	
Board Member	0 0	X						0	0	U
David Goldberg Board Member	1 0	x						0	0	0
Yoine Goldstein Board Member	1 0	×						0	0	0
Murray Goodman Honorary Board Member	1 0	×						0	0	0
Rıchard Goodman Board Member	1 0	х						0	0	0

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Benjamin Gordon Board Member

Nancy Grand

SECRETARY

Irving Granovsky Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Nancy Grosfeld	10									
Board Member	0 0	Х						0	0	0
Ron Grossman	1 0									
Board Member	0 0	X						0	0	0
Nancy Hackerman	10									
		Х						0	0	О
Board Member	0 0									
Menachem HaCohen	1 0									
Board Member		X						0	0	0
	0 0									
Amır Halevy	10	x						0	0	,
Board Member	0 0	_ ^								ĺ
Ellen Heller	10									
		Х						0	0	0
Honorary Board Member	1 0									
J David Heller	1 0							_	_	_
		X		l	I	I	1	0	l o	I

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Board Member

Board Member

Michael Horovitz

Board Member

David Horwitz Board Member

Andrew Hochberg

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	tor	5					•	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Linda Hurtwiz THRU 615	1 0									
EX-officio Board Member	0 0	X						0	0	0
Alan Jaffe	1 0									
VICE PRESIDENT	1 0	Х		×				0	0	0
Karen Jaffe	1 0									
Board Member	0 0	X						0	0	0
Michael Jesselson	1 0									
Board Member	0 0	X						0	0	C
Richard Joel	1 0									
Board Member	0 0	Х						0	0	0
Peter Joseph	1 0									
Board Member	0 0	X						0	0	0
Neil Kadisha	10									
Board Member	0.0	Х						0	0	0
	0 0				\vdash					
Barry Kahan		V								

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Board Member

Trıcıa Kallett Board Member

Carol Kaplan Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Irene Kaplan	10									
Board Member	0 0	Х						0	0	0
Arlene Kaufman	1 0									
Board Member	0 0	Х						0	0	O ₁
Barbara Green Kay	1 0									
Board Member	0 0	Х						0	0	o
Lisa Kohn	1 0						\Box			
Board Member	0 0	Х						0	0	0
S Lee Kohrman	1 0									
Board Member	0 0	X						0	0	0
Jonathan Kolker	1 0									
Honorary Board Member	0 0	х						0	0	0
				-	<u> </u>					

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James Koshland Board Member

Judah Kraushaar

Board Member

Stuart Kurlander

Board Member

Bettina Kurowski Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	penaent Co	ntrac	tor	S				Ī	Ī	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			organization (W- 2/1099-	from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Ronald Lauder	1 0							0		
Board Member	0 0	X						٥	0	١
Murray Laulicht	1 0	х						0	0	0
Board Member	0 0									
Nigel Layton Board Member	1 0	x						0	0	0
Adele Lebersfeld Board Member	1 0	×						0	0	0
Joseph Lebovic Board Member	1 0	×						0	0	0
Michael Lebovitz Board Member	1 0	×						0	0	0
Sandy Lenger Board Member	1 0	х						0	0	0
Matthew Lester	1 0	.,								

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Board Member

Board Member

Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage			(do		chec	k		(E) Reportable	(F) Estimated
	hours per	m	ore t	han	one	box,		compensation	compensation	amount of
	week (list any hours	unles			n is and	both a	an	from the organization	from related organizations	other compensation
	for related	c	lirect					(W- 2/1099-	(W- 2/1099-	from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
	1 0					۵				
James Libson		x						0	0	0
Ex-Officio Board Member	0 0	,						J	J	
Stephen Lieberman	1 0	.,								
Board Member	0 0	X						0	0	0
Jayne Upman	1 0									
Board Member		Х						0	0	0
	0 0									
Hannan Lis		x						0	0	0
Board Member	0 0							_	_	_
Kris MacDonald	1 0									
Board Member	0 0	X						0	0	0
Robert Mann	10									
		X						0	0	0
Board Member ————————————————————————————————————	0 0									
Kathy Manning	10							_	_	
Board Member	0 0	Х						0	0	
Philip Meyers	10									

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Laura Miller

Linda Mirels Board Member

Board Member

Honorary Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	l ⁻			•				İ	İ	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore ti ss pe	han rso cer	not one n is and			Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Joanne Moore	1 0									
Board Member	0 0	X						0	0	0
Elizabeth Osher Del Pico	1 0									
Board Member	0 0	Х						0	0	0
Martın Paisner	1 0									
Board Member	0 0	Х						0	0	0
Richard Parasol	1 0									
Decad Member		X						0	0	0
Board Member	0 0									
Trevor Pears	1 0									
Board Member		X						0	0	0
	0.0									
Sandra Post	1 0	, , ,								
Board Member	0 0	Х						0	0	O
Steven Price	1 0									
Board Member		X						0	0	0
- Dodia Piembel	0.0									
Stanley Rabın	1 0			Ų				_	_	_
TO SAGUES		X		Х	1	I		0	0	l "

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TREASURER

Jehuda Reinharz

Charles Ribakoff Board Member

Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
George Rich	10									
Board Member (THRU 8/15)	0 0	X						0	0	0
David Robbins	1 0									
Board Member (THRU 1/15)	0 0	Х						0	0	0
Donald Robinson	10									
Honorary Board Member	0 0	Х						0	0	0
Michele Rosen	1 0									
Board Member	0 0	Х						0	0	0
Kellee Rosenberg	10									
Board Member	0 0	Х						0	0	0
Lında Rosenblatt	10									
Ex-Officio Board Member	0 0	Х						0	0	0
Philip Rosenfeld	1 0									

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Board Member

Board Member

Alan Rothenberg

Board Member

Jay Ruderman Board Member

Nigel Ross

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent co	illiac	LUIS	3				ı	ı	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Carol Saıvetz	1 0									
Board Member	0 0	X						0	0	0
Annie Sandler	1 0	.,								
Board Member	0 0	X						0	0	0
Nathan Sandler Board Member	10	х						0	0	0
Nına Saslove	1 0	.,								
Board Member	0 0	X						0	0	0
Jacob Schimmel	10									
VICE PRESIDENT	1 0	X		×				0	0	0
Max Schrayer	1 0								_	_
Board Member	0 0	X						0	0	0
Jaynie Schultz	1 0							_	_	

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Board Member

Board Member

Jodi Schwartz Board Member

Harvey Schulweis

Lynn Schusterman

Honorary Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Gary Segal	10	,,								
Board Member	0 0	Х						0	0	
Honey Sherman	1 0	X						0	0	
Board Member	0 0	^						0	0	
Paula Sidman VICE PRESIDENT	10	×		×				0	0	0
Michael Siegal Ex-Officio Board Member	10	×						0	0	0
Beryl Simonson Board Member	1 0	×						0	0	0
Mark Sisisky Board Member	1 0	×						0	0	0

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Dr Irving Smokler CHAIRMAN

Terri Smooke

Board Member

Edgar Snyder

Board Member

Jerome Spitzer Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	s [']		•			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unle:	ition ore t	(do han erso cer tor/t	not one n is and trus		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Adın Steinsaltz Board Member	1 0	x					0	0	0
Susan Stern Board Member	1 0	х					0	0	0
Martin Storrow Board Member	1 0	х					0	0	0
Marc Suvall Board Member	1 0	х					0	0	0
Jeffrey Swartz Board Member	1 0	×					0	0	0
Jane Swergold Board Member	1 0	×					0	0	0
Steven Taub	1 0	.,							

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Board Member

Perry Teicher

Board Member

Board Member

Eilon Tirosh Board Member

Louis Thalheimer

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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(B) A verage hours per week (list any hours for related	m unles	ore t ss pe offi	(do han erso cer	not one n is and	box, both a		organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
1 0									
0 0	X						0	0	0
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0 0	X						0	0	0
1 0									
	(B) A verage hours per week (list any hours for related organizations below dotted line) 10 00 10 00 10 00 10 00 10 00 10 00 00	A verage hours per week (list any hours for related organizations below dotted line) 10	(B) A verage hours per week (list any hours for related organizations below dotted line) 10 00 10 00 10 X 00	A verage hours per week (list any hours for related organizations below dotted line) 10	(C) A verage hours per week (list any hours for related organizations below dotted line) 10 10 10 10 10 10 10 X 00 (B) A verage hours per week (list any hours for related organizations below dotted line) 10 10 10 10 10 10 X 00 10 10	(B) A verage hours per week (list any hours for related organizations below dotted line) 10 20 10 10 X 00 10 1	A verage hours per week (list any hours for related organizations below dotted line) 10 10 10 10 10 10 10 10 10 1	(B) A verage hours per week (list any hours for related organizations below dotted line) 10 X 00 00	

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Board Member

Jane Weitzman Board Member

Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	.tor:	S					1	i
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han ersoi cer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Dario Werthein	1 0							0	0	
Board Member	0 0	X					!		U	
Joseph Wilf	1 0	×						0	0	
Board Member	0.0		l!	'		'	!			l
Elaine Winik	1 0	×						0	0	
Honorary Board Member	0.0	^		'			!			
M Kenneth Witover Board Member	1 0	x						0	0	c
Caryn Wolf Wechsler VICE PRESIDENT	1 0	x		×				0	0	C
David Wolpe Board Member	1 0	x						0	0	C
Jacqueline Woolf Board Member	1 0	х						0	0	(
Joyce Zeff	10				Г		П			

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Harold Zlot Board Member

Board Member (THRU 8/15)

Etta Gross Zimmerman Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E)

(F)

247,083

195,028

39,301

25,434

Name and Title	A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer tor/t	not one n is and	tee)	an	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldue Highest connentation	Former	MISC)	MISC)	organization and related organizations
ALAN GILL	40 0									
CEO	1 0			X				595,696	0	57,816
OPHIR SINGAL	40 0						П			
CFO	1 0			×				331,686	0	49,596
DIEGO ORNIQUE	40 0									
Regional Dir (Europe)	0 0				Х			215,329	0	13,848
PABLO WEINSTEINER	40 0									
AEVP Worldwide Human Resources	0 0				Х			302,804	0	53,743
GUY BILLAUER	40 0									
General Counsel					x			186,270	0	32,708
	0 0 38 0			\vdash	\vdash	$\vdash \vdash$	$\vdash \vdash$			
ELLIOTT GOLDSTEIN					$ _{x} $			o	232,972	36,701
Program Director	2 0				^			Ĭ	232,372	33,701
OFER GLANZ	38 0									
Program Director	2 0				x			0	260,640	59,620
MICHAL FRANK	40 0						П			
FSU Regional Director	0 0				x			0	191,836	41,514
YOSSI TAMIR	5 0						П	_	247	20

35 0

Executive VP

HAIM FACTOR

Associate Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) Name and Title Position (do not check

(F)

17,171

58,963

38,292

276,377

264,126

263,264

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Name and Title	A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han ersor cer tor/t	one n is and trust	e Highest compens	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			ď.			at e-ci			
JACK HABIB Program Director	5 0 35 0				x		0	261,005	30,252
Nadine Habousha Asst EVP Board Rel (THRU 2/15)	35 0					х	308,171	0	4,152
David Zackon Director, Financial RD	40 0					х	277,226	0	47,418
Joshua M Fogelson	40 0								

0.0 35 0

00 40 0

0.0

Sr Development Officer

Sr Development Officer

Exec Dir Strategic Devel

Richard Hirschhaut

Michael Novick

DLN: 93493319071016

Employer identification number

13-1656634

SCHEDULE A (Form 990 or

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

The American Jewish Joint Distribution

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-004

Department of the Treasury Internal Revenue Service Name of the organization

Committee Inc

Part I

1

2

3

990EZ)

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. 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) 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

that exceeds 2% of the amount shown on line 11, column (f)

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 277,738,512 298,486,525 326,962,266 306,288,504 273,381,119 1,482,856,926 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 0 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 277,738,512 298,486,525 326,962,266 306,288,504 273,381,119 1,482,856,926 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit 538.097.613 or publicly supported organization) included on line 1

6 Public support. Subtract line 5 from line 4						944,759,313
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	277,738,512	298,486,525	326,962,266	306,288,504	273,381,119	1,482,856,926
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,100,263	8,833,839	13,114,132	9,652,454	2,944,413	41,645,101
9 Net income from unrelated business activities, whether or not the business is regularly carried on	40,732					40,732
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 Total support. Add lines 7 through 10						1,524,542,759
12 Gross receipts from related activ	vities, etc (see ins	tructions)			12	5,158,999
13 First five years.If the Form 990	ıs for the organızat	ion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3	3) organization,

Section C. Computation of Public Support Percentage

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 61 970 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 63 003 %

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶▽ and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

▶□ b 10%-facts-and-circumstances test - 2014. 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 organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2013	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)						
Se	ction B. Total Support	•	•	•	•	•	•
	Calendar year						
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
13	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here						▶□
Se	ction C. Computation of Pub	lic Support P	ercentage				•
15	Public support percentage for 2015			13. column (f))		15	
	, ,	•	. ,	120,0014 (1),			
16	Public support percentage from 201		·			16	
Se	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015. If the				lline 15 is more t		and line 17 is not
130							
h	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		-	► 3 1/3% and line
U	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organization			•			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		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 organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? If "Yes," complete Part II 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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)	10 b		
1	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 in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV Supporting Organizations (continued)

'art	IΛ	Sı	ibboi	rting	Orga	nıza	tions	(cor	itinued)
_								-		_

Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ction C. Type II Supporting Organizations			
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	Yes	No
Se	ction 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
So	ection 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	inetru	ctions)	
a b c	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 government en instructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3b		

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

DLN: 93493319071016

Employer identification number

13-1656634

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Committee Inc

Part I-A

The American Jewish Joint Distribution

Service

Political Campaign and Lobbying Activities

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

1	Provide a description of the or	ganization's direct and indirect po	litical campaign act	civities in Part IV				
2	Political expenditures			>	\$			
3	Volunteer hours							
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$			
2	Enter the amount of any excise	e tax incurred by organization mar	nagers under sectio	n 4955 >	\$			
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No			
4a	Was a correction made?				☐ Yes ☐ No			
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(c), except section 50	1(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$			
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization	s for section 527	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	!0-POL, line 17b ►	\$			
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No			
	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to organization made payments. For each organization listed, enter the amount paid from the filing organization's fur amount of political contributions received that were promptly and directly delivered to a separate political organiseparate segregated fund or a political action committee (PAC). If additional space is needed, provide information.							
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
2								
3								
4								
5								
6								
For F	Paperwork Reduction Act Notice, se	l se the instructions for Form 990 or 9	990-EZ.	 Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015			

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)		organization's totals	group totals		
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots			•		
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)					
c	Total lobbying expenditures (add lines $1a$ and	1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines	1c and 1d)					
f	Lobbying nontaxable amount Enter the amoun	Lobbying nontaxable amount Enter the amount from the following table in both columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
Lobbying Expe	nditures During	4-Year Avera	ging Period				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
Lobbying nontaxable amount							
Lobbying ceiling amount (150% of line 2a, column(e))							
Total lobbying expenditures							
Grassroots nontaxable amount							
Grassroots ceiling amount (150% of line 2d, column (e))							
Grassroots lobbying expenditures							
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))		

Sche	edule C (Form 990 or 990-EZ) 2015				Р	age 3
	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				<u> </u>
For o	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	,	(b)	
activity					A mour	nt
		Yes	ļ	' <u></u>		
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?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				42,014
j	Total Add lines 1c through 1i					42,014
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5),	or s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'Iine 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	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				

- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

- does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and
- political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)
- Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
,	The organization pays annual membership dues to the following organizations 1)Interaction- American Council for Voluntary International Action 2)World Jewish Restitution Organization 3) Conference of presidents of major jewish organizations The amount of dues related to support of

modification, and adoption of various federal policies

lobbying activities was \$42,014 Lobbying activities included efforts towards formulation,

4

5

SCHEDULE D

(Form 990)

Treasury

Department of the

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.

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

OMB No 1545-0047

DLN: 93493319071016

2015
Open to Public

Inspection

	me of the organization American Jewish Joint Distribution		Empl	oyer identification number
	nmittee Inc		13-1	656634
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund	inds (or Accounts.
	Complete if the organization answere	(a) Donor advised funds		Funds and other accounts
	Total number at end of year	(a) Bollot advised lands	(6)	Tanas and other accounts
,	Aggregate value of contributions to (during	9		
•	year)	206,364		
3	Aggregate value of grants from (during year)	489,344		
ŀ	Aggregate value at end of year	4,136,960		
i	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advis	sed √ Yes No
i	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			r purpose ✓ Yes No
Pai		ete if the organization answered "Yes" o	n Forn	
	Purpose(s) of conservation easements held by th			·
	Preservation of land for public use (e g , recreeducation)	eation or Preservation of ar	ı hıstor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in the	he form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	nts	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2 c	
d	Number of conservation easements included in (o historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	d by th	e organization during the
	tax year > _			
ŀ	Number of states where property subject to cons	ervation easement is located >	_	
•	Does the organization have a written policy regar violations, and enforcement of the conservation e		lling of	┌ Yes
5	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, and enforci	ng cons	servation easements during the
	>			
,	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing co	nserva	ation easements during the year
	▶ \$			
;	Does each conservation easement reported on lii		tion 17	0(h)(4)

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

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

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

Assets included in Form 990, Part X
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

the organization's accounting for conservation easements

▶ \$ __

-		Out of the second secon	Callantiana of A		T	01	harra Charlina a Air	1 agc =
relî	t III	Organizations Maintaining (continued)	Collections of A	rt, mistorical	ireasures, o	r Utl	ner Similar As	sets
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other reco	ords, check any	of the following th	nat are	e a significant use	e of its
а	▽	Public exhibition		d ✓ Lo	an or exchange	orogra	ims	
b	~	Scholarly research		e	ther			
c	✓	Preservation for future generations						
4	Provi Part :	de a description of the organizatior XIII	's collections and exp	laın how they fur	ther the organiza	tıon's	exempt purpose	ın
5		g the year, did the organization sol s to be sold to raise funds rather th					sımılar Yes	✓ No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form 990, Par	t IV, line 9, or	repo	rted an amoun	t on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other intern	nediary for contr	ibutions or other	asset	s not Yes	☐ No
b	If'	"Yes," explain the arrangement in F	art XIII and complete	the following ta	ble .	[Amo	ount
c	Ве	ginning balance				1 c		
d	A d	ditions during the year			_	1d		
e		stributions during the year			_	1e		
f		ding balance			L	1 f		
2 a	Did tl	ne organization include an amount o	on Form 990, Part X, II	ne 21, for escro	w or custodial ac	count	liability? Yes	☐ No
b						_		
		es," explain the arrangement in Par Endowment Funds. Comple						<u>⊔</u>
Ра	rt V	Endowment Funds. Compi	(a)Current year	(b)Pnor year	b (c) Two years ba		Three years back	(e)Four years back
1a	Begir	nning of year balance	83,681,982	71,796,094	65,104,4	_ <u> </u>	54,532,922	49,680,338
b	_	ributions	451,222	14,409,769	240,5		5,119,702	6,506,414
c	• Net ii	nvestment earnings, gains, and	1 209 060	FF0 472	0.455.3	04	6 472 241	000.057
d	losse Gran	ts or scholarships	-1,208,069	559,473	8,155,3	94	6,472,341	-808,057
	•					-		
е		r expenditures for facilities programs 	4,235,997	3,083,354	1,704,3	67	1,020,495	845,773
f	A dmı	nistrative expenses						
g	End o	of year balance	78,689,138	83,681,982	71,796,0	94	65,104,470	54,532,922
2	Provi	de the estimated percentage of the	current year end bala	nce (line 1g, col	umn (a)) held as			
а	Board	d designated or quasi-endowment ▶	34 090 %					
b	Perm	anent endowment ▶ 45 510 %						
c		oorarily restricted endowment > percentages on lines 2a, 2b, and 2c	20 400 % should equal 100%					
3а	A re t	here endowment funds not in the po nization by	•	zation that are h	ield and administ	ered f	or the	Yes No
	_	related organizations					3a	
	(ii) re	elated organizations					3a(ii) No
ь 4		es" on 3a(II), are the related organi ribe in Part XIII the intended uses	·			•	3	b
Pa	rt VI	Land, Buildings, and Equip						
		Complete if the organization Description of property	answered 'Yes' to F		IV, line 11a.S	ee Fo	rm 990, Part X	, line 10. (d)Book value
		Description of property		(a) Cost or other (investmen	basis Cost or othe		(c)depreciation	(d)book value
1 a	Land				6	00,000		600,000
b	Buildir	ngs			30.7	DE 261	16 007 57	22.407.667
_	lease!	hold improvements			<u> </u>	25,261	16,037,574	
		noid improvements		-		46,680 52,973	2,085,408 604,980	<u> </u>
	Other	nene		•	1,3	12,313	004,980	747,393

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

1,923,358

26,220,310

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the orga	anızatıon answered 'Y	es' on Form 990, Part IV, line 11b
(a) Description of security or categor (including name of security)	Ту	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.	·	O Doub IV lune 11 a	
Complete if the organization answere (a) Description of investment	ed Yes' on Form 99	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. Complete if the organizat		n Form 990, Part IV, line	
(a) Desi	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line			
Other Liabilities. Complete if the ord See Form 990, Part X, line 25.	ganızatıon answere	ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book val	ue	
Federal income taxes		0	
ANNUITY OBLIGATIONS	1,918	3,078	
DUE TO RELATED PARTIES	21,51	1,886	
PENSION PLAN OBLIGATION	18,904	4,188	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 42,334	4,152	
2. Liability for uncertain tax positions In Part XIII, prov	ride the text of the foo	otnote to the organization	
organization's liability for uncertain tax positions under l	11N 70 (A3C /4U) C	THECK HEIE II THE TEXT OF T	ne loothote has been provided in Part

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

	nization answered 'Yes' on Form 990, F				
ue, gains, and othe	er support per audited financial statements			1	
cluded on line 1 bi	ut not on Form 990, Part VIII, line 12				
zed gains (losses)	on investments	2a			
rvices and use of f	facilities	2b			
of prior year grant	s	2c			
cribe in Part XIII))	2d			
a through 2d				2e	
e 2e from line 1 .				3	
cluded on Form 99	90, Part VIII, line 12, but not on line 1				
expenses not incl	luded on Form 990, Part VIII, line 7b .	4a			
cribe in Part XIII))	4b			
a and 4b				4c	
ue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
				s per	Return.
	•				
•				<u> </u>	
	, ,				
djustments		2b			
es		2c			
cribe in Part XIII))	2d			
a through 2d				2e	
e 2e from line 1 .				3	
cluded on Form 99	90, Part IX, line 25, but not on line 1:				
expenses not incl	luded on Form 990, Part VIII, line 7b	4a			
cribe in Part XIII))	4b			
a and 4b				4c	
nses Add lines 3 a	ınd 4c. (Thıs must equal Form 990, Part I, lır	ne 18)		5	
oplemental Inf	formation			•	
					de any additional
nnie 5 5 2 rnit 5 4 n 0 U rne a 6 5 2 nnit 5 4 r	nue, gains, and oth included on line 1 bized gains (losses) ervices and use of sof prior year grant scribe in Part XIII 2a through 2d	nue, gains, and other support per audited financial statements included on line 1 but not on Form 990, Part VIII, line 12 sized gains (losses) on investments	nue, gains, and other support per audited financial statements included on line 1 but not on Form 990, Part VIII, line 12 lized gains (losses) on investments	ancluded on line 1 but not on Form 990, Part VIII, line 12 lized gains (losses) on investments	nue, gains, and other support per audited financial statements 1 Included on line 1 but not on Form 990, Part VIII, line 12 ized gains (losses) on investments 2 a

Schedule D (Form 990) 2015		Page 5						
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							
		_						

efile GRAPHIC print - DO N	OT PROCESS	As Filed Da	ta -	DLN:	93493319071016
SCHEDULE F (Form 990)	tatement of	Activities (Outside the Unit	ed States	OMB No 1545-0047
Denastment of the Treasury	990, ww.irs.gov/form990.	2015 Open to Public Inspection			
Name of the organization The American Jewish Joint Distribi Committee Inc	ution			Employer ider 13-1656634	ntification number
Part I General Informa Complete if the ord			he United States. orm 990, Part IV, line	14b.	
 For grantmakers. Does the and other assistance, the used to award the grants For grantmakers. Describe assistance outside the Unit at the Unit at the Company of the following the Company of the following the Company of t	grantees' eligibil or assistance? be in Part V the oi lited States	lity for the grai	nts or assistance, and	the selection criteria	√ Yes Nonts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data		region	regiony		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation shee to Part I					178,157,112
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice,				No 50082W Sche	178,157,112 dule F (Form 990) 2015

Doet II	Grants and Other	Accietance to Or	ganizations or	Entitios	Outcide the	United States
Partii	Grants and Other	Assistance to or	yanızatıons or	Endues	outside tile	united States.

Complete if the organization answered "Yes" to 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	(b) IRS code	(c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount	(h) Description	(i) Method of
organization	section and EIN (if applicable)	(-)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total num					bookle form			

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

367

Enter total number of other organizations or entities

40

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

- 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

Yes √ No (see Instructions for Form 8865)

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 file Form 5713, International Boycott Report (see Instructions for Form Yes 5713, do not file with Form 990) Νo

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 2	JDC STAFF ASSIGNED TO OVERSEAS OFFICES ARE PRIMARILY RESPONSIBLE FOR MONITORING GRANTS TO
	LOCAL OVERSEAS ENTITIES STAFF FIRST VERIFY THAT THE ORGANIZATION IS A REGISTERED ELIGIBLE
	NON-PROFIT ORGANIZATION STAFF MAKE PERIODIC SITE VISITS TO CHECK ON THE STATUS OF VARIOU
	S PROJECTS IN VARIOUS COUNTRIES JDC UTILIZES THE SERVICES OF INDEPENDENT AUDIT FIRMS TO V
	ERIFY ACTUAL EXPENDITURES JDC'S ANNUAL INDEPENDENT AUDIT REPORT SIGNED BY FAHN, KANE & CO
	IN CONNECTION WITH CERTAIN FUNDS RECEIVED FROM THE CLAIMS CONFERENCE AS WELL AS GOVERMEN
	TS AND OTHERS PARTICIPATING IN VARIOUS NAZI PERSECUTED AND HOLOCAUST SURVIVOR- RELATED PROG
	RAMS, THERE ARE AUDITS PERFORMED IN THE FORMER SOVIET UNION REGIONS, BALTICS AND CENTRAL A
	ND EASTERN EUROPE BY THE CLAIMS CONFERENCE ITSELF, ERNST AND YOUNG LLP AND OTHER INDEPENDE
	NT AUDIT FIRMS INTERNAL AUDIT FUNCTIONS ARE ALSO USED TO VERIFY GRANT PAYMENTS JDC/FSU H
	EADQUARTERS ARE LOCATED IN JERUSALEM, ISRAEL HEADQUARTERS HAS ITS OWN EXTENSIVE NETWORK O
	F INTERNAL AUDITORS IN THE FIELD HEADED BY A CHIEF INTERNAL AUDITOR. IN ADDITION, ALKALAY & MONAROV CONDUCTS AUDITS OF JDC/ISRAEL'S PROGRAMS JDC HEADQUARTERS IN NEW YORK CONTRACTS
	WITH JH COHN LLP TO CONDUCT INTERNAL AUDITS OF JDC AND ITS OVERSEAS OFFICES

990 Schedule F, Supplemental Information

Return Reference Explanation

FORM 990, SCHEDULE F, PART II,	RELIEF & WELFARE, EMPOWERING & TRAINING, SOCIAL DEVELOPMENT & STRENGTHENING
COLUMN (D)	JEWISH LIFE, R
	ESEARCH & DEVELOPMENT, INTERNATIONAL DEVELOPMENT PROGRAMS, AND NEXT
	GENERATION & SPREADing
	the mission of JDC

990 Schedule F, Supplemental Information

Return Reference

	Explanation
V	The organization invests in various limited nartnerships that may have interests in foreign

Form 990, schedule F, part IV

The organization invests in various limited partnerships that may have interests in foreig in partnerships or corporations. Although the organization has checked yes to boxes 1 and 3 in the organization is only required to file the forms referenced if it met the required forms the organization files any of these forms, they have been a little to the form 990-T.

Additional Data

Europe (Including Iceland

and Greenland)

Software ID: Software Version:

60

EIN: 13-1656634

Name: The American Jewish Joint Distribution

34,109,302

Committee Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmaking		231,644
East Asia and the Pacific			Grantmakıng		687,787

Grantmaking

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) A ctivities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Middle East and North Africal 569 Grantmaking 36,541,725

Grantmaking

Grantmaking

98,610,274

2,795,576

254

Form 990 Schedule F Part I - Activities Outside The United States

Russia and the Newly

Independent States
South America

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region ,351,388

lGrantmaking

3,829,416

			located in the region)	
South Asia	1	9	Grantmaking	1.3

Form 990 Schedule F Part I - Activities Outside The United States

Sub-Saharan Africa

(a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) IRussia and the Newly ISEE PART V 98,591,985 WIRE Independent States Europe (Including ISEE PART V 33,977,418 WIRE Iceland and

222,664 WIRE

2,785,776 WIRE

(I) Method of

(b) IRS code

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Greenland)

Ithe Caribbean South America

Central America and

ISEE PART V

SEE PART V

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) East Asia and the ISEE PART V 676.990 WIRE Pacific

3,782,729 WIRE

	South Asia	SEE PART V	1,347,852	WIRE		
	Middle East and	SEE PART V	36,472,524	WIRE		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

SEE PART V

	Middle East and	SEE PART V	36,472,524	WIRE		
	North Africa					

	Middle East and	SEE PART V	36,472,524	WIRE		
	North Africa					

DLN: 93493319071016

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

nv/form990 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

The American Jewish Joint Distribution Committee Inc

13-1656634

Pā	Fundraising Ac Form 990-EZ file				tion answered "Yes" o is part.	on Form 990, Part IV,	line 17.
1	Indicate whether the orga	nızatıon raısed fund	s through	any of the	following activities Ch	eck all that apply	
а	Mail solicitations			e	Solicitation of noi	n-government grants	
b	Internet and email so	licitations		f	Solicitation of gov	vernment grants	
c	Phone solicitations			g	Special fundraisir	ng events	
d		ıs					
2 a	Did the organization have or key employees listed in services?						s No
b	If "Yes," list the ten higher to be compensated at lea				sers) pursuant to agreen	nents under which the fu	ndrais er is
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	OMP DIRECT 1133 19th street NW Suite 300 Washington, DC 20036	direct mailing	Yes	No No	1,171,605	156,000	1,015,605
2	JEAN-MARC LILING 1 Barak Street Jerusalem, IS 93502	FUNDraising		No	759,463	57,396	702,068
3	PLC PHILANTHROPIC SERVICE LL LLC 1485 Sansome Street San Francisco, CA 94111	FUNDraising		No	4,237,126	93,643	4,143,483
4							
5							
6							
7							
8							
9							
10							
Γot	al	ı		-	6 168 194	307.039	5 861 156

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

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

Pa	rt II Fundraising Events. Complete if the organization fundraising event contribution resourts greater than #5,000	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	18, or reported mo s 1 and 6b. List ever	re than \$15,000 of nts with gross
	receipts greater than \$5,000	. (a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Reverkie					
Seve	1 Gross receipts				
_	2 Less Contributions				
	Gross income (line 1 minus				
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	7 Food and beverages				
	8 Entertainment				
Direct	9 Other direct expenses				
ā	10 Direct expense summary Add lines 4	through 9 in column (d	d)		
	11 Net income summary Subtract line 1	0 from line 3, column (d)		
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
ses	2 Cash prizes				
Expens	3 Noncash prizes				
	4 Rent/facility costs				
Direct	5 Other direct expenses				
	other unect expenses	┌ Yes %	├ Yes%		
	6 Volunteer labor	☐ No	│ No	☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9	Enter the state(s) in which the organizat				Yes No
a b	Is the organization licensed to conduct If "No," explain	-			165 110
10a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	─────────────────────────────────────
Ь	· · · —				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 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. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization The American Jewish Joint Distribution Committee Inc **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

OMB No 1545-0047 2015

DLN: 93493319071016

Open to Public

Inspection

Employer identification number

13-1656634

Describe in Part IV the organizate Part II Grants and Other Assistan that received more than \$	nce to Domestic O	rganizations and Dome	stic Governments. Com		answered "Yes" on F	form 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
ee Additional Data Table							
Enter total number of section 50	1 (c)(3) and govern	ment organizations lie	tad in the line 1 table				12
Enter total number of other organ						_	12
r Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

grantee did not obtain 501(c)(3) status, it will transition the contract to a vendor agreement in order to best monitor the use of the funds

Additional Data

Philadelphia, PA 19123
The Arnold P Gold Foundation

Cliffs

619 Palisade Ave Englewood

Englewood Cliffs, NJ 07632

22-3052098

Software ID: Software Version:

501(C)(3)

EIN: 13-1656634

Name: The American Jewish Joint Distribution

Committee Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) ALBERT EINSTEIN MEDICAL 23-1396794 501(C)(3) 31,000 GENERAL CENTER 5501 Old York Road Philadelphia, PA 19141 CONGREGATION RODEPH 23-1365228 501(C)(3) 6,000 GENERAL SHALOM 615 North Broad St

15,000

GENERAL

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) JEWISH FEDERATION OF 23-1500085 501(C)(3) 30,000 GENERAL GREATER PHILADELPHIA

Philadelphia, PA 19103					
JEWISH TELEGRAPHIC AGENCY 24 West 30th St 4th Fl New	13-0887610	501(C)(3)	10,000		GENERAL

20,000

GENERAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

York

New York, NY 10001

13-3472524

Aleph Society

25 W 45th St New York, NY 10036

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Bnai Brith Youth Organization 53-0179971 501(C)(3) 127,500 GENERAL Inc 800 Fighth Street NW RAL

Washington, DC 20001					
Jewish Family & Children's Service	23-1352026	501(C)(3)	7,000		GENERA
2100 Arch street					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New York, NY 10001

Service 2100 Arch street Philadelphia,PA 19103					
Jewish Foundation for the Righteous 305 7th Ave 19th Fl	13-3807016	501(C)(3)	25,000		GENERAL

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PEF Israel Endowment Funds 13-6104086 501(C)(3) 94,278 GENERAL Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

13-3203606

World Council Tewish

Communal Service 711 Third Ave New York, NY 10017

630 Third Ave 15th Fl New York, NY 10017					
Washington Institute for Near East Policy 1111 19th Street NW Washington, DC 20036	52-1376034	501(C)(3)	11,000		GENERAL

30,000

GENERAL

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule J

(Form 990)

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.

DLN: 93493319071016 OMB No 1545-0047

2015

Department of the reasury					.gov/form990.			
N ar The	me of the organi American Jewish Jo nmittee Inc	zation				tion nu	mber	
		ions Regarding Compensatior	on provided any of the following to or for a person listed on Form art III to provide any relevant information regarding these items V Housing allowance or residence for personal use Payments for business use of personal residence its Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)					
ГŒ	Quest	ions Regarding Compensation	•				Voc	No
1 a							165	NO
	First-clas	ss or charter travel	✓	Housing allowance or residence fo	r personal use			
	Travel for	rcompanions		Payments for business use of pers	sonal residence	ĺ	Ì	Ì
	√ Tax idem	nification and gross-up payments		Health or social club dues or initia	ition fees			
	Discretio	nary spending account		Personal services (e g , maid, cha	uffeur, chef)			
	reimbursemen	t or provision of all of the expenses de	scribed	above? If "No," complete Part III t	o explain	1b	Yes	
2						2	Yes	
3	organızatıon's	CEO/Executive Director Check all th	at apply	Do not check any boxes for metho	ods			
	✓ Compens	ation committee		Written employment contract			ļ	
	✓ Independ	ent compensation consultant	✓	Compensation survey or study			ļ	ļ
	√ Form 990	of other organizations	✓	Approval by the board or compens	ation committee		ļ	ļ
4	During the yea or a related or		Part VII	I, Section A, line 1a with respect to	the filing organizatio	n		
а	Receive a sev	erance payment or change-of-control	payment	t?		4a	Yes	
b	Participate in,	or receive payment from, a supplemen	ntal nond	qualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-ba	ased cor	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item	ın Part III			
5	For persons lis), 501(c)(4), and 501(c)(29) organizat sted on Form 990, Part VII, Section A contingent on the revenues of		·	any			
а	The organizati	on?				5a		Νo
b	Any related or If "Yes," on lin	ganization? ie 5a or 5b, describe in Part III				5b		No
6	•	sted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organizati	on?				6a		No
b	Any related or					-		
-	,	e 6a or 6b, describe in Part III						
7	For persons lis				on-fixed	7		No
8						8		No
	If "Vaa" on lin	o 9 did the organization also follow the	s robutt	able procumption procedure describ	od in Rogulations	<u> </u>		

section 53 4958-6(c)?

Selledales (Form 550) 2015					r age 🕳				
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 are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual									
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				

other deferred benefits (B)(ı)-(D) column(B) reported (ii) (iii) Base as deferred on prior Bonus & incentive Other reportable compensation (I) compensation compensation compensation Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Page 2

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Part III

Supplemental Information

Housing allowance or residence for personal use THE FOLLOWING INDIVIDUALS RECEIVED A HOUSING ALLOWANCE DURING THE TAX YEAR THAT WAS TREATED AS TAXABLE COMPENSATION AND REPORTED ON schedule J, Part II, column B(III) Ophir Singal \$39,600 Pablo Weinsteiner \$29,400 Alan Gill \$75,000 Diego Ornique \$16,815 David Zackon \$77,280 Severance Agreements Schedule J, Part I, Line 4a The following individuals' employment contracts with JDC include severance agreements payable upon terminatioN of employment. No amounts were paid to these individuals during calendar year ended December 31, 2015. Alan Gill Ophir Singal Diego Ornique Pablo. Weinsteiner Joshua Fogelson NADINE HABOUSHA RECEIVED SEVERANCE PAYMENTS OF \$230,460 THIS PAYMENT IS REPORTED AS TAXABLE COMPENSATION ON SCHEDULE J PART II COLUMN B(III) Supplemental nonqualified retirement plan Schedule J, Part I, Line 4b The JDC human resources committee adopted a "benefit restoration plan" ("BRP") to restore certain pension benefits to specified executive managers whose benefits were reduced due to the limitation contained in the federal omnibus budget reconciliation act of 1993 ("OBRA 93") The BRP attempts to equalize benefits to these managers as compared to all other JDC employees covered by the JDC employee retirement plan ("Retirement plan") Under the BRP, the covered employees are entitled to receive a supplemental benefit, paid by JDC, consisting of the difference between the retirement benefit computed pursuant to the BRP and the statutory benefit computed pursuant to the retirement plan. The supplemental benefit is served by JDC in a separate restricted fund, on a current basis, in accordance with computations made by JDC's actuary. Alan Gill participates in the BRP and a contribution of

\$31,318 made to the plan during 2015 has been reported on Schedule J, Part II, Column C. Ophir Singal participates in a 457f plan. A contribution of \$50,000 made to the plan by JDC during 2015 has been reported as taxable compensation on Schedule J, Part II, column B(iii)

Software ID: **Software Version:**

EIN: 13-1656634

Name: The American Jewish Joint Distribution Committee Inc

Form 990, Schedule J, I	raiti							/E) Composasticii
(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1ALAN GILLCEO	(I) (II)	517,528	0	78,168	39,568	18,248	653,512	0
	(11)	0	U	U	U	0	0	U
10PHIR SINGALCFO	(I) (II)	238,795	0	92,891	7,753	41,843	381,282	0
	, ,		0	0	Ů	0	0	
2 DIEGO ORNIQUE Regional Dir (Europe)	(I) (II)	184,193 0	0	31,136	7,393 0	6,455 	229,177	0
3PABLO WEINSTEINER		250.024				0	0	
AEVP Worldwide Human Resources	(1)	260,924 0	0	41,880	10,787 0	42,956 	356,547 	0
4GUY BILLAUER	(1)	185,874	0	396	5,991	26,717	218,978	0
General Counsel	(11)	0	0	0	0	20,/1/	210,970	0
5ELLIOTT GOLDSTEIN	(1)	0	0	0	10,229	0	10,229	0
Program Director	(11)	231,259	0	1,713	0		259,444	0
6OFER GLANZ	(1)	0	0	0	0	0	0	0
Program Director	(11)	259,382	0	1,258	34,576		320,260	0
7MICHAL FRANK FSU Regional Director	(1)	0	0	0	0	0	0	0
rso Regional Director	(11)	187,505	0	4,331	26,153		233,350	0
8YOSSI TAMIRExecutive VP	(1)	0	0	0	13,849	0	13,849	0
	(11)	234,381	0	12,702	0		272,535	0
9HAIM FACTOR Associate Director	(1)	0	0	0	5,604	0	5,604	0
	(11)	186,891	0	8,137	0	19,830	214,858	0
10JACK HABIB Program Director	(1)	0	0	0	7,825	0	7,825	0
	(11)	255,444	0	5,561	0	- 22,427	283,432	0
11Nadıne Habousha Asst EVP Board Rel (THRU	(1)	37,803	0	270,368	0	4,152	312,323	0
2/15)	(11)	0	0	0	0	-	- 0	0
12David Zackon Director, Financial RD	(1)	175,601	0	101,625	11,525	35,893	324,644	0
	(11)	0	0	0	0			0
13Joshua M Fogelson Sr Development Officer	(1)	274,399	0	1,978	5,765	11,406	293,548	0
2.	(11)	0	0	0	0			0
14Richard Hirschhaut Sr Development Officer	(1)	246,976	0	17,150	16,124	42,839	323,089	0
	(11)	0	0	0	0	- 0	- 0	0
15Michael Novick Exec Dir Strategic Devel	(1)	260,096	0	3,168	7,547	30,745	301,556	0
	(11)	0	0	0	0	0	0	0

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Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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

DLN: 93493319071016 OMB No 1545-0047

2015

Open to Public

(Form 990 or 990-EZ)

Schedule L

Department of the

Internal Revenue Ser Name of the org The American Jewis	1100										E DECL	
							Er	nploye	r ident	ification	numbei	r
	sh Joint Distribution											
Committee Inc	as Donofit Tu			E04 ()(2)		(4) 1504(3-165		1. \		
	ess Benefit Tr lete if the organiz										40h	
	e of disqualified p				etween disquali				cription		(d) Corr	ected?
- ()			`	-	organization	•	`		saction		Yes	No
			•									
2 Enter the a	mount of tax incl	irred by organ	nızatıon m	anagers or d	isqualified pers	ons during the	year	under	section			
4958							٠.		> \$			
3 Enter the a	mount of tax, If a	ny, on line 2,	above, re	ımbursed by	the organizatio	n			> \$			
Part II Loa	ans to and/o	r From Int	erested	l Persons.								
C on orga	ans to and/o mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o	vered "Ye: on Form 9	s" on Form 9 90, Part X, I n to the	90-EZ, Part V,	line 38a, or Fo	(g)	O, Pai In ult?	(h A ppro) oved ard or	(i)Wri	
Con orga (a) Name of Interested	mplete if the orga anization reporte (b) Relationship with	d an amount o	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the lion?	(e)O riginal principal	(f) Balance	(g)	In	(h A ppro) oved ard or	(i)Wri	
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with	d an amount o	vered "Ye: on Form 9 (d) Loai or from	s" on Form 9 90, Part X, I n to the	(e)O riginal principal	(f) Balance	(g) defa	In ult?	(h A ppro by boa) oved ard or ttee?	(i)Wrı agreen	nent?
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?
Con orga (a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?
(a) Name of interested person	mplete if the orga anization reporte (b) Relationship with organization	nization answ d an amount o (c) Purpose of loan	vered "Yes on Form 9 (d) Loai or from organizat	s" on Form 9 90, Part X, II n to the clon?	90-EZ, Part V, ne 5, 6, or 22 (e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h A ppro by boa	oved ard or ttee?	(i)Wri agreen	nent?

(a) Name of interested (d) Type of assistance (b) Relationship between (c) A mount of assistance (e) Purpose of assistance person interested person and the organization

Return Reference

Business Transactions II					
Complete if the organization	n answered "Yes" on F	form 990, Part IV, line	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's
				Yes	No
· ,	FAMILY OF BOARD MEMBER	77,611	JDC EMPLOYEE SALARY		No
Provide additional information for		s on Schedule L (see ins	tructions)		

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

DLN: 93493319071016

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization The American Jewish Joint Distribution Committee Inc

13-1656634

	B			L				
Part I Types of	Property	1	T					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) ethod of determ sh contribution	_	ts
1 Art—Works of art								
2 Art—Historical trea	sures .							
3 Art—Fractional inte	rests					_		
4 Books and publicati	ons	X		1,100	FMV			
5 Clothing and house goods	hold 							
6 Cars and other vehi	cles							
${f 7}$ Boats and planes .								
8 Intellectual propert	у							
9 Securities—Publicly	traded .	X	56	1,197,726	FMV			
10 Securities—Closely	held stock .							
Securities—Partner or trust interests								
L2 Securities—Miscella	aneous							
Qualified conservat contribution—Histo structures	rıc							
Q ualified conservat contribution—Other	ion 							
L5 Real estate—Reside	ential .							
L6 Real estate—Comm	ercial							
17 Real estate—Other								
18 Collectibles								
L9 Food inventory .								
20 Drugs and medical :	supplies .							
21 Taxidermy								
22 Historical artifacts								
23 Scientific specimen								
24 Archeological artifa	cts							
25 Other►(X	1	1,062	FMV			
rinter and Supplies)	_			11.145	EMAY.			
26 Other►(vent supplies)		X	1	11,145	I PIVI V			
27 Other ► (_ \							
28 Other ► (
,	——/ 283 received	by the oras	ı anızatıon durıng the tax yea	r for contributions				
			283, Part IV, Donee Ackno		29		V	0
30a During the year, di	d the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 through	28, that	Yes	No
it must hold for at l	east three ye	ears from th	e date of the initial contribu	tion, and which is not requi	red to be u	sed		
for exempt purpose	es for the enti	re holding p	period?			зоа)	Νo

b If "Yes," describe the arrangement in Part II 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . 32a Νo **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015)

Number of Contributions Schedule M. Part I. Column B The amount reported in column B represents the number of

contributions

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE O** (Form 990 or 990-EZ)

Department of the

Internal Revenue Service

Name of the organization

Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

DLN: 93493319071016

Employer identification number

Open to Public Inspection

The American Jewish Joint Distribution Committee Inc 13-1656634 Return Explanation Reference Joint Israel FORM 990. PART I. LINE 20 JDC HAS ELECTED TO FILE FORM 990 ON A CONSOLIDATED BASIS. A BASIS CONSISTENT WITH ITS Activity AUDITED FINANCIAL STATEMENTS, AND HAS INCLUDED THE ACTIVITY OF JOINT ISRAEL, A SEPARATE 501(C)(3) ORGANIZATION WHICH ALSO FILED FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2015 JOINT ISRAEL HAD NET ASSETS OF \$41,733,000, REVENUE OF \$58,250,000, AND EXPENSES OF \$56,650,000 for the YEAR ENDED DECEMBER 31, 2015. THESE BALANCES, AS WELL AS ALL JOINT ISRAEL ACTIVITY DURING THE CALENDAR YEAR, INCLUDING PROGRAM SERVICES AND GRANTS PAID AND RECEIVED, ARE INCLUDED ON JDC'S FORM 990 mission, continued Part III Line 1 JDC IS DEDICATED TO SERVING THE NEEDS OF JEWS THROUGHOUT THE WORLD, PARTICULARLY WHERE THEIR LIVES AS JEWS ARE THREATENED OR MADE MORE DIFFICULT. THROUGH THE FOLLOWING MISSION RESCUE WHENEVER AND WHEREVER A JEWISH COMMUNITY IS THREATENED IN THE EARLY 1990'S, JDC HELPED SUSTAIN AND RESCUE 15,000 ETHIOPIAN JEWS TODAY, JDC MAINTAINS GLOBAL NETWORKS AND CONTINGENCY PLANS IN THE EVENT OF A CRISIS RELIEF FOR JEWISH COMMUNITIES IN DISTRESS JDC, Through an infrastructure of local independent affiliates throughout the region, provides support that results in the provision OF FOOD, CLOTHING, AND MEDICINE TO HUNDREDS OF THOUSANDS OF IMPOVERISHED ELDERLY HOLOCAUST SURVIVORS AND CHILDREN IN NEED IN THE FORMER SOVIET UNION AND THROUGHOUT THE WORLD. RENEWAL AND DISCOVERY OF JEWISH HERITAGE AND JEWISH COMMUNITY LIFE SINCE THE FALL OF COMMUNIST REGIMES IN EUROPE. JDC HELPS JEWISH COMMUNITIES REDISCOVER THEIR HERITAGE AND REBUILD A VIBRANT JEWISH COMMUNAL LIFE. PARTNERSHIP WITH ISRAEL AS IT ADDRESSES THE SOCIAL SERVICE NEEDS OF ITS MOST VULNERABLE COMMUNITIES. CHILDREN AT RISK, STRUGGLING IMMIGRANT POPULATIONS. THE ELDERLY, AND THE DISABLED INTERNATIONAL DEVELOPMENT PROGRAM (IDP) NON-SECTARIAN AID IN RESPONSE TO NATURAL AND MANMADE DISASTERS AND LONG-TERM DEVELOPMENT ASSISTANCE PROVIDED TO NON-JEWS TO FULFILL THE JEWISH TENET OF TIKKUN OLAM. THE MORAL RESPONSIBILITY TO REPAIR THE WORLD AND ALLEVIATE SUFFERING WHEREVER IT EXISTS OPERATING PRINCIPLES - JDC ADHERES TO THE FOLLOWING THREE OPERATING PRINCIPLES A) JDC IS NON-PARTISAN AND APOLITICAL B) JDC SEEKS TO EMPOWER LOCAL COMMUNITIES BY CREATING MODEL PROGRAMS AND TRAINING LOCAL LEADERSHIP TO MANAGE THE PROGRAMS DURING A PROJECT'S FORMATIVE STAGE. JDC HANDLES THE ADMINISTRATIVE RESPONSIBILITIES AND EVALUATES THE PROJECT FOR EFFECTIVENESS C) JDC BUILDS COALITIONS WITH STRATEGIC PARTNERS WHO, ULTIMATELY, WILL ASSUME RESPONSIBILITIES FOR THE PROGRAMS OFTEN REFERRED TO AS "THE JOINT". JDC HAS WORKED IN OVER 85 COUNTRIES OVER THE COURSE OF ITS HISTORY AND HAS PLAYED A ROLE AT VIRTUALLY EVERY MAJOR JUNCTURE OF JEWISH HISTORY SINCE ITS FOUNDING

Return Reference	Explanation
Program Service accomplishments, continued	Part III Line 4a, 4b, 4c, 4d 4a relief, welfare, and health Programs include Food and nutritional support Development of Social Services Homecare Medical services, equipment, and medication Emergency grants IN 2015, JDC, Through an infrastructure of independent local affiliates, has PROVIDED ROUGHLY 160,000 JEWS IN NEED AROUND THE WORLD WITH MUCH NEEDED SOCIAL SERVICES IN 2015, JDC PROVIDED some 13 3 MILLION HOURS OF HOMECARE TO NEEDY ELDERLY IN THE FORMER SOVIET UNION AND EASTERN EUROPE OVER 132,000 JEWISH ELDERLY IN NEED RECEIVED SPECIFIC SERVICES FOR THE AGED FROM JDC 4b social development and strengthening of jew ish life Programs include Jew ish Tradition/Religion/Holiday Celebrations Jew ish Community Centers Formal Jew ish Education (Schools) Informal Jew ish Education (Clubs and other activities) Camps and Retreats Educational Activities & Materials (Publications, Curricula, E-learning, Web-resources, Libraries etc) IN 2015, JDC CONTINUED TO SUPPORT THE PARTICIPATION OF INDIVIDUALS IN ACTIVITIES RELATED TO SOCIAL DEVELOPMENT AND STRENGTHENING JEWISH LIFE 4c empowerment and training Programs include Leadership Training Professional Training - Social Work, Jew ish Life & Community Development Vocational Training & Employment Developing Volunteerism IN 2015, THOUSANDS OF JEWS BENEFITTED FROM ACCESS TO JDC'S ARIEL JOB CENTERS IN COUNTRIES IN EUROPE AND LATIN AMERICA, AS WELL AS AN ARRAY OF LEADERSHIP TRAINING PROGRAMS AROUND THE WORLD

Return Reference	Explanation	
4d International Development Programs	The International Development Program focuses emergency response to crises and its longer-term rehabilitation and developmental assistance efforts in areas related to JDC's core program expertise. It exports models, best practices, and know ledge from JDC's global and Israel programs, applying them in keeping with local realities and cultural norms. Training is an essential part of these efforts, with the aim of enhancing the capacities of local partners to ensure that projects continue to have a long-term impact even after JDC's involvement has ended. 4d. Research and Development These programs include JDC's research institutes, other types of research studies and JDC's investment in development of technologies and information systems. 4d. Next generation Entwine, an initiative of JDC, is a movement for young Jewish leaders, influencers, and advocates who seek to make a meaningful impact on global Jewish needs and international humanitarian issues. Form	

990, Part V, Line 1a the total number of 1099's for the tax year includes 24 payments for the gift annuity trusts

Return Reference	Explanation
Interest in financial account	Form 990, Part V, Line 4b Interest in financial account in a foreign country Argentina, Australia, Austria, Bosnia,
ın a foreign country	Bulgaria, Cyprus, Estonia, Ethiopia, France, Hungary, India, Israel, Morocco, Poland, Romania, Switzerland, United Kingdom

Return Reference	Explanation
Relationship Disclosure	Form 990, Part VI, Section A, Line 2 The organization distributes a questionnaire annually to its officers, directors, and key employees concerning the family and business relationships required to be reported on part VI section A line 2 and schedule O The following directors have family relations with other directors 1. Betsy Sheerr, Charles Ribakoff and Benjamin Gordon 2. Irving Smokler, Nora Barron and Mandell Berman 3. Ellen Block and Robert Mann 4. Mark Sisisky, Joanne Moore, and Nancy hackerman 5. David Colman and John Colman 6. Barbara Green Kay and Nina Saslove

Return Reference	Explanation
Process used to review form	Form 990, Part VI, Section B, line 11 THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED INTERNALLY BY JDC'S MANAGEMENT PRIOR TO BEING MADE AVAILABLE TO THE BOARD OF DIRECTORS THE
990	BOARD WAS ASKED TO SUBMIT ANY COMMENTS OR QUESTONS TO THE Chief Operating Officer OF FINANCE AFTER COMMENTS WERE RECEIVED, REVIEWED AND INCORPORATED, AS NEEDED, THE FINAL FORM 990 WAS DISTRIBUTED TO
	THE BOARD PRIOR TO ITS SUBMISSION TO THE IRS

Return Reference	Explanation
Conflict of Interest Policy Monitoring & Enforcement	Form 990, part VI, section B, line 12 Directors are required to sign an annual conflict of interest statement. Those who do not submit this statement may be suspended from the board until such statement is submitted. The statement is distributed to the board after the first of each calendar year. JDC's General counsel and compliance officer monitors board member disclosures and sends follow up requests to those board members who have not submitted their statements by the appropriate deadline. All statements are reviewed by legal counsel. In the event a conflict is determined to exist, the conflict of interest policy requires that the audit committee, consisting of independent directors, discuss, and take action in relation to the conflict. Any person with a conflict does not participate in the decision-making process for resolution of the conflict.

Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Section B, line 15 JDC's Human Resources committee has been presented with and has reviewed the total compensation of JDC officers, key employees, and highly compensated professional staff during its December 2014 meeting All members of the committee are independent directors/trustees of JDC. The organization obtains comparable data for the CEO's salary and benefits. JDC hires an independent outside firm to prepare a report to assist the committee with an independent analysis of market compensation practices for CEOs of other non-profit organizations. The analysis includes base salary, other compensation, and benefits. Information is also obtained from the most recent federal form 990 of these other organizations and shared with the committee. The committee also discusses and reviews the CEO's performance over the past year and considers this in its overall decision-making process. Minutes of the meeting are prepared disclosing persons attended, terms of the recommendations, and the comparable data obtained and relied upon by the committee. The minutes are shared with the committee within 60 days from the date of the meeting.

Return Reference	Explanation
Availability of documents to the public	Form 990, Part VI, Section C, Line 19 Copies of JDCs Tax-exempt determination letter, bylaws, articles of incorporation, w histleblow er policy, conflict of interest policy, financial statements, and federal form 990 are maintained and made available on JDCs w ebsite

Return Reference	Explanation
net assets	Form 990, Part XI, Line 9 Adjustment due to ERP system migration \$591,449 Actuarial loss on annuity obligation (\$344,591) Actuarial loss on pension plan (\$6,829,598) Deconsolidation of AJJDC Real Estate Company Ltd (\$28,906,566) Foreign Currency Translation Losses (\$1,384,506) Total (\$36,873,812)

Return Reference	Explanation
GOVERNMENT AGENCIES	Form 990, PART XII line 3 JDC DOES NOT RECEIVE ANY FUNDING FROM U.S. GOVERNMENT AGENCIES THEREFORE, IT IS NOT REQUIRED TO UNDERGO AN AUDIT OR AUDITS AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133

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

DLN: 93493319071016OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Employer identification number

13-1656634

Department of the Treasury Internal Revenue Service

Name of the organization The American Jewish Joint Distribution

(Form 990)

Committee Inc.

► Attach to Form 990.

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

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No See Additional Data Table

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging	(k) Percentage ownership
]			Yes	No]	Yes	No	
											,	
Day IV Identification of Polated Organizations Tayable s		!	T	ط د ک ر محمامت				111/001		00 5) 1	TV luna

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
Con Address Date Table								Yes	No
See Additional Data Table									
									\vdash

Part V Transactions With Related Organizations Complete if the organization are		,, ,	. ,	J	Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					res	NO
L During the tax year, did the orgranization engage in any of the following transactions with one or mo	•					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	.	No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	—
c Gift, grant, or capital contribution from related organization(s)				1c	Yes	—
d Loans or loan guarantees to or for related organization(s)				1d	Yes	—
e Loans or loan guarantees by related organization(s)				1e	Yes	
f Dividends from related organization(s)				1 f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
f m Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	ı
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	_
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1 s		No
If the answer to any of the above is "Yes," see the instructions for information on who must com	plete this line, including c	overed relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount ir	nvolved	
e Additional Data Table						

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

Page 5

Schedule R (Form 990) 2015

Return Reference Explanation Primary Activity of related Tax-exempt organizations The Center for Jewish Community Development, Inc - Promotes the welfare of Jewish communities

Schedule R (Form 990) 2015

and educational purpose of JDC. Swergold Family Foundation for Children in Crises - Supports JDC mission & programs aiding children in crises. Jack G. Buncher Charitable Fund for AJJDC - To advance the mission and programs of The American Jewish Joint Distribution Committee, Inc. (AJJDC), programs relating to children in crises, elderly, young parents, & other adults Joint Israel - To help Israel's most disadvantaged populations children, youth at risk, immigrants, the elderly, and people with disabilities. The Maurice and Vivienne Wohl Charitable Foundation - special trust established primarily to aid. needy jews in former soviet union. Charity Fund JDC, Int'l Social Orgn. AJJDC, Inc. Center, Int'l Public Organization United Joint, The American AJJDC. Inc. Center, Public Orn. Joint in the NE Reg. of Ukr., AJJDC in Moldova, Local Charity Fund Joint, Private Preschool Education Inst. Anavim, Menora LLC, Solomonika LLC, Beith Dan LLC, Dekel LLC, Tapuz Kindergarten LLC, Shalhevet LLC, Joint Bulgaria Association, JDC Estonia Sihtasutus, Fundacja DDC Poland, Joint RO, AJJDC - Europe, American Joint Distribution Committee (AU), The American Jewish Joint Distribution Committee (Mumbai), The AJJDC, Deutschland E V AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE ("JDC") IS A WORLDWIDE ORGANIZATION THAT OPERATES IN 12 OF THE 15 FORMER SOVIET UNION REPUBLICS ("FSU") as well as Eastern Europe, Africa and Asia JDC ENTITIES IN THESE regions FOCUS ON the following programmatic initiatives PROVIDING FOOD, MEDICINE, HOME CARE, AND WINTER RELIEF FOR HOLOCAUST SURVIVORS AND ELDERLY JEWS, DELIVERING NUTRITIONAL ASSISTANCE, HEALTHCARE, FINANCIAL SUPPORT, AND CHILD-DEVELOPMENT SERVICES TO THE NEEDIEST CHILDREN AND THEIR FAMILIES RENEWAL and Support OF JEWISH LIFE BY DEVELOPING and maintaining COMMUNITY INFRASTRUCTURE, LEADERSHIP, AND EDUCATIONAL RESOURCES DEVELOPING TOMORROWS JEWISH LEADERS BY TRAINING VOLUNTEERS

AND PROFESSIONALS TO LAY THE FOUNDATION FOR COMMUNAL IEWISH LIFE AND NURTURING EMERGING VISIONARIES TO CREATE

THE SCHUSTERMAN - JDC SUPPORTED FOUNDATION, THE CENTER FOR JEWISH COMMUNITY DEVELOPMENT, INC. AND THE CENTER FOR

IJEWISH LEARNING INITIATIVES AND EXPERIENCES FOR CHILDREN AND YOUTH

ADVANCEMENT OF JEWISH CIVILIZATION WERE DISSOLVED DURING CALENDAR YEAR 2015

Foudation - To advance the charitable and educational purpose of JDC The Thalheimer Family -JDC Support Foudation, Inc - To advance the charitable

(B)

Schedule R, Parts II and IV, Column

worldwide The Center for the Advancement of Jewish Civilization, Inc - Promotes the advancement of Jewish civilization The Schusterman - JDC Support

Schedule R, Part II

Software ID: **Software Version:**

EIN: 13-1656634

Name: The American Jewish Joint Distribution Committee Inc

Form 990	Schodula P	Dart II _ I	dentification of	of Polatod :	Tav-Evamnt (Iraanizations

Form 990, Schedule R, Part II - Identification of Relat (a) Name, address, and EIN of related organization	ed Tax-Exempt On (b) Primary activity	rganizations (c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)	(f) Direct controlling entity	Section (b)(n 512 13)
				(3))		enti	ty?
The Center for Jewish Community Developm 711 Third Ave 10th Floor New York, NY 10017 13-4140831	SEE PART VII	DE	501(c)(3)	7	N A	Yes	No No
The Center for the Advancement of Jewish 711 Third Ave 10th Floor New York, NY 10017 13-4140775	SEE PART VII	DE	501(c)(3)	7	NA		No
The Schusterman - JDC Support Foundation 711 Third Ave 10th Floor New York, NY 10017 13-4006764	SEE PART VII	DE	501(c)(3)	11A TYPE 1	NA		No
The Thalheimer Family -JDC Support Fdn 711 Third Ave 10th Floor New York, NY 10017 03-0391368	SEE PART VII	DE	501(c)(3)	11A TYPE 1	NA		No
Swergold Family Foundation for Children 711 Third Ave 10th Floor New York, NY 10017 26-4139621	SEE PART VII	DE	501(c)(3)	11A TYPE 1	NA		No
Jack G Buncher Charitable Fund for AJJD 711 Third Ave 10th Floor New York, NY 10017 20-4393253	SEE PART VII	PA	501(c)(3)	11A TYPE 1	NA		No
Charity Fund JDC 4-th Roshinskiy Proezd 19 building Moscow RS	SEE PART VII	RS			AJJDC	Yes	
Intl Social Orgn AJJDC Inc Center Glibochitska st 17 letter 1a Kiev UP	SEE PART VII	UP			AJJDC	Yes	
Intl Public organization United Joint Nizhinskaya st 77/79 Odessa UP	SEE PART VII	UP			AJJDC	Yes	
The American JJDC Inc Center Shalom-Aleihem st 4 Dnepropetrovsk UP	see part vii	UP			AJJDC	Yes	
Public orn joint in the NE reg of Ukr Dzerziski district Tobolskaya st Kharkov UP	see part vii	UP			AJJDC	Yes	
AJJDC in Moldova Stradela 1 Aerodromului 5 Kishinev MD	see part vii	MD			AJJDC	Yes	
Local Charity Fund Joint V Khoruzei st 22 app3 Minsk BO	see part vii	ВО			AJJDC	Yes	
JOINT ISRAEL 711 THIRD AVENUE new york, NY 10017 13-4203820	see part vii	IS	501(c)(3)	7	AJJDC	Yes	
The Maurice&Vivienne wohl charitable FDN PO Box 71 road town craigmuir chambers, tortola VQ	See part VII	VQ			AJJDC	Yes	
Joint Bulgaria Association 50 Stambolijski Bvd Sofia 1303 BU	See part VII	BU			AJJDC	Yes	
JDC Estonia Sihtasutus Ahtri 10B Tallinna linn Harju Maakond,Tallinn 10157 EN	See part VII	EN			AJJDC	Yes	
Fundacja JDC Poland Twarda 6 Warsaw 00-105 PL	See part VII	PL			AJJDC	Yes	
Joint RO No 8-10 Maximilian Popper Street Bucharest 030863 RO	See part VII	RO			AJJDC	Yes	
AJJDC - Europe Balmes 195 Barcelona 08006 SP	see Part VII	SP			AJJDC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (f) (b) (c) (d) (e) (g) (a) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state section status entity (b)(13)or foreign country) (if section 501(c) controlled entity? (3)) Yes No AJJDC see part VII ΑU Yes American Joint Distribution Committee Taubstummengasse 5/18 Wien ΑU ΙN AJJDC Yes see part VII The American Jewish Joint Distribution C. 3 Rodeff Shallom Mumbai, Maharashtra 400037 ΙN AJJDC Yes see part VII GM The AllDC Deutschland EV Schlossgarten 2 Breisach 79206 GΜ

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section related organization domicile entity (C corp, S ıncome ownership 512(b)(13) year (state or foreign corp, assets controlled country) or trust) entity? Yes No (1) AJJDC Real Estate Company Limited Property MGT CY AJJDC C Corp -1,316,968 31,968,000 100 000 % Yes 20 Spyrou Kyprianou Ave 3rd Fl 1075 Nicosia CY (1) Charitable Gift Annuity (22) NY AJJDC Trust Yes Gift Annuity (2) Charitable Remainder Unitrust (2) Unitrust NY AJJDC Trust Yes (3) Charitable Remainder Annuity Trust (6) Annuity Trust AJJDC Trust Yes NΥ (4) SEE PART VII UР AJJDC C Corp 87,045 9,828 100 000 % Yes Private preschool education Inst Anavim Nizhinskaya st 77/79 Odessa UΡ (5) Menora LLC SEE PART VII UP AJJDC C Corp 308,002 28,934 100 000 % Yes Nizhinskaya st 77/79 Odessa UР UР AJJDC 63,784 100 000 % (6) Solomonika LLC SEE PART VII C Corp 66,698 Yes Shalom-Aleihem st 4 app26 Dnepropetrovsk UР AJJDC (7) Beith Dan LLC SEE PART VII UP C Corp 19,812 20,502 100 000 % Yes Tobolskaya 46 Kharkıv UΡ (8) Dekel LLC SEE PART VII RS AJJDC C Corp 245,577 18,606 100 000 % Yes Bolshaya Nikitskaya st 47 buildin Moscow RS (9) Tapuz Kındergarten LLC SEE PART VII RS AJJDC C Corp 1,719,714 179,450 100 000 % Yes Bolshaya Nikitskaya st 47 buildin Moscow RS (10) Shalhevet LLC SEE PART VII RS AJJDC 260,690 100 000 % C Corp 582,593 Yes Bolshaya Rznochinnaya st 25 St Petersburg RS

Form 990, Schedule R, Part V - Transactions With Related Organizations									
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved					
(1)	Charity Fund JDC	В	42,945,293	WIRE					
(1)	Intl Social Orgn AJJDC Inc Center	В	15,129,975	WIRE					
(2)	Intl Public organization United Joint	В	7,195,629	WIRE					
(3)	The American JJDC Inc Center	В	12,427,401	WIRE					
(4)	Public orn joint in the NE reg of Ukr	В	6,087,263	WIRE					
(5)	AJJDC in Moldova	В	4,592,000	WIRE					
(6)	Local Charity Fund Joint	В	3,570,000	WIRE					
(7)	Joint Israel	В	23,324,000	WIRE					
(8)	The Thalheimer Family	С	190,000	WIRE					
(9)	Jack G Buncher Charitable Fund	С	848,000	WIRE					
(10)	Wohl Charitable Foundation	С	18,500,000	WIRE					
(11)	AJJDC Real Estate Company Limited	D	11,044,208	WIRE					
(12)	Private preschool education Inst Anavim	D	178,000	WIRE					
(13)	Solomonika LLC	D	344,000	WIRE					
(14)	Tapuz Kındergarten LLC	Е	27,326	WIRE					
(15)	Swergold Family Foundation	С	27,000	WIRE					
(16)	Joint Bulgaria Association	В	3,290,746	WIRE					
(17)	JDC ESTONIA SIHTASUTUS	В	665,000	WIRE					
(18)	FUNDACJA JDC POLAND	В	1,041,791	WIRE					
(19)	JOINT RO	В	54,355	WIRE					
(20)	AJJDC - EUROPE	В	758,246	WIRE					
(21)	THE AJJDC DEUTSCHLAND EV	В	373,341	WIRE					
(22)	AMERICAN JOINT DISTRIBUTION COMMITTEE	В	120,500	WIRE					
(23)	The American Jewish Joint Distribution C	В	348,690	WIRE					
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