Product: Exempt

Name: AMERICAN JEWISH COMMITTEE, INC.

FEIN: ****3393

Bank Info:

Fiscal Year Begin Date: 1/1/2020

IRS Message:

Category: 990-T

Plan Number:

Fiscal Year End Date: 12/31/2020

IRS Center: Ogden

e-Postmark: 11/11/2021 1:33 PM

Notification:

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/10/2021	20X:0198270- 00005:V1	Upload Started			Zimmerman,Jessica	
11/10/2021	20X:0198270- 00005:V1	Released for Transmission - Validation in Progress			Zimmerman,Jessica	
11/10/2021	20X:0198270- 00005:V1	Schema Validation Error - FD - 990-T				
11/10/2021	20X:0198270- 00005:V1	Upload Started			Zimmerman,Jessica	
11/10/2021	20X:0198270- 00005:V1	Released for Transmission - Validation in Progress			Zimmerman,Jessica	
11/10/2021	20X:0198270- 00005:V1	Ready to transmit - Validation Complete				
11/10/2021	20X:0198270- 00005:V1	Transmitted to NY	2637752021314033cf02			
11/11/2021	20X:0198270- 00005:V1	Upload Started			Zimmerman,Jessica	
11/11/2021	20X:0198270- 00005:V1	Released for Transmission - Validation in Progress			Zimmerman,Jessica	
11/11/2021	20X:0198270- 00005:V1	Schema Validation Error - FD - 990-T				
11/11/2021	20X:0198270- 00005:V1	Upload Started			Zimmerman,Jessica	
11/11/2021	20X:0198270- 00005:V1	Released for Transmission - Validation in Progress			Zimmerman,Jessica	
11/11/2021	20X:0198270- 00005:V1	Ready to transmit - Validation Complete				
11/11/2021	20X:0198270- 00005:V1	Transmitted to FD - 990-T	2637752021315036ce21			
11/11/2021	20X:0198270- 00005:V1	Accepted by FD - 990-T on 11/11/2021				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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8879-EO

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury ternal Revenue Servic

Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number AMERICAN JEWISH COMMITTEE INC. 13-5563393

Name and title of officer or person subject to tax RICHARD HYNE

Part I	Type of Return and Return Information	(Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here X b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that 🗓 I am an officer of the above organization or 🔝 I am a person subject t	o tax with respect to
(name of organization) (EIN)	and that I have examined a copy

(EIN) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, if applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke software for payment of the federal taxes owed on this return, and the financial institution to depit the entry to this account. To revia a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

l:	ch	neck	one	box	only

PIN

X | authorize GRANT THORNTON LLP

to enter my PIN

36605

ERO firm name

Enter five numbers, but

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies)

regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26377536605

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions

Date - 11/8/2021

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047	_
		For cal	endar year 2020 or other tax year beginning, and ending		2020	
Depai Intern	rtment of the Treasury al Revenue Service	•	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	;).	Open to Public Inspection f 501(c)(3) Organizations Only	or y
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Emp	oloyer identification number	
ВЕ	xempt under section	Print	AMERICAN JEWISH COMMITTEE, INC.		13-5563393	
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 165 EAST 56TH STREET		up exemption number instructions)	_
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022-2709	F [Check box if	_
		С Во	ok value of all assets at end of year		an amended retur	n
G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	able reinsurance entity	_
Н	Check if filing only to	o ▶	Claim credit from Form 8941 Claim a refund shown on Form 2439			_
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>]
			ed Schedules A (Form 990-T)		1	_
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.	▶ □	Yes X No	
			DANIEL GOLDWATER, CONTROLLER Telephone number	(212)	891-1473	_
Pa	rt I Total Unr	elate	d Business Taxable Income			
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see			
	instructions)			1	-7,763	<u>.</u>
2	Reserved			2		
3	Add lines 1 and 2			3	-7,763	_
4	Charitable contrib	utions (see instructions for limitation rules)	4	0	<u>.</u>
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	-7,763	•
6	Deduction for net	operati	ng loss. See instructions	6		_
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 fro			7	-7,763	_
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000	•
9	Trusts. Section 19	99A de	duction. See instructions	9		_
10	Total deductions.	. Add li	nes 8 and 9	10	1,000	<u>.</u>
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
_	enter zero			11	0	•
Pa	rt II Tax Com	•			T	_
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	<u>► </u>	0	÷
2		_	ates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041)			_
3	Proxy tax. See ins			3		_
4	Other tax amounts					_
5	Alternative minimu		*/			_
6			cility income. See instructions		+	_
7			h 6 to line 1 or 2, whichever applies	7		•
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (202	:0)

Form **8868**

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

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

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

	s, for which an extension request must be sent to the IRS ils form, visit www.irs.gov/e-file-providers/e-file-for-chari			etails on t	he electronic	
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
All corpor	ations required to file an income tax return other than Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and trusts	
Type or print	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer	identification numb	per (TIN)
-	AMERICAN JEWISH COMMITTEE,	INC.			13-556339	3
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 165 EAST 56TH STREET	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10022-2709	reign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			, 0 7
Application	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
Teleph If the c	DANIEL GOLDWATE poks are in the care of \blacktriangleright 165 EAST 56TH some No. \blacktriangleright (212) 891–1473 arganization does not have an office or place of business as for a Group Return, enter the organization's four digit (1). If it is for part of the group, check this box	TREET in the Uni	Fax No. ► ted States, check this box	this is fo	r the whole group, o	
the ►[►[quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization of time until organization of the organizatio	anization's	return for:	the exem	npt organization retu ·	ırn for
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			
	nonrefundable credits. See instructions.		6 111 19	3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069	-				Λ
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	=	•		_	Λ
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawalns.	(airect det	oit) with this Form 8868, see Form 84	53-EU an	a Form 8879-EO foi	payment

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

Form 8868 (Rev. 1-2020)

Form 990-T (2020) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d Total credits. Add lines 1a through 1d 0. Subtract line 1e from Part II, line 7 2 2 Other taxes. Check if from: 3 Other (attach statement) Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 0. 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 Payments: A 2019 overpayment credited to 2020 2020 estimated tax payments. Check if section 643(g) election applies _____ > _ 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 ☐ Form 4136 ☐ Other Total ▶ Total payments. Add lines 6a through 6g 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the				ge and belief, it is true,	
Here		CFO			y the IRS discuss this return w preparer shown below (see	vith
	Signature of officer	Date Title		inst	ructions)? X Yes	No
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid				self- employed		
Prepare	r DANIEL ROMANO		11/10/21		P00504182	
Use Onl		LP		Firm's EIN ►	36-6055558	
		NUE, 3RD FLOOR				
	Firm's address NEW YORK, NY	10017-2013		Phone no. (2	12) 599-0100	

Form 990-T (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

					(//)		,
A	Name of the organization AMERICAN JEWISH COMMITTEE, INC.	В	Employer identifi 13-5563393	catio	n numbe	er	
С	Unrelated business activity code (see instructions) > 901101	D	Sequence:	1	of	1	

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a	141.		141.
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-1,654.		-1,654.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10		<u> </u>	
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-1,513.		-1,513.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts				4	
5	Interest (attach statement) (see instructions)	SE	E STAT	EMENT 2	5	234.
6	Taxes and licenses					250.
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	1,086.
10	Contributions to deferred compensation plans					
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)	SE	E STAT	EMENT 3	14	4,680.
15	Total deductions. Add lines 1 through 14					6,250.
16	Unrelated business income before net operating loss deduction. Subtra	act line 15 fror	n Part I	line 13,		
	column (C)				16	-7,763.
17	Deduction for net operating loss (see instructions)					0.
18	Unrelated business taxable income. Subtract line 17 from line 16					-7,763.
1 🗆 🗡	For Denominary Deduction Act Notice are instructions	<u> </u>			Cabadula A	Earm 000 T) 2020

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Purchase Cost of Addition Other of Total. Invento Cost of Do the TIV Royal Rent region of Total region Add line Total regularity Deduct in lines	ses labor nal section 263A costs (attach s sosts (attach statement) Add lines 1 through 5 regret at end of year f goods sold. Subtract line 7 froc rules of section 263A (with respection of property (property street bition of property (property street resonal property (if the percental personal property is more than more than 50%) all and personal property if the rent is based on profit or i ents received or accrued by propes 2a and 2b, columns A throug ents received or accrued. Add lin ions directly connected with the	age of 10% ty exceeds income) perty. gh D	nd in Part I, line 2 ed or acquired for resonal Property IP code). Check if a	esale) apply to the organic Leased with Real dual-use (see instructions)	2 3 4 5 6 7 8 anization? [I Property) ons)	Yes N
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Deduct in lines Total d	ions directly connected with the		gh D. Enter here and	d on Part I, line 6, colur	mn (A)	
	eductions. Add line 4 columns			e 6, column (B)	>	
Descrip	Inrelated Debt-Financed	d Income (see inst	ructions)			
	tion of debt-financed property (s	street address, city, sta	ate, ZIP code). Chec	ck if a dual-use (see ins	tructions)	
A						
в						
с						
D						
			Α	В	С	D
Gross i	ncome from or allocable to debt	t-financed				
propert	*					
Deduct	ions directly connected with or a	allocable				
to debt	-financed property					
a Straigh	t line depreciation (attach staten	ment)				
	,					
	eductions (add lines 3a and 3b,					
	s A through D)					
Amoun [*]	t of average acquisition debt on	or allocable				
to debt	-financed property (attach stater	ment)				
Average	e adjusted basis of or allocable t	to debt-				
finance	d property (attach statement)					
Divide I	ine 4 by line 5		%	%	%	_
	ncome reportable. Multiply line 2					
Total g	ross income (add line 7, colum	nns A through D). Enter	here and on Part I,	line 7, column (A)	>	

Total dividends-received deductions included in line 10

ı aye

1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 3. Net unrelated income (loss) (see instructions) 4. Spert of column 4 income (loss) (see instructions) 5. Part of column 5 income (loss) (see instructions) 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization s (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization s (see instructions) 11. Deductions directly connected with income in column 10 12. 13. Deductions directly connected with income in column 10 13. Deductions directly connected with income in column 10 14. Description of income 15. Add columns 5 and 10. Enter here and on Part I, line 6, column (8) 16. Description of income 17. Description of income 18. Add columns 5 and 10. Enter here and on Part I, line 6, column (8) 18. Add amounts in column 2. Enter here and on Part I, line 9, column (8) 18. Add amounts in column 2. Enter here and on Part I, line 9, column (8) 18. Description of exploited activity: 1. Description of exploited activity: 1. Description of exploited activity: 2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (8) 2. Separate distributions income from trade or business. Enter here and on Part I, line 10, column (8) 2. Separate distributions income from trade or business. Subtract line 3 from line 2. If a gain, complete line 5 5. Gross income from unrelated business income 5. Separate activity: 1. Description of exploited activity: 1. Description of e	Part VI	Interest, Annu	ities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (see instruc	tions)	Page 3	
organization identification number (see instructions) payments made that is included in the controlling organization's gross income in column 5 (2) (3) (4) Nonexempt Controlled Organizations 7, Taxable Income (ase instructions) Nonexempt Controlled Organizations 7, Taxable Income (ase instructions) Nonexempt Controlled Organizations 7, Taxable Income (ase instructions) Nonexempt Controlled Organizations (ase instructions) 10, Part of column 9 that is included in the controlling organization signess income in column 10 (2) (3) (4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) (attach statement) (attach		·				,						
23	1.			identification inco		me (loss) paym		•	that is included controlling org	in the aniza-	connected with	
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	4. Ei	nter here and on P	art II, line	12								

Advertising Income ne(s) of periodical(s). Check box if reporting two nets for each periodical listed above in the correspond advertising income discolumns A through D. Enter here and on Part I, ect advertising costs by periodical	ponding column. A line 11, column (A)	В	С	D
ants for each periodical listed above in the correspondents for each periodical listed above in the correspondent state of the correspondent of the correspondent state of the correspondent of the correspondent state of the correspondent of	ponding column. A line 11, column (A)	В	С	
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I columns A through D. Enter here and on Part I,	iiile 11, coluiiii (b)			
verticing gain (loss). Subtract line 2 from line				
rertising gain (loss). Subtract line 3 from line				
·				
	of the line 8a, columns t	otal or zero here an	d on	
t II, line 13			>	0
Compensation of Officers, Director	rs, and Trustees	(see instructions)		
			1	4. Compensation
1. Name	2. Title			attributable to
				unrelated business
			%	
			%	
			%	
er here and on Part II, line 1)	0
Supplemental Information (see instr	uctions)			
	or any column in line 4 showing a gain, aplete lines 5 through 8. For any column in 4 showing a loss or zero, do not complete 5 5 through 7, and enter zero on line 8 dership costs ulation income 2 dess readership costs. If line 6 is less than 5, subtract line 6 from line 5. If line 5 is less a line 6, enter zero 2 dess readership costs allowed as a 2 dection. For each column showing a gain on 4, enter the lesser of line 4 or line 7 dine 8, columns A through D. Enter the greater of line 13 Compensation of Officers, Director 1. Name	or any column in line 4 showing a gain, aplete lines 5 through 8. For any column in 4 showing a loss or zero, do not complete 5 5 through 7, and enter zero on line 8 dership costs dership costs. If line 6 is less than 5, subtract line 6 from line 5. If line 5 is less a line 6, enter zero dess readership costs allowed as a duction. For each column showing a gain on 4, enter the lesser of line 4 or line 7 dine 8, columns A through D. Enter the greater of the line 8a, columns at 11, line 13 Compensation of Officers, Directors, and Trustees 1. Name 2. Title	or any column in line 4 showing a gain, aplete lines 5 through 8. For any column in 4 showing a loss or zero, do not complete as 5 through 7, and enter zero on line 8 dership costs dership costs. If line 6 is less than 5, subtract line 6 from line 5. If line 5 is less line 6, enter zero dess readership costs allowed as a function. For each column showing a gain on 4, enter the lesser of line 4 or line 7 dine 8, columns A through D. Enter the greater of the line 8a, columns total or zero here an II, line 13 described by the state of the line 8a described by t	or any column in line 4 showing a gain, plete lines 5 through 8. For any column in 4 showing a loss or zero, do not complete is 5 through 7, and enter zero on line 8 deership costs ulation income sess readership costs. If line 6 is less than 5, subtract line 6 from line 5. If line 5 is less line 6, enter zero ses readership costs allowed as a uction. For each column showing a gain on 4, enter the lesser of line 4 or line 7 line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on II, line 13 Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percentage of time devoted to business % % % % **here and on Part II, line 1

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
	ORDINARY BUSINESS INCOME (LOSS) OTHER PORTFOLIO INCOME (LOSS)	-1,680. 26.
TOTAL INCLUDED ON SCHEI	OULE A, PART I, LINE 5	-1,654.
FORM 990-T (A)	INTEREST PAID	STATEMENT 2
FORM 390-1 (A)	INIEKESI PAID	SIAIEMENI Z
DESCRIPTION		AMOUNT
INTEREST EXPENSE FROM Q	PIS	234.
TOTAL TO SCHEDULE A, PA	ART II, LINE 5	234.
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
PORTFOLIO EXPENSE FROM TAX PREPARATION FEE	QPIS INVESTMENT	780. 3,900.
TOTAL TO SCHEDULE A, PA	ART II, LINE 14	4,680.

NET OPERATING LOSS SCHEDULE:

NET OPERATING LOSS PRE 1/1/2018

, ,	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
1999	(291,544)	***	(291,544)
2000	(413,859)		(413,859)
2001	(381,567)		(381,567)
2002	(433,279)		(433,279)
2003	(190,314)		(190,314)
2004	(240,561)		(240,561)
2005	(261,398)		(261,398)
2006	(315,794)		(315,794)
2007	(122,692)		(122,692)
2008	-		-
2009	(4,226)		(4,226)
2010	(3,417)		(3,417)
2011	(26,052)		(26,052)
2012	(3,721)		(3,721)
2013	(68)		(68)
2014		40,847	40,847
2015	(4,812)		(4,812)
2016	(5,916)		(5,916)
2017	(14,106)		(14,106)
2019	-	9,744	9,744
NOL CARRYFORWARD TO 2021			(2,662,735)

*** NOL ADJUSTED DUE TO REPEAL OF TAX ON DISALLOWED FRINGES SECTION 512(A)(7)

NET OPERATING LOSS POST 1/1/2018 BUCKET 1: INVESTMENTS IN LIMITED PARTNERSHIPS

	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
2018	(605)		(605)
2019	-		-
2020	(7,763)		(7,763)
NOL CARRYFORWARD TO 2021			(8,368)

EIN: 13-5563393

12/31/2020

SCHEDULE D

(Form 1120)

Capital Gains and Losses

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

OMB No. 1545-0123

Yes 🗓 No

Department of the Treasury Internal Revenue Service Name Employer identification number

AMERICAN JEWISH COMMITTEE, INC. Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? 13-5563393

Part I Short-Term Capital See instructions for how to figure the amoun to enter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column		column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which yo have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this linblank and go to line 1b	u ; ;				
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked		2.			-2.
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment	sales from Form 6252, line 26 or 3	37		4	
5 Short-term capital gain or (loss) from like	-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach cor	nputation)			6	(
7 Net short-term capital gain or (loss). Con	nbine lines 1a through 6 in colum	n h		7	-2.
Part II Long-Term Capital	Gains and Losses - Ass	ets Held More Than	One Year		
See instructions for how to figure the amoun to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions repo on Form 1099-B for which basis was reported to the IRS and for which you ha no adjustments (see instructions). However if you choose to report all these transactions are possible to the property of the proper	ve ver, ons				

8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,		
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b		
8b Totals for all transactions reported on		
Form(s) 8949 with Box D checked		
9 Totals for all transactions reported on		
Form(s) 8949 with Box E checked		
10 Totals for all transactions reported on		
Form(s) 8949 with Box F checked	_	
11 Enter gain from Form 4797, line 7 or 9	11	143.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	ا مه ا	
14 Capital gain distributions	14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15	143.
Part III Summary of Parts I and II		
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	141.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	141.

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

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2020

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

Name(s) shown on return

Social security number or taxpayer identification no.

13-5563393

AMERICAN JEWISH COMMITTEE, INC.	13-5563393
re you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your	
ment will have the same information as Form 1099-B. Fither will show whether your hasis (usually your cost) was repor	rted to the IRS by you

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

transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box.

V (A) (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
$oxed{\mathbb{X}}$ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the	e IRS (see Note above)
(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to	to the IRS

(C) Short-term transactions no	t reported to you	ı on Form 1099-l	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	l loss. If ye in column	nt, if any, to gain or ou enter an amount (g), enter a code in b. See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
ST CAPITAL LOSS FROM LP'S	VARIOUS	VARIOUS		2.		, , , , , ,	<2.>
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if B	ox C above is ch	necked)		2.			<2.>

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

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2020)

SCHEDULE D (Form 1120)

Capital Gains and Losses

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0123

Name

Employer identification number

AMERICAN JEWISH COMMITTEE,	INC.			13-	-5563393	.
Did the corporation dispose of any investme	nt(s) in a qualified opportu	inity fund during the tax ye	ear?			Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional requi	rements for reporting your				
Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Year	or Less			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract	Gain or (loss) t column (e) from d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)		with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked						
4 Short-term capital gain from installment sales				4		
5 Short-term capital gain or (loss) from like-kir	3			5	<u> </u>	
6 Unused capital loss carryover (attach comput				6	1	
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gain	le lines 1a through 6 in colum	in h	n One Veer	7	<u> </u>	
	TIS and Losses - As		ii One Fear		1-14	>-i (1)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	Subtrac column (d	Gain or (loss) et column (e) from d) and combine the with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on						
Form(s) 8949 with Box F checked						
				11		143
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or	37		12		
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824	1		13		
				14		
15 Net long-term capital gain or (loss). Combin		nn h		15		143
Part III Summary of Parts I and						
16 Enter excess of net short-term capital gain (li				16	<u> </u>	
17 Net capital gain. Enter excess of net long-terr				17	 	143
18 Add lines 16 and 17. Enter here and on Form		pplicable line on other return	s	18		143
Note: If losses exceed gains, see Capital Los	sses in the instructions.					

LHA

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

Schedule D (Form 1120) 2020

Form **4797**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

OMB No. 1545-0184

7 for instructions and the latest information.

Attachment Sequence No.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

dentifying number

AME	RICAN JEWISH COMMITTEE, INC.							13-5563393
	nter the gross proceeds from sales or			020 on Form(s) 109	99-B or 1099-S			
	rt I Sales or Exchanges of	Cluding on line 2	, 10, or 20	or Pusiness	and Involvets		1	Erom Other
Pa	rt I Sales or Exchanges of Than Casualty or Theft	Property Use -Most Prope	ed in a Trade rtv Held Moi	e or Business a re Than 1 Year	and involuntal ' (see	y Convers instructions)	ions	s From Other
	a Guddard G. Tilori				(e) Depreciation	(f) Cost or ot	ther	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since	basis, plus improvements	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
102	1 61 77 7704 77 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		142	acquisition	expense of sa	ale	1.42
123	1 GAIN FROM LP'S	VARIOUS	VARIOUS	143.				143.
3	Gain if any from Form 4684 line 30						3	
4	Gain, if any, from Form 4684, line 39 Section 1231 gain from installment s	valoe from Form (6252 line 26 or			·····	4	
5	Section 1231 gain or (loss) from like-						5	
	Gain, if any, from line 32, from other						6	
6 7	Combine lines 2 through 6. Enter the						7	143.
′	Partnerships and S corporations.							113,
	line 10, or Form 1120-S, Schedule K			_	or Form 1005, Sci	ledule K,		
	Individuals, partners, S corporation				a loss, optor the a	mount		
	from line 7 on line 11 below and skip							
	1231 losses, or they were recaptured		-	•				
	the Schedule D filed with your return	-	-		3 1 3			
8	Nonrecaptured net section 1231 loss	sos from prior vo	are Soo instruc	tions			8	
9	Subtract line 8 from line 7. If zero or				no 7 on lino 12 ho	Г	0	
9	line 9 is more than zero, enter the an			=		I		
	capital gain on the Schedule D filed			_		· 1	9	143.
=	, ,	•					9_	113,
Pa	rt II Ordinary Gains and I	_osses (see in	structions)					
10	Ordinary gains and losses not includ	ed on lines 11 th	nrough 16 (includ	de property held 1	year or less):			
	, ,			T	, ,			
11	Loss, if any, from line 7	•	•	•	•		11	()
12	Gain, if any, from line 7 or amount from	om line 8, if appl	icable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lir						14	
15	Ordinary gain from installment sales		. line 25 or 36			·····	15	
16	Ordinary gain or (loss) from like-kind						16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, enter	er the amount fro	om line 17 on the	e appropriate line o	f your return and s	kin lines		
	a and b below. For individual returns				. , sar retain and c			
a	If the loss on line 11 includes a loss fr	•		(b)(ii), enter that par	rt of the loss here	Enter the		
u	loss from income-producing property							
	as an employee.) Identify as from "Fo	,	**	•		· -	18a	
h	Redetermine the gain or (loss) on line						·Ja	
	(E (0.40) D (1.11)	_	-	inte roa. Enter ner			18b	
LH								Form 4797 (2020)

018011 12-18-20

Part III Gain From Disposition of Proper	ty Unde	er Sections 1245	, 1250, 1252	2, 12	5 4, and 1255 (se	ee instructions)
19 (a) Description of section 1245, 1250, 1252, 1254,	or 1255 p	oroperty:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A						
В						
С						
D						
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property	В	Property C	Property D
Gross sales price (Note: See line 1 before completing.)	20					
Cost or other basis plus expense of sale	21					
2 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
 29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	ممسام	A through D through I	ina 20h hafara	aoina	to line 20	
Complete property C	Joidining	A through b through i	ine 23b before	gonig		
Total gains for all properties. Add property columns	A throug	gh D, line 24			30	
81 Add property columns A through D, lines 25b, 26g,	27c, 28t	o, and 29b. Enter here	and on line 13		31	
32 Subtract line 31 from line 30. Enter the portion from	casualty	y or theft on Form 468	4, line 33. Ente	er the	portion	
Form other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	e 6 ons 179	and 280F(b)(2) V	Vhen Busin	ess	32 Use Drops to 50	
(see instructions)						
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	prior years		33		
Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. S	ee the ins	structions for where to	report	35		

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information. ▶ Attach to your income tax return for the year of the transfer or distribution.

OMB	No.	1545-0026	

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)		<u>.</u>	
Name of transferor		Identifying numbe	r (see instructions)
AMERICAN JEWISH COMMITTEE, INC.			
		13-5563393	
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign of	orporation?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section	n 368(c)) by		
five or fewer domestic corporations?			X No
b Did the transferor remain in existence after the transfer?		Yes	No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	Id	lentifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the p	arent corporation?	Yes	□ No
If not, list the name and employer identification number (EIN) of the parent corporation.			
Name of parent corporation	EIN	of parent corporation	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
		Hinn 007)	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treat	ed as such under sect	tion 367),	
complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.			
a List the name and EIN of the transferor's partnership.			
Name of partnership	E	IN of partnership	
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P.	13-359702	10	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	X No
c Is the partner disposing of its entire interest in the partnership?			X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an e			
securities market?		Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)			
4 Name of transferee (foreign corporation)	5a	Identifying number	er, if any
DKIP (CAYMAN) II L.P.			
6 Address (including country)	5b	Reference ID numl	oer
190 ELGIN AVENUE, GEORGE TOWN		VIDITI D	
GRAND CAYMAN, KY 1-9005 CAYMAN ISLANDS	Di	KIPIILP	
7 Country code of country of incorporation or organization			
8 Foreign law characterization (see instructions)			
CORPORATION			
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No
024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.			Rev. 11-2018

	Regarding Tran	sfer of Property (see i	nstructi	ons)		
Section A - Cash			_			
Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2020			534,938.		
10 Was cash the only pro	ainder of Part III and o					X Yes No
		n intangible property	subject			(a)
Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
Totals						
recognition agreement 12 a Were any assets of a find foreign corporation? If "Yes," go to line 12b b Was the transferor and (including a branch that If "Yes," continue to line c Immediately after the find transferee foreign corporation. If "Yes," continue to line d Enter the transferred foreign corporation.	t was filed? foreign branch (include) foreign branch (include) foreign dranch (include) foreign disregation at is a foreign disregation at is a foreign disregation fo	_	all of the line 13. reholder v	ded entity) transfe assets of a foreig foreign corporation	rred to a n branch on?	Yes No Yes No Yes No Yes No Yes No
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length prid on date of transf		(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						
Ισιαιδ				L	F	

b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$\Bigsim \Bigsim	Yes Yes Yes	No No No
Sup	oplemental Part III Information Required To Be Reported (see instructions)		
	- The state of the		
_			
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before% (b) After%		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	(// /	Yes	X No
b	The state of the s	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
С			
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

Form 926 (Rev. 11-2018)

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

0	MB No. 1545-0026	
Ā	Attachment Sequence No. 128	

► Attach to your income tax return for the year of the transfer or distribution.

Part I U.	S. Transferor Information (see instructions)			
Name of transf	eror		Identifying number	r (see instructions)
AMERICAN J	12 5562202			
			13-5563393	
	Insferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
	nsferor was a corporation, complete questions 2a through 2d.			
	nsfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			X No
	wer domestic corporations?			=
	ransferor remain in existence after the transfer?		X Yes	No
IT NOT, IIS	t the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	lden	tifying number	
	nsferor was a member of an affiliated group filing a consolidated return, was it the parent corport the name and employer identification number (EIN) of the parent corporation.	ration?	Yes	No No
	Name of parent corporation	EIN of p	parent corporation	on
d Have bas	sis adjustments under section 367(a)(4) been made?		Yes	X No
3 If the tran	nsferor was a partner in a partnership that was the actual transferor (but is not treated as such u	under section	າ 367),	
	e questions 3a through 3d.		,,	
-	name and EIN of the transferor's partnership.			
	· · ·			
	Name of partnership	EIN	of partnership	
		3-1397781		V
	partner pick up its pro rata share of gain on the transfer of partnership assets?			X No
•	rtner disposing of its entire interest in the partnership?		Yes	X No
	rtner disposing of an interest in a limited partnership that is regularly traded on an established			₩
	s market? cansferee Foreign Corporation Information (see instructions)		. Yes	X No
	transferee (foreign corporation)	5a Ic	lentifying numbe	r if any
- Name of	transferee (foreign corporation)	34 10	lentifying nambe	ar, ii airiy
ACM LUSA E	POS (CAYMAN) I LP	98-1	1528894	
6 Address	(including country)	5b R	eference ID numb	per
ONE ROCKEFE	LLER PLAZA, 32ND FLOOR			
NEW YORK, N	Y 10020			
7 Country	code of country of incorporation or organization			
	aw characterization (see instructions)			
	Insferee foreign corporation a controlled foreign corporation?		X Yes	No
	LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (R	

Part III Information	Regarding Tran	sfer of Property (see i	instructi	ons)		y =
Section A - Cash						
Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2020			313.		
10 Was cash the only pro	ainder of Part III and o					Yes X No
Section B - Other Pro	 	n intangible property	subject			
Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities	12/31/2020	SECURITIES		36,661.		
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
Totals				36,661.		
foreign corporation? If "Yes," go to line 12th b Was the transferor a continue to line 12th c Immediately after the transferee foreign corporate if "Yes," continue to line defended in the transferee foreign corporate in the transferred line in	domestic corporation at is a foreign disregane 12c. If "No," skip transfer, was the donporation? ne 12d. If "No," skip oss amount included asfer property described and questions 14a foreign.	_	all of the 0%-owned line 13. reholder v	assets of a foreign foreign corporation with respect to the	branch	Yes X No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ect to Section 367(d)	_	_	_	
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pricon date of transfe		(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						<u> </u>
				-	F	Form 926 (Rev. 11-2018)

b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	X No X No X No
Sun	plemental Part III Information Required To Be Reported (see instructions)		
Sup	plemental Part III Information Required To be Reported (see instructions)		
Do	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Га	Additional information negations Transfer of Property (see Instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
10	(a) Before .000 % (b) After .035 %		
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
		Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)		X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?		X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)		X No
	If "Yes," complete lines 20b and 20c.	_	
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	. ▶\$	
		<u></u>	
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

Form **926** (Rev. 11-2018)

Statement Filed Under Treasury Regulation 1.6038B-1(c) and Temporary Treasury Regulation 1.6038B-1T(c)

Attachment to Forms 926 American Jewish Committee, Inc. 13-5563393 12/31/2020

Unless otherwise stated below, the information required under Treasury Regulation 1.6038B-1(c) and Temporary Treasury Regulation 1.6038B-1T(c) has been reported on Form 926.

(1) Transferor: American Jewish Committee, Inc. EIN: 13-5563393

(2) Address: 165 East 56th Street

New York, NY 10022-2709

- (3) Transferees. The following information concerning the transfers:
 - (i) See Statement 2
 - (ii) Transferor invests directly and indirectly in various foreign corporations.
- (4) Consideration received: Capital interest in transferees.
- (5) Property transferred:
 - (i) Active business property: \$535,251 Cash
 - (ii) Stock or securities: \$36,661
 - (iii) Depreciated property: N/A
 - (iv) Property to be leased: N/A
 - (v) Property to be sold: N/A
 - (vi) Transfers to FSCs: N/A
 - (vii) Tainted property: N/A
 - (A) inventory and copyrights, compositions, etc: N/A
 - (B) installment obligations, accounts receivable, etc: N/A
 - (C) foreign currency and foreign-currency-denominated assets: N/A
 - (D) intangible property transferred in connection with the liquidation of an 80%-owned corporate subsidiary under Code Sec. 332 : N/A
 - (E) leased property: N/A
 - (viii) Foreign loss branch: N/A
 - (ix) Other intangibles: N/A
- (6) Transfer of foreign branch with previously deducted losses. : N/A
 - (i) Branch operation. : N/A
 - (ii) Branch property: N/A
 - (iii) Previously deducted losses: N/A
 - (iv) Character of gain: N/A
- (7) Application of section 367(a)(5): N/A

Attachment to Forms 926 – American Jewish Committee, Inc. –13-5563393 $$\operatorname{STATEMENT}\ 2$$

	(2)(i)			(3)	(4)
No.	Foreign Entity	EIN	Country of C Incorporation	Consideration Received	
1	DKIP (CAYMAN) II L.P.	FOREIGNUS	CJ	\$534,938	\$534,938
2	ACM LUSA POS (CAYMAN) I L.P.	98-1528894	CJ	\$36,974	\$36,974

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

, 2020, and ending DEC 31

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning JAN 1

Attachment Sequence No. **865**

2020

Name of person ming this return					3-556339		ſ
AMERICAN JEWISH COMMITTEE, INC	•						
Filer's address (if you aren't filing this form with yo	ur tax return)	A Category	of filer (see Categories of	of Filers in the	e instructions	and check ap	plicable box(es)):
		1 [2	3	X	4	
		B Filer's tax beginning	year JAN 1	, 202	20 , and end	ing DEC	31 , 2020
C Filer's share of liabilities; Nonrecourse \$	9,659. Qualified no	nrecourse financi	ng \$		Other	\$	
D If filer is a member of a consolidated group but							
Name	•		·	EIN			
Address							
E Check if any excepted specified foreign financial	assets are reported on this forr	n. See instruction	s				
F Information about certain other partners (see in	structions)						
					(4)	Check applica	able box(es)
(1) Name	(2) Address		(3) Identification i	number	Category 1	Category 2	Constructive owner
G1 Name and address of foreign partnership					2(a) EIN	(if any)	
ATALAYA ASSET INCOME FUND (CAYMAN) IV LP				9	8-139778	31
					2(b) Refe	rence ID nu	ımber
ONE ROCKEFELLER PLAZA, 32ND FLOOR							
NEW YORK, NY 10020					3 Country	under who	se laws organized
District District Line	Distribution	I Branch III	···		CAYMAN		
4 Date of 5 Principal place of business OTHER COUNTRY	6 Principal business activity code numbe 523900	7 Principal bus activity INVESTING		8a curre	tional ncy	8b (see i	ange rate nstructions) 1,00000
		THATTING	ľ	עפּט		<u> </u>	1.00000
H Provide the following information for the foreign		O Chook if th	ha faraian nartnarah	in must fil	lo:		
1 Name, address, and identification number of ag ATALAYA CAPITAL MANAGEMANT LP	ent (ii any) in the United States		he foreign partnersh	7		7 Form 10	CE
ONE ROCKEFELLER PLAZA, 32ND FLOOR			orm 1042	Form 88	٠	_ Form 10	33
NEW YORK, NY 10020		E-FILE	enter where Form 1	ooo is illec	۱.		
3 Name and address of foreign partnership's ager	at in country of organization, if a		address of person(s) wit , and the location of suc	h custody of	the books and	d records of th	ne foreign
3 Name and address of foreign partnership's ager	it in country or organization, if a	partnership,	, and the location of suc	n books and	records, if dif	terent	
5 During the tax year, did the foreign partnershi	ip pay or accrue any interest or i	rovalty for which o	one or more partner				
aren't allowed a deduction under section 267/		, ,			•	Yes	X No
If "Yes," enter the total amount of the disallow						\$	
6 Is the partnership a section 721(c) partnershi					_	Yes	X No
7 Were any special allocations made by the fore	• •	() ()	, , , , , , , , , , , , , , , , , , , ,			Yes	X No
8 Enter the number of Forms 8858, Information	Return of U.S. Persons With Ro	espect to Foreign	Disregarded Entities	······································			
(FDEs) and Foreign Branches (FBs), attached					•		
9 How is this partnership classified under the la					PARTNER	SHIP	
10 a Does the filer have an interest in the foreign p							
separate unit under Reg. 1.1503(d)-1(b)(4) or	r part of a combined separate ur	nit under Reg. 1.15	503(d)-1(b)(4)(ii)?	If "No,"			
11 11 101		_			•	Yes	X No
b If "Yes," does the separate unit or combined s							
D 1.1500(1) 1(1)(5)(1)(0)	<u>'</u>	·			•	Yes	☐ No
11 Does this partnership meet both of the follow)			-	_
1. The partnership's total receipts for the tax	•						
2. The value of the partnership's total assets		ss than \$1 million	ı.			Yes	No No
If "Yes," don't complete Schedules L, M-1, and	•						
LHA For Privacy Act and Paperwork Reduction	Act Notice, see the separate in	structions		_		_	Form 8865 (2020)

Form 88	65 (20	020)	AME	RICAN JEWISH COMMITTI	EE, INC	۲ ٠ •				13	-5563393		Page 2	
							nder section 2	50) with res	spect to					
	Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?										Yes	X	No	
b			ter the a											
		-		with or by the foreign partnersh			•	`	,					
	eligible income (FDDEI)													
C				mount of gross income derived										
	filer included in its computation of FDDEI													
d	If "Ye	s," en	ter the a											
	If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI									🕨	·			
13	Enter	the n	umber (
	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest the partnership or of receiving a distribution from the partnership										·			
14				the tax year were any transfers										
	requirements of Regulations section 1.707-8?									>	► Yes	X	No	
15 a	Were there any transfers of property or money within a 2-year period between the partnership and any of its partners													
	that v	would	require											
	amou	ınt or	value of	>	► Yes	X	No							
b	Did th	he par	tnership	assume a liability or receive p	roperty su	bject to a liability where su	ch liability was	incurred by	a partner w	ithin				
	a 2-y	ear pe	eriod of	transferring the property to the	partnersh	ip? If "Yes," attach a statem	ent identifying	the propert	y transferred	l,				
				ie of each transfer, the debt ass						<u> </u>	Yes Yes	X	No	
Sign Here if You're F				s of perjury, I declare that I have exam mplete. Declaration of preparer (other		, , , ,		,	,		,			
This Form	ı Ĭ	000	,	mpioto. Documento i propertir (ettici	man gonon	pa	any mamban, 10 s					.ooago.		
Separately Not With \														
Tax Returi	n.		Signatur	e of general partner or limited liability								Date		
Paid		Print/1	ype prep	arer's name	Prepar	rer's signature		Date	Chec	k] if PTIN			
Prepa	arer								self-e	employe	d			
Use	Į	Firm'	s name	•				Firm's EI	N 📐					
Only		Firm'	s addres	ss >					Phone no).				
Sche	dule	Α		onstructive Ownership		-					-			
				ox b , enter the name, add		· · ·	tification nu	ımber (if a	any) of the	e pers	on(s) who	se		
			in	terest you constructively	own. S	ee instructions.								
			a	X Owns a direct interest		b	Owns a	constructive	e interest					
Name						Address		Identification number (if an			Check if foreign	Check if direct		
					ļ					person	partner			
					ļ									
			_		<u></u>									
Sche	dule	A-1	С	ertain Partners of Forei	gn Part	nership (see instruc	tions)						Check if	
Name						Address	Identification number (i			(if any)				
												person		
INFORMATION AVAILABLE UPON						REQUEST								
			_		L									
Sche	dule	A-2	F	oreign Partners of Secti	on 721		instruction							
Name of foreign partner		gn	Address			Country of organization	ayer number	Check if related U.S. transfero						
ра	rtilei					(if any)	(if an	y)	U.S. trans	ieror	Capital	F	Profits	
												%	%	
												%	%	
				iny other foreign person as a di	<u> </u>					<u> </u>	Yes		No	
Sche	dule	A-3		ffiliation Schedule. List			omestic) in v	which the	toreign p	artne	rship own:	S		
			a	direct interest or indirect	ıy owns	a 10% interest.							lo:	
Name				Name		Address		EIN (if any)		Total ordinary				
ivallie								(if any)		income or loss		Check foreigr partner ship		
INFORMATION AVAILABLE UPON						REQUEST								

Form **8865** (2020)

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Name of transferor AMERICAN JEWISH COMMITTEE INC.									Filer's identifying number 13-5563393					
Name of foreign p		er (see instr)												
b If "Yes," wa2 Was any in	s the gain deferral tangible property t	method app ransferred o	olied to avoi	d the recogniti or anticipated t	on of o	Regulations section gain upon the contri to the time of the tra 1.482-7(c)(1)?	bution of p nsfer or at	oroperty? any	ee instructions		Yes Yes	X No No		
Part I Tr	ansfers Reportab	le Under Se	ction 6038E	3										
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) Irket value of transfer		(d) Cost or other basis		e) y period	(f) Section 704 allocation met		Gain re	g) cognized ansfer		
Cash	12/31/20		2	08,125.										
Stock, notes receivable and payable, and other securities														
Inventory														
Tangible property used in trade or business														
Intangible property described in section 197(f)(9) Intangible														
property, other than intangible property described in section 197(f)(9)														
Other property														
	ansferor's percent	_			fore th	e transfer	.2540	%	(b) After	the transfe	r	.2500 %		
Supplemental Int	ormation Require	а то ве кер	orted (see	instructions).										
Part II Di	spositions Report	table Under	Section 60	38B										
(a) Type of property	(b) Date of original transfer		(c) (d) Date of Manner of isposition disposition		(e) Gain recognized by partnership		(f) Depreciation recapture recognized by partnership		(g) Gain alloca to partne		(h) Depreciation recapture allocated to partner			
Part III Is	any transfer repor	rted on this :	schedule su	bject to gain r	ecogni	tion under section 9	004(f)(3) oı	r section 904(f)(5)(F)?	> [Yes	X No		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule 0 (Form 8865) 12-2018