

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2014, or tax year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2014**

Department of the Treasury  
Internal Revenue Service

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

Employer identification number

AMERICAN JEWISH COMMITTEE

13-5563393

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). 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	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	54,782,673
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration of Officer**


- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke 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.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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.

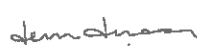
Sign Here  | 8/13/15 | CFO  
Signature of officer | Date | Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature 	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEVIN L. DUNCAN		8/11/15		P01249521
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	13-5565207
	Firm's address ▶ 345 PARK AVENUE, NEW YORK, NY 10154-0102			Phone no.	(212)758-9700

# Return of Organization Exempt From Income Tax

## 2014

**Open to Public Inspection**

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2014 calendar year, or tax year beginning <b>2014</b> , and ending <b>20</b>																																																								
<b>B</b> Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td colspan="2">C Name of organization <b>AMERICAN JEWISH COMMITTEE</b></td> <td style="width: 15%;">D Employer identification number</td> <td><b>13-5563393</b></td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td colspan="2">Doing business as</td> <td>E Telephone number</td> <td><b>(212) 751-4000</b></td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td colspan="2">G Gross receipts \$ <b>57,530,985</b></td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td colspan="2"><b>165 EAST 56TH STREET</b></td> <td colspan="2">H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td colspan="2">H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td colspan="2"><b>NEW YORK, NY 10022-2709</b></td> <td colspan="2">If "No," attach a list. (see instructions)</td> </tr> <tr> <td></td> <td colspan="2">F Name and address of principal officer: <b>DAVID A HARRIS</b></td> <td colspan="2">H(c) Group exemption number ▶</td> </tr> <tr> <td></td> <td colspan="2"><b>165 EAST 56TH STREET, NEW YORK, NY 10022-2709</b></td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="2">J Website: ▶ <b>WWW.AJC.ORG</b></td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td colspan="2">L Year of formation: <b>1906</b> M State of legal domicile: <b>NY</b></td> </tr> </table>	<input type="checkbox"/> Address change	C Name of organization <b>AMERICAN JEWISH COMMITTEE</b>		D Employer identification number	<b>13-5563393</b>	<input type="checkbox"/> Name change	Doing business as		E Telephone number	<b>(212) 751-4000</b>	<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		G Gross receipts \$ <b>57,530,985</b>		<input type="checkbox"/> Final return/terminated	<b>165 EAST 56TH STREET</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Application pending	<b>NEW YORK, NY 10022-2709</b>		If "No," attach a list. (see instructions)			F Name and address of principal officer: <b>DAVID A HARRIS</b>		H(c) Group exemption number ▶			<b>165 EAST 56TH STREET, NEW YORK, NY 10022-2709</b>					I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					J Website: ▶ <b>WWW.AJC.ORG</b>					K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <b>1906</b> M State of legal domicile: <b>NY</b>	
<input type="checkbox"/> Address change	C Name of organization <b>AMERICAN JEWISH COMMITTEE</b>		D Employer identification number	<b>13-5563393</b>																																																				
<input type="checkbox"/> Name change	Doing business as		E Telephone number	<b>(212) 751-4000</b>																																																				
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		G Gross receipts \$ <b>57,530,985</b>																																																					
<input type="checkbox"/> Final return/terminated	<b>165 EAST 56TH STREET</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																					
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
<input type="checkbox"/> Application pending	<b>NEW YORK, NY 10022-2709</b>		If "No," attach a list. (see instructions)																																																					
	F Name and address of principal officer: <b>DAVID A HARRIS</b>		H(c) Group exemption number ▶																																																					
	<b>165 EAST 56TH STREET, NEW YORK, NY 10022-2709</b>																																																							
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																							
	J Website: ▶ <b>WWW.AJC.ORG</b>																																																							
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <b>1906</b> M State of legal domicile: <b>NY</b>																																																					

### Part I Summary

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>AJC'S MISSION IS TO ENHANCE THE WELLBEING OF THE JEWISH PEOPLE AND ISRAEL, AND TO ADVANCE HUMAN RIGHTS AND DEMOCRATIC VALUES IN THE UNITED STATES AND AROUND THE WORLD.</b>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24	
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	288	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1,856	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	47,478	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	51,994,897	48,355,580
<b>9</b>		Program service revenue (Part VIII, line 2g)	405	3,745	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,652,739	4,610,697	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,051,690	1,812,651	
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,699,731	54,782,673	
Expenses		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	285,024	670,811
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	26,621,130	27,276,908
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	273,407	393,766
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>7,154,458</b>		
		<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,380,257	17,868,374
		<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	43,559,818	46,209,859
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	12,139,913	8,572,814	
	<b>20</b>	Total assets (Part X, line 16)	156,195,599	164,079,450	
	<b>21</b>	Total liabilities (Part X, line 26)	32,727,052	43,050,687	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	123,468,547	121,028,763	

### Part II Signature Block

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

<b>Sign Here</b>		Date <b>8/13/15</b>
	Signature of officer	
	<b>RICHARD HYNE, CFO</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>DEVIN L. DUNCAN</b>		<b>8/11/15</b>		<b>P01249521</b>
	Firm's name ▶ <b>KPMG LLP</b>	Firm's EIN ▶ <b>13-5565207</b>			
	Firm's address ▶ <b>345 PARK AVENUE, NEW YORK, NY 10154-0102</b>	Phone no. <b>(212) 758-9700</b>			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: AJC'S MISSION IS TO ENHANCE THE WELLBEING OF THE JEWISH PEOPLE AND ISRAEL, AND TO ADVANCE HUMAN RIGHTS AND DEMOCRATIC VALUES IN THE UNITED STATES AND AROUND THE WORLD. ADDITIONAL INFORMATION ON AJC'S MISSION IS AVAILABLE IN AJC'S ANNUAL REPORT, WHICH CAN BE FOUND ON AJC'S WEBSITE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 14,042,419 including grants of \$ 419,587 ) (Revenue \$ 3,745 ) INTERNATIONAL RELATIONS: AJC IS THE GLOBAL JEWISH ADVOCACY ORGANIZATION, WITH UNPARALLELED ACCESS TO DIPLOMATS, GOVERNMENT OFFICIALS, AND RELIGIOUS LEADERS AROUND THE WORLD IN ORDER TO AFFECT PUBLIC POLICIES OF CONCERN TO THE JEWISH PEOPLE. AJC MAINTAINS INTERNATIONAL INSTITUTES THAT COORDINATE ITS ADVOCACY THROUGHOUT THE WORLD, INCLUDING AFRICA, EUROPE, LATIN AMERICA AND ASIA. INSTITUTE AND INTERNATIONAL PROFESSIONALS ARE EXPERTS IN THEIR FIELDS AND WORK ACROSS NATIONAL BOUNDARIES WITH ELECTED OFFICIALS, DIPLOMATS AND OTHER SECTORS. INSTITUTE AND INTERNATIONAL OFFICE PROFESSIONALS ALSO BUILD COALITIONS WITH FAITH, COMMUNITY AND OPINION LEADERS TO PROMOTE GREATER UNDERSTANDING AND DIALOGUE, BOTH IN THE COUNTRIES IN WHICH THEY WORK TO NEARBY COUNTRIES, THROUGH EXCHANGE PROGRAMS, AND THROUGH THEIR COORDINATION OF SUCH PROGRAMS AS AJC'S PROJECT INTERCHANGE (EDUCATIONAL SEMINARS IN ISRAEL). THESE ACTIVITIES INCLUDE: (1) EU - HEZBOLLAH CAMPAIGN: AJC PLAYED A KEY ROLE IN THE EUROPEAN UNION'S UNANIMOUS 2014 DECISION TO DESIGNATE THE "MILITARY WING" OF (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 13,426,274 including grants of \$ 148,775 ) (Revenue \$ ) REGIONAL OFFICES AND LOCAL ADVOCACY: AJC MAINTAINS MORE THAN 20 REGIONAL OFFICES THROUGHOUT THE U.S. THE OFFICES ESTABLISH KEY RELATIONSHIPS WITH PUBLIC OFFICIALS, CONGRESSIONAL REPRESENTATIVES AND LOCAL REPRESENTATIVES OF FOREIGN AND LOCAL GOVERNMENTS, INTER-RELIGIOUS AND INTER-GROUP ORGANIZATIONS IN ORDER TO BUILD BRIDGES AND CREATE DIVERSE COALITIONS AND MOBILIZE THE JEWISH COMMUNITY ON AJC'S PRIORITY ISSUES. IN 2014, THESE ISSUES INCLUDE: COMBATTING IRAN'S NUCLEAR AMBITIONS, AFFIRMING ISRAEL'S PLACE IN THE WORLD, AND GLOBAL ANTI-SEMITISM.

4c (Code: ) (Expenses \$ 3,070,105 including grants of \$ 27,517 ) (Revenue \$ ) STRATEGIC COMMUNICATIONS AND PUBLIC RELATIONS: ANOTHER KEY TO AJC'S RELENTLESS OUTREACH: MULTI-PLATFORM, MULTI-LINGUAL MEDIAEFFORTS. USING A RANGE OF TRADITIONAL AND NEW MEDIA TOOLS, AJC COMMUNICATES NATIONALLY AND GLOBALLY ITS ANALYSIS OF KEY POLITICAL EVENTS, OPPOSITION TO ANTI-SEMITISM, SUPPORT FOR ISRAEL AND THE JEWISH PEOPLE, AND NEED TO PREVENT A NUCLEAR IRAN. ONE MARKER OF AJC'S PIONEERING MULTIMEDIA EFFORTS IS OUR SOCIAL MEDIA OUTREACH. THIS ASPECT OF OUR PUBLIC RELATIONS CAMPAIGN CONTINUES TO GROW IN IMPORTANCE - WITH MORE THAN 160,000 FACEBOOK FOLLOWERS AND A TOTAL OF 105,000 FOLLOWERS ACROSS OUR TWITTER ACCOUNTS IN FOUR LANGUAGES. AJC STRIVES TO CONVERT OUR SOCIAL MEDIA FOLLOWERS AND EMAIL CONSTITUENTS INTO ACTIVE ADVOCATES. AJC'S ONLINE ACTION CENTER ALLOWS INDIVIDUALS TO CONTACT ELECTED OFFICIALS REGARDING PENDING POLICY MATTERS (E.G., SUPPORT FOR A HOUSE RESOLUTION TO CONDEMN AND COUNTER THE RISE OF ANTI-SEMITISM IN EUROPE OR TO ADVOCATE INCREASED FUNDING FOR THE LIFE-SAVING IRON DOME MISSILE DEFENSESYSTEM) OR SIGN (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,343,774 including grants of \$ 74,932 ) (Revenue \$ 1,082,808 )

4e Total program service expenses 34,882,572

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	✓	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>	✓	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
<b>33</b> 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, Part I . . . . .</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	✓	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
	<b>1a</b> <span style="float: right;">140</span>		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> <span style="float: right;">0</span>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	
<b>2a</b>	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		
	<b>2a</b> <span style="float: right;">288</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<input checked="" type="checkbox"/>	
	<b>2b</b> <span style="float: right;">288</span>		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<input checked="" type="checkbox"/>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> <u>BE, GM, IS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b> <span style="float: right;">[ ]</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b> <span style="float: right;">[ ]</span>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b> <span style="float: right;">[ ]</span>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b> <span style="float: right;">[ ]</span>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b> <span style="float: right;">[ ]</span>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b> <span style="float: right;">[ ]</span>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b> <span style="float: right;">[ ]</span>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b> <span style="float: right;">[ ]</span>	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . .	<b>13b</b> <span style="float: right;">[ ]</span>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b> <span style="float: right;">[ ]</span>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b> <span style="float: right;">[ ]</span>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b> <span style="float: right;">[ ]</span>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	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? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<input checked="" type="checkbox"/>	
<b>10b</b>	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?	<input checked="" type="checkbox"/>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► AL, AK, AZ, AR, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
DANIEL GOLDWATER CONTROLLER, 165 EAST 56TH STREET, NEW YORK, NY 10022-2709, (212)891-1473, FAX: (212)750-0326



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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID HARRIS EXECUTIVE DIRECTOR	60 0.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,085,393	0	369,565
(2) STANLEY BERGMAN PRESIDENT	20 0.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(3) RICHARD L BERKMAN CHAIR, BOARD OF GOVERNORS	10 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(4) NED DUBILO TREASURER/SECRETARY	10 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(5) HENRY DUBINSKY CHAIR, AUDIT COMMITTEE	5 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(6) MARVIN ISRAELOW CHAIR PROGRAM COORD CMTTEE	5 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(7) SUZANNE DENBO JAFFE ASST TREASURER/CHAIR BUDGET	5 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(8) ALAN MELAMED CHAIR, MARKETING & COMMUNICATIONS	5 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(9) KIM PIMLEY CHAIR, LEADERSHIP DEVELOPMENT	5 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(10) JOHN M SHAPIRO CHAIR, BOARD OF TRUSTEES	5 0.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(11) MICHAEL TICHNOR CHAIR, REGIONAL OFFICES	5 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(12) ROY J ZUCKERBERG ASST CHAIR, BOARD OF TRUSTEES	3 0.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(13) RENE PIERRE AZRIA EC MEMBER	2 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(14) ROBERTA BARUCH EC MEMBER	2 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MATTHEW BRONFMAN EC MEMBER	2 0	<input checked="" type="checkbox"/>						0	0	0
(16) MICHAEL GOULD EC MEMBER	2 0.01	<input checked="" type="checkbox"/>						0	0	0
(17) CAROL GOWN CHAIR, NATIONAL POLICY	5 0	<input checked="" type="checkbox"/>						0	0	0
(18) DAVID INLANDER CHAIR, INTERRELIGIOUS AFFAIRS	5 0	<input checked="" type="checkbox"/>						0	0	0
(19) MARTIN KRALL CHAIR, RISK OVERSIGHT COMMITTEE	5 0	<input checked="" type="checkbox"/>						0	0	0
(20) KENNETH R LEVINE EC MEMBER	2 0	<input checked="" type="checkbox"/>						0	0	0
(21) LINDA MIRELS EC MEMBER	2 0	<input checked="" type="checkbox"/>						0	0	0
(22) JOEL R MOGY CHAIR, GOVERNANCE COMMITTEE	5 0.01	<input checked="" type="checkbox"/>						0	0	0
(23) ALLAN J REICH CHAIR, INTL RELATIONS	5 0	<input checked="" type="checkbox"/>						0	0	0
(24) HARRIET SCHLEIFER EC MEMBER	2 0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								1,085,393	0	369,565
<b>c Total from continuation sheets to Part VII, Section A</b>								2,916,689	0	411,073
<b>d Total (add lines 1b and 1c)</b>								4,002,082	0	780,638

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 64**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AB DATA, PO BOX 170062, MILWAUKEE, WI 53217	MAIL FULFILLMENT	793,712
PERFECT BUILDING MAINTENANCE, 360 LEXINGTON AVENUE, NEW YORK, NY 10017	BUILDING CLEANING SERVICE	324,425
MEIR ELECTRIC, 423 EAST 78TH STREET, NEW YORK, NY 10075	BLDG UPGRADES	299,000
PROSKAUER ROSE LLP, 11 TIMES SQUARE, NEW YORK, NY 10036	LEGAL SERVICES	293,083
UNIVERSAL PROTECTION SERVICE LLC., P O BOX 402836, ATLANTA, GA 30384-2836	BLDG SECURITY	274,433

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 11**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 131,659				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 1,855,550				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 18,284,495				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 16,253				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 28,067,623				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	4,646,501				
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶ 48,355,580				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> SALES OF PUBLICATIONS	511190	3,745	3,745		
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue .		0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .	▶ 3,745					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶ 675,693		47,478	628,215	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . .	▶				
	<b>6a</b> Gross rents . . . . .	(i) Real	1,217,780			
		(ii) Personal				
		<b>b</b> Less: rental expenses	167,779			
		<b>c</b> Rental income or (loss)	1,050,001	0		
	<b>d</b> Net rental income or (loss) . . . . .	▶ 1,050,001			1,050,001	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	4,572,255			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	637,251			
		<b>c</b> Gain or (loss) . . . . .	3,935,004	0		
	<b>d</b> Net gain or (loss) . . . . .	▶ 3,935,004			3,935,004	
	<b>8a</b> Gross income from fundraising events (not including \$ 18,284,495 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	1,623,124			
		<b>b</b> Less: direct expenses . . . . .	1,943,282			
		<b>c</b> Net income or (loss) from fundraising events . ▶	(320,158)			(320,158)
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less: direct expenses . . . . .						
<b>c</b> Net income or (loss) from gaming activities . . ▶		0	0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .					
	<b>c</b> Net income or (loss) from sales of inventory . . ▶	0	0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> SPONSORSHIP & REGISTRATION FEES	900099	1,082,808	1,082,808			
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue . . . . .		0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .	▶ 1,082,808					
<b>12 Total revenue.</b> See instructions. . . . .	▶ 54,782,673	1,086,553	47,478	5,293,062		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	356,409	356,409		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	314,402	314,402		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,624,176	2,183,438	720,543	720,195
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	18,131,843	13,785,481	973,953	3,372,409
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	495,916	257,877	163,652	74,387
<b>9</b> Other employee benefits . . . . .	3,715,876	3,009,877	33,243	672,756
<b>10</b> Payroll taxes . . . . .	1,309,097	903,277	209,455	196,365
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	603,323	366,882	161,182	75,259
<b>c</b> Accounting . . . . .	213,855	111,205	70,572	32,078
<b>d</b> Lobbying . . . . .	17,356	17,356		
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	393,766			393,766
<b>f</b> Investment management fees . . . . .	310,673	237,142	49,558	23,973
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,942,639	1,357,944	424,743	159,952
<b>12</b> Advertising and promotion . . . . .	924,933	890,772	6,581	27,580
<b>13</b> Office expenses . . . . .	2,971,185	2,013,314	478,385	479,486
<b>14</b> Information technology . . . . .	848,813	531,447	191,171	126,195
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,074,644	1,661,301	148,045	265,298
<b>17</b> Travel . . . . .	1,677,693	1,564,080	31,091	82,522
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	57,936	57,936		
<b>19</b> Conferences, conventions, and meetings . . . . .	4,865,566	4,520,876	86,003	258,687
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,129,854	587,622	372,785	169,447
<b>23</b> Insurance . . . . .	229,904	153,934	51,867	24,103
<b>24</b> 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.)				
<b>a</b> -----				
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	46,209,859	34,882,572	4,172,829	7,154,458
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	831,140	437,374		393,766

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	18,949,992	<b>1</b>	22,520,586
	<b>2</b> Savings and temporary cash investments . . . . .	6,323,286	<b>2</b>	4,500,191
	<b>3</b> Pledges and grants receivable, net . . . . .	18,718,252	<b>3</b>	22,027,119
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	585,141	<b>9</b>	1,233,006
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 26,931,850		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 20,387,688	7,155,175	<b>10c</b> 6,544,162
	<b>11</b> Investments—publicly traded securities . . . . .	33,206,787	<b>11</b>	37,030,412
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	68,287,164	<b>12</b>	67,078,163
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,969,802	<b>15</b>	3,145,811
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	156,195,599	<b>16</b>	164,079,450	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,598,709	<b>17</b>	3,824,566
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	823,867	<b>19</b>	1,252,656
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	27,304,476	<b>25</b>	37,973,465
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	32,727,052	<b>26</b>	43,050,687
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	19,567,583	<b>27</b>	12,320,943
	<b>28</b> Temporarily restricted net assets . . . . .	43,863,516	<b>28</b>	48,532,708
	<b>29</b> Permanently restricted net assets . . . . .	60,037,448	<b>29</b>	60,175,112
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	123,468,547	<b>33</b>	121,028,763
<b>34</b> Total liabilities and net assets/fund balances . . . . .	156,195,599	<b>34</b>	164,079,450	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,782,673
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	46,209,859
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,572,814
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	123,468,547
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(1,983,214)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	(9,029,384)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	121,028,763

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
<b>b</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.		

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) DOV S ZAKHEIM ----- CHAIR, CONTEMP JEWISH LIFE	5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
(26) VICTORIA SCHONFELD ----- CHIEF OPERATING OFFICER	50 ----- 0.01			<input checked="" type="checkbox"/>				335,204	0	22,390
(27) RICK HYNE ----- CHIEF FINANCIAL OFFICER	45 ----- 0.01			<input checked="" type="checkbox"/>				252,281	0	35,905
(28) JULIE SCHAIR ----- DIR OF RESOURCE DEVELOPMENT	45 ----- 0.01				<input checked="" type="checkbox"/>			248,938	0	41,805
(29) JANET BECKER ----- DIR, STRATEGIC IMPLEMENTATION & HR	45 ----- 0				<input checked="" type="checkbox"/>			235,731	0	36,289
(30) JASON ISAACSON ----- ASSISTANT EXEC DIR/DIR, OGIA	45 ----- 0				<input checked="" type="checkbox"/>			233,670	0	36,373
(31) STEVEN BAYME ----- DIR, CONTEMPORARY JEWISH LIFE	40 ----- 0				<input checked="" type="checkbox"/>			226,926	0	31,610
(32) MARC D. STERN ----- GENERAL COUNSEL	45 ----- 0.01				<input checked="" type="checkbox"/>			186,660	0	37,729
(33) DANIEL ELBAUM ----- ASST EXECUTIVE DIR FOR REGIONAL OFFICES	45 ----- 0				<input checked="" type="checkbox"/>			199,234	0	8,473
(34) RABBI DAVID ROSEN ----- INTERNATIONAL DIRECTOR OF INTERRELIGIOUS AFFAIRS	40 ----- 0					<input checked="" type="checkbox"/>		216,612	0	31,769
(35) LISA HOFF ----- NAT'L DIRECTOR, DIRECT MAIL & MEMBERSHIP THRU JUNE 23, 2014	40 ----- 0					<input checked="" type="checkbox"/>		226,570	0	13,682
(36) ROBERT LEIKIND ----- REGIONAL DIRECTOR, AJC BOSTON	40 ----- 0					<input checked="" type="checkbox"/>		185,439	0	41,167
(37) DINA SIEGEL VANN ----- DIRECTOR, BILLA	40 ----- 0					<input checked="" type="checkbox"/>		188,216	0	37,097
(38) MICHAEL GILBERT ----- DIRECTOR REGIONAL OFFICE ADVANCEMENT	40 ----- 0					<input checked="" type="checkbox"/>		181,208	0	36,784



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

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**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>AMERICAN JEWISH COMMITTEE</b>	Employer identification number <b>13-5563393</b>
--	---

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

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

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	38,688,087	40,008,034	44,364,867	51,994,897	48,355,580	223,411,465
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	38,688,087	40,008,034	44,364,867	51,994,897	48,355,580	223,411,465
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						4,379,521
<b>6 Public support.</b> Subtract line 5 from line 4.						219,031,944

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	38,688,087	40,008,034	44,364,867	51,994,897	48,355,580	223,411,465
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,084,658	1,677,754	1,677,559	1,374,954	1,893,473	7,708,398
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	627,348	0	0	0	0	627,348
<b>11 Total support.</b> Add lines 7 through 10						231,747,211
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	11,770,499
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	94.51 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	94.05 %
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**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 and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2014



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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013 . . . . .			
<b>e</b> Excess from 2014 . . . . .			

**Part VI**

Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A Part II Line 10						
Description	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Other Income	627,348					627,348

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2014**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN JEWISH COMMITTEE

Employer identification number

13-5563393

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> AMERICAN JEWISH COMMITTEE	<b>Employer identification number</b> 13-5563393
--	---

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 1,601,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 1,136,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 1,014,800	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 1,010,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 1,010,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> AMERICAN JEWISH COMMITTEE	<b>Employer identification number</b> 13-5563393
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> AMERICAN JEWISH COMMITTEE	<b>Employer identification number</b> 13-5563393
--	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STOCK ----- ----- -----	\$ 1,014,800	09/05/2014
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----



<b>Name of organization</b> AMERICAN JEWISH COMMITTEE	<b>Employer identification number</b> 13-5563393
--	---

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

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

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

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

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

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

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

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

Name of organization <b>AMERICAN JEWISH COMMITTEE</b>	Employer identification number <b>13-5563393</b>
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . . ▶

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

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

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

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		121,868
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		17,356
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			139,224
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**Part IV**

**Supplemental Information.** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	DURING 2014, AJC ATTEMPTED TO INFLUENCE STATE, FEDERAL, AND NATIONAL POLICY THROUGH DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, AND GOVERNMENT OFFICIALS AT THE STATE AND FEDERAL LEVEL. AJC STAFF AND LAY LEADERS HELD MEETINGS ON A REGULAR BASIS WITH THESE INDIVIDUALS. IN ADDITION TO CONTACTING FEDERAL AND STATE AGENCY OFFICIALS REGARDING EXISTING OR PENDING LEGISLATION, AJC'S ACTIVITIES FOCUSED PRINCIPALLY ON FOREIGN AFFAIRS LEGISLATION (INCREASED SANCTIONS ON IRAN AND SUPPORT FOR U.S.-ISRAEL COOPERATION), IMMIGRATION REFORM (SUPPORT OF COMPREHENSIVE REFORM), AMERICAN ENERGY SECURITY, CIVIL RIGHTS, CIVIL LIBERTIES, AND RELIGIOUS FREEDOM.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to 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 www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: AMERICAN JEWISH COMMITTEE; Employer identification number: 13-5563393

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with rows 1a-2 for questions regarding collections of art and historical treasures, including dollar amounts.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	80,436,448	72,205,956	67,488,681	71,782,880	62,355,767
<b>b</b> Contributions	484,827	1,329,561	1,279,459	2,092,734	4,533,038
<b>c</b> Net investment earnings, gains, and losses	1,923,814	10,552,814	6,556,809	(2,649,997)	7,653,684
<b>d</b> Grants or scholarships	405,072	305,024	806,693	487,660	525,580
<b>e</b> Other expenditures for facilities and programs	2,765,854	3,242,551	2,209,110	3,148,119	2,140,234
<b>f</b> Administrative expenses	112,898	104,308	103,190	101,157	93,795
<b>g</b> End of year balance	79,561,265	80,436,448	72,205,956	67,488,681	71,782,880

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ 73.68 %
- c** Temporarily restricted endowment ▶ 26.32 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		430,126		430,126
<b>b</b> Buildings		16,172,428	11,442,523	4,729,905
<b>c</b> Leasehold improvements		819,089	675,515	143,574
<b>d</b> Equipment		9,510,207	8,269,650	1,240,557
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,544,162

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) LONG/SHORT EQUITIES	20,839,908	END OF YEAR MARKET VALUE
(B) STATE OF ISRAEL BOND	43,077	END OF YEAR MARKET VALUE
(C) MULTISTRATEGY HEDGE FUND	18,731,047	END OF YEAR MARKET VALUE
(D) DEBT SECURITIES	3,760,955	END OF YEAR MARKET VALUE
(E) INVESTMENT FUNDS	23,703,176	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>67,078,163</b>	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED UNFUNDED PENSION LIABILITY	23,923,725
(3) SECURITY DEPOSITS	23,769
(4) CHARITABLE GIFT ANNUITY	1,922,514
(5) LEASE OBLIGATIONS	41,558
(6) OTHER RETIREMENT BENEFITS	5,538,276
(7) DUE TO THANKS TO SCANDINAVIA	6,523,623
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>37,973,465</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total revenue calculation shown.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total expenses calculation shown.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines for providing supplemental information.

**Part XIII**

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Identifier	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	INCOME FROM AJC'S ENDOWMENT FUNDS ARE USED TO PROVIDE A SOURCE OF ONGOING SUPPORT FOR ITS EXEMPT PURPOSES.
SCHEDULE D, PART X, LINE 1	ACCRUED UNFUNDED PENSION LIABILITY	ACCRUED UNFUNDED PENSION LIABILITY OF \$23,923,725 REPRESENTS THE EXCESS OF PENSION BENEFIT OBLIGATION OVER THE PENSION PLAN ASSETS. THIS BALANCE INCREASED BY \$9,732,413 FROM THE PRIOR YEAR DUE TO A COMBINATION OF A DECREASE IN INTEREST RATES (\$5.7M) AND THE CHANGE IN MORTALITY TABLES (\$4M) TO REFLECT PEOPLE ARE LIVING LONGER AND WILL THEREFORE COLLECT BENEFITS LONGER.
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	AJC HAS EVALUATED ITS TAX POSITIONS AND HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THAT IT WILL CONTINUE TO BE EXEMPT FROM FEDERAL AND STATE INCOME TAXES.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN JEWISH COMMITTEE

Employer identification number

13-5563393

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	4	21	PROGRAM SERVICES	ADVOCACY	2,639,164
(2) MIDDLE EAST AND NORTH AFRICA	1	9	PROGRAM SERVICES	ADVOCACY	1,169,298
(3) SOUTH ASIA	0	1	PROGRAM SERVICES	ADVOCACY	13,461
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0		GRANTMAKING		33,000
(5) MIDDLE EAST AND NORTH AFRICA	0		GRANTMAKING		269,402
(6) CENTRAL AMERICA AND THE CARIBBEAN	0		INVESTMENTS		22,453,073
(7) EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	ADVOCACY	47,459
(8) SOUTH AMERICA	0	1	PROGRAM SERVICES	ADVOCACY	56,534
(9) RUSSIA AND THE NEWLY INDEPENDENT STATES	0		GRANTMAKING		12,000
(10) RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	ADVOCACY	31,608
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	ADVOCACY	20,602
(12) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ADVOCACY	7,853
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	5	33			26,753,454
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	5	33			26,753,454

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	60,000	WIRE			
(2)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	50,000	WIRE			
(3)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	36,000	WIRE			
(4)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	25,000	WIRE			
(5)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	25,000	WIRE			
(6)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	23,402	WIRE			
(7)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	20,000	WIRE			
(8)			EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	20,000	WIRE			
(9)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	15,000	WIRE			
(10)			RUSSIA AND THE NEWLY INDEPENDENT STATES	GEN SUPPORT	12,000	WIRE			
(11)			MIDDLE EAST AND NORTH AFRICA	GEN SUPPORT	10,000	WIRE			
(12)			EUROPE (INCLUDING ICELAND AND GREENLAND)	GEN SUPPORT	8,000	WIRE			
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► 12

3 Enter total number of other organizations or entities . . . . . ►

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No



**Part V**

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Identifier	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	AJC'S GRANT RECIPIENTS CERTIFY THAT THE GRANTS WILL BE USED IN COMPLIANCE WITH ANY APPLICABLE UNITED STATES LAWS, STATUTES, REGULATIONS, RULES AND EXECUTIVE ORDERS, INCLUDING ALL ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, REGULATIONS, RULES AND EXECUTIVE ORDERS. NO FUNDS WILL BE USED IN PARTISAN FASHION TO SUPPORT OR OPPOSE CANDIDATES FOR PUBLIC OFFICE. IN MOST OF THE CASES AJC REQUIRES THE RECIPIENTS TO SUBMIT NARRATIVE AND FINANCIAL REPORTS.
SCHEDULE F, PART I, LINE 3	FOREIGN INVESTMENTS	AJC INVESTS IN SEVERAL ENTITIES THAT ARE LEGALLY DOMICILED IN FOREIGN JURISDICTIONS. THE 2014 END OF YEAR VALUE OF INVESTMENTS DOMICILED IN CENTRAL AMERICA/CARIBBEAN WAS 22,453,073.
SCHEDULE F, PART I, LINE 3	METHOD TO ACCOUNT FOR EXPENDITURES ON ORG' FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND THE NEWLY INDEPENDENT STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL
SCHEDULE F, PART II, LINE 1	METHOD TO ACCOUNT FOR EXPENDITURES ON ORG' FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL RUSSIA AND THE NEWLY INDEPENDENT STATES: ACCRUAL



**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to 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.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

AMERICAN JEWISH COMMITTEE

Employer identification number

13-5563393

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 AB DATA P O BOX 170062, MILWAUKEE 53217-8000	MAIL SOLICITATION & PRM ADVOCACY	✓		1,315,611	831,140	484,471
2 INTEGRATED MAIL INDUSTRIES 3450 W HOPKINS STREET, MILWAUKEE 53216-1700	MAIL SOLICITATION		✓	0	20,236	(20,236)
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				1,315,611	851,376	464,235

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DINNER EVENT	DINNER EVENT	43	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	2,426,585	2,316,438	15,164,596	19,907,619
	<b>2</b> Less: Contributions . . . . .	2,328,710	2,136,438	13,819,347	18,284,495
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	97,875	180,000	1,345,249	1,623,124
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .				0
	<b>7</b> Food and beverages . . . . .				0
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	146,364	191,054	1,605,864	1,943,282
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,943,282
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(320,158)	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**Part IV**

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

Return Reference	Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(V)	FUNDRAISING ACTIVITIES	AMOUNTS IN COLUMN (V) REPRESENT PAYMENTS TO PROFESSIONAL FUNDRAISERS FOR FUNDRAISING SERVICES AND REIMBURSEMENT OF FUNDRAISING EXPENSES, SUCH AS: PRINTING, PAPER, ENVELOPES, POSTAGE, ETC.
SCHEDULE G, PART II, LINE 9(B)	OTHER DIRECT FUNDRAISING EVENT EXPENSES	AJC REPORTS ALL EXPENDITURES RELATED TO ITS SPECIAL EVENT FUNCTIONS AS "OTHER DIRECT EXPENSES" ON SCHEDULE G, PART II, LINE 9. COSTS OF RUNNING THESE SPECIAL EVENTS ARE FREQUENTLY INVOICED AS ONE FEE BY THE VENDOR, SO THAT THE RENTAL, FOOD AND OTHER COSTS ARE BUNDLED AND FURTHER CATEGORIZATION ON SCHEDULE G, PART II IS NOT POSSIBLE. IT IS THEREFORE MORE ACCURATE TO COMBINE ALL THE EXPENSES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

13-5563393

AMERICAN JEWISH COMMITTEE

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> US COMMITTEE FOR HUMAN RIGHTS IN NORTH KOREA 1001 CONNECTICUT AVE NW, WASHINGTON, DC 20036	52-2345895	501(C)(3)	40,000				(SEE STATEMENT)
<b>(2)</b> FRANKLIN & ELEANOR ROOSEVELT INSTITUTE 570 LEXINGTON AVE, NEW YORK, NY 10022	23-7213592	501(C)(3)	29,000				(SEE STATEMENT)
<b>(3)</b> THE JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY BOX 62, NEW YORK, NY 10027	13-0887640	501(C)(3)	282,409				(SEE STATEMENT)
<b>(4)</b> .....							
<b>(5)</b> .....							
<b>(6)</b> .....							
<b>(7)</b> .....							
<b>(8)</b> .....							
<b>(9)</b> .....							
<b>(10)</b> .....							
<b>(11)</b> .....							
<b>(12)</b> .....							

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

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2014)



Part IV

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART II , COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	US COMMITTEE FOR HUMAN RIGHTS IN NORTH KOREA:  SUPPORT FOR IMPLEMENTATION OF THE RECOMMENDATION OF THE UN COMMISSION OF INQUIRY ON HUMAN RIGHTS IN THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA (NORTH KOREA), BY ENGAGING VARIOUS PROGRAMS AND PARTS OF THE UNITED NATIONS IN THE PROTECTION OF HUMAN RIGHTS.
SCHEDULE I, PART II , COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	FRANKLIN & ELEANOR ROOSEVELT INSTITUTE:  SUPPORT FOR A CONFERENCE AND PUBLICATION TO LAUNCH A NEW WOMEN'S RIGHTS INITIATIVE, WOMEN AND GIRLS RISING: HISTORICAL REFLECTIONS AND FUTURE PROSPECTS.
SCHEDULE I, PART II , COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	THE JEWISH THEOLOGICAL SEMINARY:  SUPPORT FOR CHARITABLE OR EDUCATIONAL PURPOSES WITH PREFERENCE TO PROGRAMS LOCATED IN THE NEW ENGLAND STATES.
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	AJC'S GRANT RECIPIENTS CERTIFY THAT THE GRANTS WILL BE USED IN COMPLIANCE WITH ANY APPLICABLE UNITED STATES LAWS, STATUTES, REGULATIONS, RULES AND EXECUTIVE ORDERS, INCLUDING ALL ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, REGULATIONS, RULES AND EXECUTIVE ORDERS. NO FUNDS WILL BE USED IN PARTISAN FASHION TO SUPPORT OR OPPOSE CANDIDATES FOR PUBLIC OFFICE. IN MOST OF THE CASES AJC REQUIRES THE RECIPIENTS TO SUBMIT NARRATIVE AND FINANCIAL REPORTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN JEWISH COMMITTEE

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Employer identification number

13-5563393

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input checked="" type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	1b ✓	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>	2 ✓	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p> <b>a</b> Receive a severance payment or change-of-control payment? . . . . .  <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .                      If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.                 </p>	4a ✓	4b ✓
	4c	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p> <b>a</b> The organization? . . . . .  <b>b</b> Any related organization? . . . . .                      If "Yes" to line 5a or 5b, describe in Part III.                 </p>	5a	5b ✓
	5b	✓
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p> <b>a</b> The organization? . . . . .  <b>b</b> Any related organization? . . . . .                      If "Yes" to line 6a or 6b, describe in Part III.                 </p>	6a	6b ✓
	6b	✓
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	7	✓
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	8	✓
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	9	



**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 in 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID HARRIS EXECUTIVE DIRECTOR	(i) 491,766	0	593,627	340,668	28,897	1,454,958	0
	(ii)	0	0	0	0	0	0	0
2	VICTORIA SCHONFELD CHIEF OPERATING OFFICER	(i) 335,204	0	0	7,800	14,590	357,594	0
	(ii)	0	0	0	0	0	0	0
3	RICK HYNE CHIEF FINANCIAL OFFICER	(i) 252,281	0	0	7,800	28,105	288,186	0
	(ii)	0	0	0	0	0	0	0
4	JULIE SCHAIR DIR OF RESOURCE DEVELOPMENT	(i) 248,074	0	864	7,750	34,055	290,743	0
	(ii)	0	0	0	0	0	0	0
5	JANET BECKER DIR, STRATEGIC IMPLEMENTATION & HR	(i) 232,206	0	3,525	7,248	29,041	272,020	0
	(ii)	0	0	0	0	0	0	0
6	JASON ISAACSON ASSISTANT EXEC DIR/DIR, OGIA	(i) 230,230	0	3,440	7,097	29,276	270,043	0
	(ii)	0	0	0	0	0	0	0
7	STEVEN BAYME DIR, CONTEMPORARY JEWISH LIFE	(i) 223,742	0	3,184	6,865	24,745	258,536	0
	(ii)	0	0	0	0	0	0	0
8	MARC D. STERN GENERAL COUNSEL	(i) 184,054	0	2,606	5,761	31,968	224,389	0
	(ii)	0	0	0	0	0	0	0
9	DANIEL ELBAUM ASST EXECUTIVE DIR FOR REGIONAL OFFICES	(i) 198,793	0	441	6,121	2,352	207,707	0
	(ii)	0	0	0	0	0	0	0
10	RABBI DAVID ROSEN INTERNATIONAL DIRECTOR OF INTERRELIGIOUS AFFAIRS	(i) 216,612	0	0	0	31,769	248,381	0
	(ii)	0	0	0	0	0	0	0
11	LISA HOFF NAT'L DIRECTOR, DIRECT MAIL & MEMBERSHIP THRU JUNE 23, 2014	(i) 73,886	0	152,684	1,811	11,871	240,252	0
	(ii)	0	0	0	0	0	0	0
12	ROBERT LEIKIND REGIONAL DIRECTOR, AJC BOSTON	(i) 182,857	0	2,582	5,637	35,530	226,606	0
	(ii)	0	0	0	0	0	0	0
13	DINA SIEGEL VANN DIRECTOR, BILLA	(i) 186,484	0	1,732	5,878	31,219	225,313	0
	(ii)	0	0	0	0	0	0	0
14	MICHAEL GILBERT DIRECTOR REGIONAL OFFICE ADVANCEMENT	(i) 179,583	0	1,625	5,481	31,303	217,992	0
	(ii)	0	0	0	0	0	0	0
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL	FIRST CLASS AIRLINE TICKETS ARE OCCASIONALLY BOOKED FOR DAVID HARRIS. AJC PAYS FOR ALL THE TRAVEL COSTS OF HIS WIFE WHO ACCOMPANIES DAVID HARRIS ON CERTAIN AJC TRIPS. AJC PURCHASED A TERM LIFE INSURANCE POLICY IN THE AMOUNT OF ONE MILLION DOLLARS ON THE LIFE OF DAVID HARRIS PAYABLE UPON HIS DEATH TO HIS BENEFICIARIES. ADDITIONALLY, DAVID HARRIS HAS ADDITIONAL SUPPLEMENTAL DISABILITY INCOME POLICIES THAT ARE PAID FOR BY AJC. THE ANNUAL AMOUNTS OF ALL THESE COSTS, WITH THE EXCEPTION OF FIRST CLASS AIRLINE TRAVEL FOR DAVID HARRIS, ARE INCLUDED IN HIS FORM W-2 AS TAXABLE COMPENSATION. AJC REIMBURSES DAVID HARRIS FOR A PORTION OF PROPERTY TAXES ON HIS WESTCHESTER HOME. \$24,598 WAS REIMBURSED IN 2014 AND INCLUDED IN HIS FORM W-2 AS TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	SEE RESPONSES TO LINE 1A ABOVE.
SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS	SEE RESPONSES TO LINE 1A ABOVE.
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	LISA HOFF RECEIVED \$151,813 AS A SEVERANCE PAYMENT.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	IN 2006, AS PER DAVID'S HARRIS' CONTRACT, AJC ESTABLISHED A SUPPLEMENTARY EXECUTIVE RETIREMENT PLAN, AND ACCORDINGLY, SCHEDULE J, PART II, COLUMN C INCLUDES THE 2014 CALENDAR YEAR'S ACCRUAL OF \$332,868.
SCHEDULE J, PART II, COLUMN (B)(III)	ACCRUED EXECUTIVE COMPENSATION	ON JANUARY 28, 2014, AJC'S EXECUTIVE COMPENSATION COMMITTEE AUTHORIZED A ONE-TIME PAYMENT TO THE EXECUTIVE DIRECTOR OF HIS ACCRUED VACATION AS OF DECEMBER 31, 2013, TOTALING \$538,144. THE BALANCE WAS ACCUMULATED AND ACCRUED FOR OVER MANY YEARS AND AS SUCH, FOR ACCOUNTING PURPOSES WAS NOT AN EXPENSE TO AJC IN 2014. THE PAYMENT CONSTITUTED TAXABLE INCOME TO THE EXECUTIVE DIRECTOR.
SCHEDULE J, PART II, COLUMN (C)	SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN	SEE RESPONSE TO LINE 4B ABOVE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN JEWISH COMMITTEE

Employer identification number

13-5563393

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	242	4,546,913	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .	✓	1	99,588	MARKET VALUE
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
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? . . . . .		✓
b If "Yes," describe in Part II.		
33 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.		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE M, PART I	EXPLANATIONS OF REPORTING METHOD FOR NUMBERS OF CONTRIBUTIONS	THE ORGANIZATION RECEIVED 242 SEPARATE GIFTS OF PUBLICLY TRADED SECURITIES AND 1 PARTNERSHIP INTEREST.

**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.

**2014**

Open to Public Inspection

Name of the Organization  
**AMERICAN JEWISH COMMITTEE**

Employer Identification Number  
**13-5563393**

Return Reference	Identifier	Explanation
FORM 990, PART I, LINE 10	INVESTMENT INCOME	UNREALIZED LOSSES OF (\$1,983,214) AND GAINS OF \$8,396,873 IN 2014 AND 2013, RESPECTIVELY WERE LOST/EARNED, BUT ARE NOT REQUIRED TO BE INCLUDED IN THIS LINE ITEM FOR FORM 990 PURPOSES.
FORM 990, PART III, LINE 4A	PROGRAM SERVICE DESCRIPTION	HEZBOLLAH A TERRORIST ORGANIZATION. THE DESIGNATION WILL HINDER THE GROUP'S ABILITY TO RAISE FUNDS, RECRUIT MEMBERS AND TRANSPORT OPERATIVES ACROSS THE CONTINENT. AFTER HEZBOLLAH BOMBED A BUS OF ISRAELI TOURISTS IN JULY 2012 IN BULGARIA, AJC DREW UPON ITS GLOBAL RESOURCES TO URGE THE EU TO ACT. AJC MOBILIZED ITS OFFICES WORLDWIDE AND, IN SCORES OF MEETINGS AND THROUGH GLOBAL MEDIA OUTLETS, BROUGHT THE ISSUE TO THE ATTENTION OF EUROPEAN LEADERS AND THE U.S. GOVERNMENT. (2) IRANIAN NUCLEAR THREAT: FOR MORE THAN 15 YEARS, IN ALMOST EVERY DIPLOMATIC AND FEDERAL GOVERNMENTAL ENCOUNTER ACROSS THE UNITED STATES AND AROUND THE GLOBE, AJC HAS WARNED OF THE PERILS POSED BY AN IRAN WITH NUCLEAR WEAPONS CAPABILITY. AJC SUPPORTS A DIPLOMATIC RESOLUTION TO IRAN'S NUCLEAR WEAPONS QUEST, AND APPLAUDS EFFORTS BY THE UNITED STATES AND OTHER NATIONS TO NEGOTIATE A SATISFACTORY DEAL. AT THE SAME TIME, AJC BACKS THE PREPARATION OF INTENSIFIED ECONOMIC SANCTIONS TO PUSH IRANIAN LEADERS TO MEET THEIR INTERNATIONAL OBLIGATIONS. (3) IN THE SUMMER OF 2014, AS EUROPEAN PROTESTS AGAINST ISRAEL'S ACTIONS IN GAZA TURNED VIOLENTLY ANTI-SEMITIC, AJC'S OFFICES IN BERLIN, PARIS, AND ROME HELPED COORDINATE AN UNPRECEDENTED STATEMENT BY THE FOREIGN MINISTERS OF FRANCE, GERMANY, AND ITALY THAT UNEQUIVOCALLY CONDEMNED ALL EXPRESSIONS OF ANTI-SEMITISM. THE STATEMENT READ, IN PART: "ANTI-SEMITIC RHETORIC AND HOSTILITY TOWARDS JEWS, ATTACKS ON PEOPLE OF THE JEWISH FAITH OR SYNAGOGUES HAVE NO PLACE IN OUR SOCIETIES. NOTHING, NOT EVEN THE DRAMATIC MILITARY CONFRONTATION IN GAZA, CAN JUSTIFY SUCH ACTS HERE IN EUROPE."
FORM 990, PART III, LINE 4C	PROGRAM SERVICE DESCRIPTION	SIGN ON TO AN AJC LETTER OR PETITION. THOUSANDS OF INDIVIDUALS TAKE ACTION WITH AJC ONLINE EACH MONTH. OTHER COMMUNICATION TOOLS AJC EMPLOYS INCLUDE PRESS RELEASES, OP-EDS IN NATIONAL AND INTERNATIONAL MEDIA, AJC STAFF EXPERTS' BLOGS AND ARTICLES PUBLISHED IN MAJOR MEDIA OUTLETS AND ONLINE, AS WELL AS OUR EXECUTIVE DIRECTOR'S REGULAR WEEKLY COMMENTARY ON THE NATIONAL CBS RADIO NETWORK, WHICH REACHES MILLIONS OF LISTENERS. DURING THE SUMMER AND FALL OF 2014, AMID THE WAR BETWEEN ISRAEL AND HAMAS IN GAZA AND A SURGE IN ANTI-SEMITIC ACTIVITIES IN EUROPE, MORE THAN 50 OP-EDS, INTERVIEWS, AND LETTERS BY AJC OFFICIALS WERE FEATURED IN MAJOR PUBLICATIONS, INCLUDING THE WALL STREET JOURNAL, EL PAIS, SUDDEUTSCHE ZEITUNG, THE HILL, THE BOSTON GLOBE, THE CHICAGO SUN TIMES, AND THE MIAMI HERALD. AJC EXPERTS ALSO APPEARED ON CNN, BBC, AND FOX, TO NAME JUST A FEW OUTLETS.
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$4,343,774.00 INCLUDING GRANTS OF \$74,932.00)(REVENUE \$1,082,808.00)  AJC'S 2014 PROGRAMMATIC ACTIVITIES INCLUDE: (1) NATIONAL POLICY: AJC ADVOCATES AT THE NATIONAL LEVEL ON LEGISLATIVE AND LEGAL ISSUES THAT AFFECT AJC'S ANNUAL PRIORITIES. ADVOCACY ACTIVITIES IN THE U.S. INCLUDE: MEETINGS WITH MEMBERS OF CONGRESS AND LOCAL OFFICIALS, FORMAL COMMENTS ON PENDING LEGISLATION, FILING OF "AMICUS CURIAE" BRIEFS IN LITIGATION, COALITION BUILDING WITH COMMUNITY AND OPINION LEADERS, WRITING OP-EDS, AND CREATING ONLINE PETITIONS. (2) INTERRELIGIOUS AND INTERGROUP RELATIONS: AJC BUILDS COALITIONS WITH LIKE-MINDED PARTNERS TO ADVANCE SHARED INTERESTS AND VALUES. THIS INCLUDES ADVOCATING, TOGETHER WITH INTERESTED PARTNERS, AGAINST ANTI-SEMITISM AND EXTREMISM, AND FOR THE WELLBEING OF THE JEWISH PEOPLE AND THE STATE OF ISRAEL (E.G., COMBATING PROPOSALS TO BOYCOTT ISRAEL). (3) CONTEMPORARY JEWISH LIFE: AJC STRIVES TO STRENGTHEN JEWISH CONTINUITY AND, AS PART OF THAT, TO DEEPEN TIES BETWEEN JEWS IN THE DIASPORA AND THE PEOPLE AND STATE OF ISRAEL.
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	AJC IS A MEMBERSHIP ORGANIZATION UNDER APPLICABLE NEW YORK NONPROFIT CORPORATION LAW, AND THE MEMBERS OF ITS BOARD OF GOVERNORS CONSTITUTES ITS CORPORATE MEMBERSHIP. IN 2010, AJC AMENDED ITS BY-LAWS; PRIOR TO THAT AMENDMENT, AJC'S NATIONAL LEADERSHIP COUNCIL CONSTITUTED ITS CORPORATE VOTING MEMBERSHIP. THE BOARD OF GOVERNORS ELECTS MEMBERS OF THE BOARD OF GOVERNORS, SEVERAL MEMBERS OF THE BOARD OF DIRECTORS (EXECUTIVE COUNCIL) AND APPROVES AJC POLICY AND THE ANNUAL BUDGET.
FORM 990, PART VI, LINE 7A	MEMBERS OR STOCKHOLDERS	SEE ABOVE.

Return Reference	Identifier	Explanation						
	ELECTING MEMBERS OF GOVERNING BODY							
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	SEE ABOVE.						
FORM 990, PART VI, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE RETURN WAS PREPARED BY AJC'S STAFF AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY AJC & IN CONSULTATION WITH AJC'S STAFF. THE DRAFT WAS THEN REVIEWED BY AJC'S AUDIT COMMITTEE, AND SUBSEQUENTLY PROVIDED TO AJC'S EXECUTIVE COUNCIL PRIOR TO FILING WITH THE IRS. PURSUANT TO AJC'S BYLAWS, THE EXECUTIVE COUNCIL CONSTITUTES AJC'S BOARD OF DIRECTORS AS THAT TERM IS USED IN THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW.						
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	AJC HAS WRITTEN CONFLICT OF INTEREST POLICIES COVERING ALL MEMBERS OF EXECUTIVE COUNCIL, OFFICERS, AND EMPLOYEES STIPULATING THAT NO INDIVIDUAL MAY PARTICIPATE IN A DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST, AND HE OR SHE MUST DISCLOSE ANY POTENTIAL CONFLICTS. ALL MEMBERS OF THE EXECUTIVE COUNCIL, OFFICERS, KEY EMPLOYEES WHO HAVE SIGNING AUTHORITY, AND OTHER EMPLOYEES ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE APPROPRIATE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND TO INDICATE WHETHER THE ORGANIZATION DOES BUSINESS WITH AN ENTITY IN WHICH THEY HAVE A MATERIAL FINANCIAL INTEREST. RESTRICTIONS IMPOSED ON PERSONS WITH A CONFLICT INCLUDE REFRAINING FROM PARTICIPATING IN DELIBERATIONS AND DISCUSSIONS, AS WELL AS ANY DECISION, RELATING TO THE ALLEGED CONFLICT.						
FORM 990, PART VI, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	IN 2011, AJC CONDUCTED A SALARY REVIEW OF EXECUTIVE DIRECTOR COMPENSATION, REVIEWING FAIR MARKET COMPARABLES FOR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE EXECUTIVE DIRECTOR'S MULTI-YEAR CONTRACT WAS REVIEWED AND APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE AND SUBSEQUENTLY APPROVED BY THE EXECUTIVE COUNCIL. A REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION IS CURRENTLY IN PROGRESS BY A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT DIRECTORS AS IS AN AGENCY WIDE SALARY REVIEW BY AN OUTSIDE CONSULTANT WHICH WILL ALSO REVIEW COMPENSATION OF KEY AND HIGHLY COMPENSATED EMPLOYEES. THE ORGANIZATION MAINTAINS RECORDS REGARDING THE COMPENSATION SETTING PROCESS. COMPENSATION OF OTHER KEY EMPLOYEES FOR THE PAST SEVERAL YEARS HAS BEEN TIED TO THE SALARY INCREASES NEGOTIATED WITH AJC'S LABOR UNIONS, EXCEPT FOR THOSE WHO HAVE RECEIVED PROMOTIONS AND/OR INCREASED RESPONSIBILITIES.						
FORM 990, PART VI, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	IN 2014, SALARIES FOR SENIOR MANAGERS AND KEY EMPLOYEES WERE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE. AJC HAS RETAINED A PROFESSIONAL COMPENSATION FIRM IN 2015 TO DO A COMPLETE REVIEW OF RELEVANT SALARIES.						
FORM 990, PART VI, LINE 17	STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI						
FORM 990, PART VI, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	AJC CURRENTLY DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. AJC CURRENTLY MAKES ITS CONFLICT OF INTEREST POLICY AND WHISTLEBLOWER POLICY AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON ITS WEBSITE. THE IRS DOES NOT REQUIRE THE PUBLIC DISSEMINATION OF AJC'S IRS FORM 1023, BECAUSE THE ORGANIZATION WAS INITIALLY RECOGNIZED AS TAX EXEMPT IN 1929 AND PUBLIC AVAILABILITY IS NOT REQUIRED WHERE THE ORGANIZATION DID NOT HAVE A COPY OF ITS EXEMPTION APPLICATION ON THE EFFECTIVE DATE OF THE REQUIREMENT IN JULY 1987.						
FORM 990, PART VII, SECTION A	SECTION A	AJC'S EXECUTIVE COUNCIL ("EC") SERVES AS ITS FIDUCIARY BOARD.						
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D)	SECTION A, LINE 1 COLUMN D	ON JANUARY 28, 2014, AJC'S EXECUTIVE COMPENSATION COMMITTEE AUTHORIZED A ONE-TIME PAYMENT TO THE EXECUTIVE DIRECTOR OF HIS ACCRUED VACATION AS OF DECEMBER 31, 2013, TOTALING \$538,144. THE BALANCE WAS ACCUMULATED AND ACCRUED FOR OVER MANY YEARS AND AS SUCH, FOR ACCOUNTING PURPOSES WAS NOT AN EXPENSE TO AJC IN 2014. THE PAYMENT CONSTITUTED TAXABLE INCOME TO THE EXECUTIVE DIRECTOR.						
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>PENSION AND POSTRETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS REPRESENTS THE NON-CASH CHARGE TAKEN PRIMARILY DUE TO THE DECREASE IN THE DISCOUNT RATE USED IN CALCULATING THE BENEFIT OBLIGATION</td> <td>- 10,879,204</td> </tr> <tr> <td>CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT</td> <td>1,849,820</td> </tr> </tbody> </table>	(a) Description	(b) Amount	PENSION AND POSTRETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS REPRESENTS THE NON-CASH CHARGE TAKEN PRIMARILY DUE TO THE DECREASE IN THE DISCOUNT RATE USED IN CALCULATING THE BENEFIT OBLIGATION	- 10,879,204	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	1,849,820
(a) Description	(b) Amount							
PENSION AND POSTRETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS REPRESENTS THE NON-CASH CHARGE TAKEN PRIMARILY DUE TO THE DECREASE IN THE DISCOUNT RATE USED IN CALCULATING THE BENEFIT OBLIGATION	- 10,879,204							
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	1,849,820							
SCHEDULE R, PART II	PART II	FOR EACH OF AJC'S FOREIGN AFFILIATES, AJC HAS CONTRACTED WITH LOCAL ACCOUNTING FIRMS TO COMPILE FINANCIAL INFORMATION AND PREPARE LOCAL						

Return Reference	Identifier	Explanation
		REGULATORY FILINGS. ALL RECORDS ARE MAINTAINED IN THE UNITED STATES. ADDITIONALLY, ONCE PER YEAR, AJC STAFF IN THE FINANCE, LEGAL AND ADMINISTRATIVE AREAS VISIT THE FOREIGN OFFICES TO REVIEW INTERNAL CONTROLS AND MONITOR COMPLIANCE WITH LOCAL REGULATIONS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN JEWISH COMMITTEE

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

13-5563393

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THANKS TO SCANDINAVIA (13-6192361) 933 PARK AVENUE, NEW YORK, NY 10028	SCHOLARSHIP	NY	501(C)(3)	7	AJC	✓	
(2) INSTITUTE OF HUMAN RELATIONS (23-7389215) 165 EAST 56TH STREET, NEW YORK, NY 10022	FUNDRAISING	NY	501(C)(3)	7	AJC	✓	
(3) TRANS-ATLANTIC INSTITUTE RUE DES DEUX EGLISES 37-39, 1000 BRUXELLES, BE	ADVOCACY	BELGIUM			AJC	✓	
(4) AJC BERLIN LEIPZIGER PLATZ 15, 10117 BERLIN, GM	ADVOCACY	GERMANY			AJC	✓	
(5) -----							
(6) -----							
(7) -----							



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER ANNUITY TRUSTS (2)	INVESTMENT	NY	AJC	TRUST					✓
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s)		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s)	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s)		✓
<b>e</b> Loans or loan guarantees by related organization(s)		✓
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		✓
<b>h</b> Purchase of assets from related organization(s)		✓
<b>i</b> Exchange of assets with related organization(s)		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
<b>o</b> Sharing of paid employees with related organization(s)	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses	✓	
<b>r</b> Other transfer of cash or property to related organization(s)	✓	
<b>s</b> Other transfer of cash or property from related organization(s)		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THANKS TO SCANDINAVIA			
(1) TRANS-ATLANTIC INSTITUTE	Q	402,524	FMV
(2) THANKS TO SCANDINAVIA	Q	460,655	FMV
(3) TRANS-ATLANTIC INSTITUTE	R	232,802	FMV
(4) AJC BERLIN	R	1,734,680	FMV
(5) AJC BERLIN	R	1,138,230	FMV
(6)	Q	1,093,897	FMV

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													