Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning , 2019, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed AMERICAN JEWISH COMMITTEE, INC. **B** Exempt under section Print 13-5563393 X | 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 220(e) 408(e) Type (See instructions.) 165 EAST 56TH STREET 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code 525990 C Book value of all assets NEW YORK, NY 10022-2709 at end of year Group exemption number (See instructions.) Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. \triangleright 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of DANIEL GOLDWATER, CONTROLLER Telephone number ► 212-891-1473 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1 c b Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 18,360. 18,360. Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts С 4c 182. 182. ATCH 2 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 18,542. 18,542. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 250. 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 2,342. 22 22 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 6,206. 27 Other deductions (attach schedule) ATCH 3 8,798. Total deductions. Add lines 14 through 27 28 28

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

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9,744.

9,744.

29

30

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

29

30

Form **8868**

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return** File a separate application for each return.

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

OMB No. 1545-0047

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

filing of this	s form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.				
Automatic	c 6-Month Extension of Time. Only subm	it original	(no copies needed).				
	tions required to file an income tax return othe		` '	filers), partnerships	, RE	MICs,	and trusts
must use F	Form 7004 to request an extension of time to f	ile income	tax returns.				
Type or	Name of exempt organization or other filer, see in	structions.	Та	xpayer identification nu	umbe	er (TIN)	
print	AMERICAN JEWISH COMMITTEE, INC	С.		13-556339	3		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
filing your	165 EAST 56TH STREET						
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
	NEW YORK, NY 10022-2709						
Enter the R	Return Code for the return that this application	is for (file	a separate application for e	ach return)			0 7
Application	1	Return	Application				Return
Is For		Code	Is For				Code
Form 990 d	or Form 990-EZ	01	Form 990-T (corporation))			07
Form 990-E		02	Porm 1041-A				08
	(individual)	03	Form 4720 (other than individual)				09
Form 990-F		04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
• The boo	DANIEL GOLDWATE: ks are in the care of > 165 EAST 56TH S'			709			
1110 000							
Telepho	ne No. ▶ _ 212 891-1473	ı	Fax No. ▶				
	ganization does not have an office or place of l			his box			▶ 🗍
• If this is	for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GE	N)		If t	this is
	ole group, check this box					and a	ttach
a list with the	he names and TINs of all members the extensi	ion is for.					
1 I requ	est an automatic 6-month extension of time u	ntil	<u>11/16</u> , 20 <u>20</u>	_, to file the exemp	t org	ganiza	tion return
for the	e organization named above. The extension is	for the org	ganization's return for:				
	٦						
X	1 1 1						
▶∟	tax year beginning	, 20	, and ending	,	20_	·	
O 16 41	tourness automodicalises die femiliere them 40 m		da managan				
	tax year entered in line 1 is for less than 12 m	ionins, ched	k reason: initiai retu	rn Final retur	n		
	Change in accounting period application is for Forms 990-BL, 990-PF, 9	90-T 4720	or 6069 enter the ter	tative tax less any		Т	
	fundable credits. See instructions.	50 I, 4720	o, or occo, enter the ter	itative tax, icos any	3a	¢	0.
	s application is for Forms 990-PF, 990-T,	4720. o	r 6069, enter any refur	ndable credits and		Ψ	
	ated tax payments made. Include any prior yea		-		3b	s	0.
	ice due. Subtract line 3b from line 3a. Include			red, by using EFTPS	_	 	
	tronic Federal Tax Payment System). See instru		· •		3с	\$	0.
	ou are going to make an electronic funds withdrawa		it) with this Form 8868, see F	orm 8453-EO and Forr			
instructions.							
For Privacy	Act and Paperwork Reduction Act Notice, see instr	uctions.			For	m 886 8	8 (Rev. 1-2020)

JSA

Part	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	32		9,74
	Amounts paid for disallowed fringes			
34	Charitable contributions (see instructions for limitation rules)	34		
15	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			
	34 from the sum of lines 32 and 33	35		9,74
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	36		9,74
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,00
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39		
Par	Tax Computation			
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		
11	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)			
12	Proxy tax. See instructions	42		
13	Alternative minimum tax (trusts only)	43		
	Tax on Noncompliant Facility Income. See instructions			
5	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			
	Tax and Payments		,	
6 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
b	Other credits (see instructions)			
С	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	Mari		
e	Total credits. Add lines 46a through 46d	46e		
17	Subtract line 46e from line 45	47		
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48		
19	Total tax. Add lines 47 and 48 (see instructions)	49		18
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a	Payments: A 2018 overpayment credited to 2019			
b	2019 estimated tax payments			
С	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 51f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶	56		
Par	Statements Regarding Certain Activities and Other Information (see instruction	is)		
	At any time during the 2019 calendar year, did the organization have an interest in or a signature of			Yes N
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay ha	ive to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreig	n country	
	Thought form 111, report of the grant and the transfer of the			X
	here >			
		ign tru	st?	X
58	here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file.	ign tru	st?	X
58	here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigsim \$\$\$\$			
58	here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the			
58 59 Sign	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of	my knowledge	and belief,
58 59 Sign	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Puthand Hype Unifythougo CFO	best of		and belief,
58 59 Sign	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Sundar penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Putant Hype Signature of officer Date Title	best of	my knowledge IRS discuss	and belief,
is ign Here	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Puthand Hype Signature of officer Date Print/Type preparer's name Preparer's signature Date Cho	best of	my knowledge IRS discuss	and belief,
58 59 Sign Here	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Date Che DANIEL ROMANO	best of	IRS discuss preparer stations)? X Y	and belief,
Sign Here	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore of the see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\ \] Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name DANIEL ROMANO Primt's name \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	best of lay the ith the ee instruction in the employeer's EIN	my knowledge IRS discuss preparer stations)? X y. if PTIN P005 36-605	and belief, this return belief the set of th
Sign Here	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore of the see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\ \] Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name DANIEL ROMANO Primt's name \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	best of lay the ith the ee instruction in the employeer's EIN	my knowledge IRS discuss preparer st ctions)? X y, if PTIN P005	and belief, this return belief the set of th

Form 990-T (2019)									Page 3
Schedule A - Cost of Go	oods Sold. En	ter method	d of invento	ry valuation)	>				
1 Inventory at beginning of y	vear 1			6 Inventory	at end of yea	ar	6		
2 Purchases						ld. Subtract line			
3 Cost of labor				6 from lir	ne 5. Enter	here and in Part			
4a Additional section 263A co							7		
(attach schedule)						section 263A (w		to Yes	No
b Other costs (attach schedu						or acquired for			
5 Total. Add lines 1 through	· / · 								X
Schedule C - Rent Income		roperty a	nd Persor	nal Property	Leased V	Vith Real Proper	tv)		
(see instructions)	(-37		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
(4)	2. Rent receiv	ed or accrue							
for personal property is more than 10% but not percer			age of rent for	personal property r personal property based on profit or	exceeds	3(a) Deductions dir in columns 2(a	ectly connected) and 2(b) (attac		
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of c	alumna 2(a) and 2((b) Total deduction			
here and on page 1, Part I, line 6	` , , ,	,				Enter here and on Part I, line 6, colum			
Schedule E - Unrelated D			e instruction	nns)		1 411 1, 11110 0, 001411	(5)		
Octional Completed D	obt i manood n	1001110 (00		<i>'</i>	3. [Deductions directly con	nected with or al	locable to	
1. Description of del	ot-financed property		I .	income from or or debt-financed			inced property		
·	,		property (a			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)					(dita	on conocano,	(attao	50.1044.0)	
(2)									
(3)									
(4)									
4. Amount of average	5. Average adjus	sted hasis							
acquisition debt on or	of or allocal	ble to		Column divided	7. Gross	income reportable		e deductions	
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		I .	column 5	(columr	n 2 x column 6)	(column 6 x t 3(a) a	nd 3(b))	1115
	(attach sche	edule)	.,				- (3)	(-//	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						e and on page 1, e 7, column (A).	Enter here a Part I, line 7		
Totals				▶					
Total dividends-received deduct	ions included in co	บบทุก X				▶			

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Form 990-T (2019)	AMERICAN	JEWISH	COM	MITTEE,	INC.				1	13-5	563393	Page 4
Schedule F - Interest, Ann	uities, Royalties	s, and Ren	ts Fr	om Contro	lled O	rganiz	ation	s (see	e instructi	ions)		
Name of controlled organization	2. Employer identification number	er 3. Ne	et unrel	entrolled Orgated income	4. Total	of specit	fied in		column 4 to		6. Deduction	
		(los:	s) (see i	nstructions)	payme	nts mad	e org	ganizati	on's gross ir	ncome	in colu	mn 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruct	II.		Total of specific payments made	ed	inc	Part of old an ization	the cor	ntrolling		1. Deductions nected with in column 1	ncome in
(1)												
(2)												
(3)												
(4)												
Totala					_	En ⁻	dd colun ter here a art I, line	and on p	page 1,	Ent	dd columns 6 ter here and or Irt I, line 8, colu	page 1,
Totals Schedule G-Investment Ir	come of a Sec	tion 501/	c)(7)	(9) or (17	\ Orga	nizati.	on (so	o inct	ructione)			
1. Description of income	2. Amount of		<u> </u>	3. Deduction directly correctly correctly correctly school (attach school control cont	tions inected	mzati		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)				(attaon ooi							piuo oc	
(2)												
(3)												
(4)												
Totals	Enter here and o Part I, line 9, co					·					Enter here and Part I, line 9,	
Schedule I-Exploited Exe	mpt Activity Inc	come, Oth	er Th	an Adverti	sing Ir	come	(see	instru	ctions)			
	2. Gross	3. Expens		4. Net incon		. .	ross inco	om o				s exempt
1. Description of exploited activity	unrelated business income from trade or business	connected productio unrelate business in	with n of ed	or business 2 minus col If a gain, co cols. 5 thro	umn 3). ompute	from is n	activity ot unrela ness inc	that ated	6. Expe attributa colum	able to	(column column more	6 minus 5, but not than nn 4).
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, col	art I,								on pa	ere and age 1, line 25.
Schedule J- Advertising In	come (see instru	uctions)										
Part I Income From Peri			onsol	idated Bas	sis							
	<u> </u>										7 Evene	roodorobin
1. Name of periodical	2. Gross advertising income	3. Direct advertising		4. Adverting gain or (los 2 minus con a gain, con cols. 5 thro	s) (col. ol. 3). If mpute	1	Circulati income	on	6. Readership costs		costs (cominus col	readership column 6 umn 5, but ore than nn 4).
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II. line (5))												

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(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Part II	Income From Periodicals Reported on a Separ	ate Basis	(For	each	periodical	listed	in Part II	l, fill in	า columns
	2 through 7 on a line-by-line basis.)								

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)				%		
(2)				%		

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%

%

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN LIMITED PARTNERSHIPS

FORM 990T -	LINE 5	-INCOME	(LOSS)	FROM	PARTNERSHIPS	OR	S	CORPORATIONS
-------------	--------	---------	--------	------	--------------	----	---	--------------

ORDINARY INCOME FROM LP INVESTMENTS PORTFOLIO INCOME FROM LP INVESTMENTS

58. 124.

INCOME (LOSS) FROM PARTNERSHIPS

182.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PORTFOLIO EXPENSE FROM LP INVESTMENTS TAX PREPARATION FEE

2,306.

3,900.

PART II - LINE 28 - OTHER DEDUCTIONS

6,206.

NET OPERATING LOSS SCHEDULE:

NET OPERATING LOST PRE 1/1/2018

	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
1999	(291,544)	***	(291,544)
2000	(413,859)		(413,859)
2001	(381,567)		(381,567)
2002	(433,279)		(433,279)
2003	(190,314)		(190,314)
2004	(240,561)		(240,561)
2005	(261,398)		(261,398)
2006	(315,794)		(315,794)
2007	(122,692)		(122,692)
2008	-		-
2009	(4,226)		(4,226)
2010	(3,417)		(3,417)
2011	(26,052)		(26,052)
2012	(3,721)		(3,721)
2013	(68)		(68)
2014		40,847	40,847
2015	(4,812)		(4,812)
2016	(5,916)		(5,916)
2017	(14,106)		(14,106)
2019	-	9,744	9,744
NOL CARRYFORWARD TO 2020			(2,662,735)

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

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

	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
2018 2019	(605) -		(605) -
NOL CARRYFORWARD TO 2020			(605)

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2019

Name Employer identification number AMERICAN JEWISH COMMITTEE, INC. 13-5563393 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions.) (h) Gain or (loss) See instructions for how to figure the amounts to enter on (a) Adjustments to gain (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part II. line 2. This form may be easier to complete if you round off cents to column (d) and combine (sales price) (or other basis) whole dollars column (a) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 727. 727. Enter gain from Form 4797, line 7 or 9 17,633. 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 18,360. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 18,360. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18,360. Note: If losses exceed gains, see Capital Losses in the instructions

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

JSA 9E1801 1.000 Schedule D (Form 1120) 2019

Form 8949 (2019) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
AMERICAN JEWISH COMMITTEE, INC.	13-5563393

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions r (E) Long-term transactions r X (F) Long-term transactions r	eported on F	orm(s) 1099-	B showing basis			e Note above)	
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	Proceeds	Cost or other basis. See the Note below	If you enter an a enter a coo	any, to gain or loss. amount in column (g), de in column (f). rate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)		and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT CAPITAL GAIN FROM LP'S	VAR	VAR	727.				727
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and include is checked), line	ude on your e 9 (if Box E	727.				727.

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

Form **8949** (2019)

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. 27

Name(s) shown on return Identifying number 13-5563393 AMERICAN JEWISH COMMITTEE, INC.

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or

Pa	rt I Sales or Exchanges of Than Casualty or The			or Business and		onversion	ns Fro	om Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvement expense of	us its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
A	TTACHMENT 1							17,633.
3	Gain, if any, from Form 4684, line 3	39					3	
4	Section 1231 gain from installmen	t sales from Form	n 6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from li	ke-kind exchanges	from Form 8824	1			5	
6	Gain, if any, from line 32, from oth						6	
7	Combine lines 2 through 6. Enter	the gain or (loss)	here and on the	appropriate line as fol	llows		7	17,633.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule				for Form 1065, S	chedule K,		
	Individuals, partners, S corporation of the T on line 11 below and skip losses, or they were recaptured in Schedule D filed with your return and the T of th	ines 8 and 9. If I n an earlier year,	ine 7 is a gain a enter the gain	and you didn't have from line 7 as a lo	any prior year sec	ction 1231		
8	Nonrecaptured net section 1231 ld	sses from prior ye	ears. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero of 9 is more than zero, enter the am	•	-	•				
	capital gain on the Schedule D filed			•		Ū	9	
Pa	rt II Ordinary Gains and Lo	•						
10	Ordinary gains and losses not incl			ude property held 1 ye	ear or less):			
_	, 0		<u> </u>		,			
_								
_								
_								
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount						12	,
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,						14	
15	Ordinary gain from installment sale						15	
16	Ordinary gain or (loss) from like-kir						16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, er							
	and b below. For individual returns,	complete lines a	and b below.		•	•		
a	If the loss on line 11 includes a los							
	loss from income-producing proper	•	,	·	,	-		
	on property used as an employee.)						18a	
k	Redetermine the gain or (loss) on		•	• •			.	
	(Form 1040 or Form 1040-SR), Par	t I, line 4					18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2019)

13-5563393 Page 2 Form 4797 (2019)

Pa	rt III Gain From Disposition of Property (see instructions)	Un	der Sections 124	5, 1250, 1252	, 12	54, and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, or	or 12	55 property:			(b) Date acquire	ed	(c) Date sold
	., .					(mo., day, yr.)	-	(mo., day, yr.)
	3						-	
							_	
)						-	
	,						-	
	These columns relate to the properties on lines 19A through 19D		Property A	Property B		Property C		Property D
20	Gross sales price (Note: See line 1 before completing.)	20					-+	
21	Cost or other basis plus expense of sale	21					-+	
22	Depreciation (or depletion) allowed or allowable	22					$\overline{}$	
23	Adjusted basis. Subtract line 22 from line 21	23						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	252						
	·	25b						
	If section 1250 property: If straight line depreciation was							
	used, enter -0- on line 26g, except for a corporation subject to section 291.							
	Additional depreciation after 1975. See instructions	26a						
	Applicable percentage multiplied by the smaller of	<u> </u>						
•	- ' - ' - ' - ' - ' - ' - ' - ' - ' - '	26b						
,	Subtract line 26a from line 24. If residential rental property							
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
,	Additional depreciation after 1969 and before 1976.							
	·	26e						
		26f						
	` ' '	26g						
27		5					\neg	
	dispose of farmland or if this form is being completed for							
	a partnership. Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage. See instructions						\Box	
	. , , , ,	27c					\Box	
	If section 1254 property:						\neg	
a	Intangible drilling and development costs, expenditures							
	for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
k	Enter the smaller of line 24 or 28a							
	If section 1255 property:							
	Applicable percentage of payments excluded from							
	income under section 126. See instructions	29a						
k	Enter the smaller of line 24 or 29a. See instructions							
Su	mmary of Part III Gains. Complete propert	у сс	lumns A through	D through line	29b	before going	to lin	e 30.
30	Total gains for all properties. Add property columns A	thro	ough D, line 24				30	
31	Add property columns A through D, lines 25b, 26g, 2						31	
32	Subtract line 31 from line 30. Enter the portion from	n cas	sualty or theft on Form	4684, line 33. E	nter	the portion from		
	other than casualty or theft on Form 4797, line 6						32	
Pa	Recapture Amounts Under Section (see instructions)	s 1	79 and 280F(b)(2)	When Busine	ess l	Jse Drops to s	50%	or Less
						(a) Section		(b) Section
						179		280F(b)(2)
33	Section 179 expense deduction or depreciation allow	able	in prior years		33			
34	Recomputed depreciation. See instructions		• •		34			
	Recapture amount. Subtract line 34 from line 33. Se				35			
								Form 4797 (2019)

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
1231 GAIN FROM LP'S	VAR	VAR	17,633.			17,633.
Totals	I	l				17,633.