

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **2015**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **AMERICAN JEWISH COMMITTEE**
 Doing business as **AJC**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
165 EAST 56TH STREET
 City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10022-2709

D Employer identification number
13-5563393

E Telephone number
(212) 751-4000

G Gross receipts \$ **73,495,515**

F Name and address of principal officer: **DAVID A HARRIS**
165 EAST 56TH STREET, NEW YORK, NY 10022-2709

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.AJC.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1906**

M State of legal domicile: **NY**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	314
	6	Total number of volunteers (estimate if necessary)	6	1,860
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 48,355,580	Current Year 47,969,581
	9	Program service revenue (Part VIII, line 2g)	1,086,553	1,306,874
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,610,697	3,770,216
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	729,843	1,143,070
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,782,673	54,189,741
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	670,811	515,445
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,276,908	28,943,992
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	393,766	470,372
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,515,968		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,868,374	18,666,374
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	46,209,859	48,596,183
19	Revenue less expenses. Subtract line 18 from line 12	8,572,814	5,593,558	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 164,079,450	End of Year 152,719,181
	21	Total liabilities (Part X, line 26)	43,050,687	32,363,216
	22	Net assets or fund balances. Subtract line 21 from line 20	121,028,763	120,355,965

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.

Sign Here

Signature of officer: RICHARD HYNE, CFO Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DEVIN L. DUNCAN Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: 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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015, or tax year beginning , 2015, and ending , 20

2015

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

AMERICAN JEWISH COMMITTEE

Employer identification number

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	54,189,741
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 2015 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


Signature of officer

8/11/16
Date

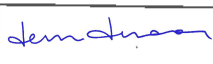
CFO
Title

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.

ERO's Use Only	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.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEVIN L. DUNCAN		8/11/16		P01249521
	Firm's name	Firm's address	Firm's EIN	Phone no.	
	KPMG LLP	345 PARK AVENUE, NEW YORK, NY 10154-0102		13-5565207	(212) 758-9700

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. AMERICAN JEWISH COMMITTEE	<small>Enter filer's identifying number, see instructions</small> Employer identification number (EIN) or 13-5563393
	Number, street, and room or suite no. If a P.O. box, see instructions. 165 EAST 56TH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10022-2709	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ DANIEL GOLDWATER CONTROLLER, 165 EAST 56TH STREET, NEW YORK, NY 10022-
Telephone No. ▶ 212 891-1473 FAX No. ▶ 212 750-0326

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2015 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ <u>0.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ <u>0.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <u>0.</u>

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	AMERICAN JEWISH COMMITTEE	13-5563393
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	165 EAST 56TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10022-2709	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **DANIEL GOLDWATER CONTROLLER, 165 EAST 56TH STREET, NEW YORK, NY 10022-2709**
 Telephone No. **212 891-1473** Fax No. **212 750-0326**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 2016.
- For calendar year 2015, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **PAID PREPARER** Date **8/10/16**
 Form **8868** (Rev. 1-2014)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 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 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 \$ 16,265,071 including grants of \$ 341,875) (Revenue \$ 779,891)

GOVERNMENT AND INTERNATIONAL RELATIONS: AJC IS THE GLOBAL JEWISH ADVOCACY ORGANIZATION, WITH UNPARALLELED ACCESS TO DIPLOMATS, GOVERNMENT OFFICIALS, AND OTHER RELIGIOUS AND ETHNIC LEADERS ACROSS THE U.S. AND AROUND THE WORLD. THIS ACCESS ALLOWS US TO ADVOCATE EFFECTIVELY BEFORE DECISION-MAKERS ON ISSUES OF CRITICAL IMPORTANCE TO THE JEWISH PEOPLE. AJC MAINTAINS INTERNATIONAL INSTITUTES THAT COORDINATE ITS ADVOCACY WORK THROUGHOUT THE WORLD, INCLUDING AFRICA, EUROPE, LATIN AMERICA AND ASIA. AJC HAS A PRESENCE IN BERLIN, BRUSSELS, JERUSALEM, PARIS, ROME, SINGAPORE, TOKYO, AND NEW DELHI. AJC'S PROFESSIONALS ARE EXPERTS IN THEIR FIELDS AND WORK ACROSS NATIONAL BOUNDARIES WITH ELECTED OFFICIALS, DIPLOMATS AND OTHER LEADERSHIP SECTORS, BUILDING COALITIONS AND PROMOTING GREATER UNDERSTANDING AND DIALOGUE. THESE ACTIVITIES RESULTED IN THE FOLLOWING RECENT SUCCESSES : (1) WHEN UNESCO'S EXECUTIVE BOARD APPEARED POISED TO PASS A RESOLUTION CALLING THE WESTERN WALL PART OF THE AL-AQSA MOSQUE COMPOUND, AJC CONTACTED THE UNESCO DIRECTOR GENERAL AND AMBASSADORS TO UNESCO (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 12,488,833 including grants of \$ 38,363) (Revenue \$ 434,648)

REGIONAL OFFICES: 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 TO ADVOCATE ON AJC'S PRIORITY ISSUES. IN 2015, THESE ISSUES INCLUDE: COMBATTING IRAN'S NUCLEAR AMBITIONS, AFFIRMING ISRAEL'S PLACE IN THE WORLD, AND COUNTERING GLOBAL ANTI-SEMITISM.

4c (Code:) (Expenses \$ 4,081,139 including grants of \$ 29,558) (Revenue \$ 46,406)

COMMUNICATIONS: ANOTHER KEY TO AJC'S FOCUSED OUTREACH: MULTI-PLATFORM, MULTI-LINGUAL MEDIA EFFORTS. 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 THE 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 180,000 FACEBOOK FOLLOWERS AND A TOTAL OF 120,000 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 SENATE LEGISLATION CONCERNING IRAN'S NUCLEAR PROGRAM OR TO ADVOCATE FOR HOUSE RESOLUTIONS ABOUT THE ANTI-ISRAEL BDS CAMPAIGN. THOUSANDS OF INDIVIDUALS TAKE ACTION WITH AJC (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.)

(Expenses \$ 3,736,321 including grants of \$ 105,649) (Revenue \$ 45,929)

4e Total program service expenses **▶** 36,571,364

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 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"/>
8 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"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 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"/>
11 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.		
a 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 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"/>
c 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"/>
d 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"/>
e 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"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a 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 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"/>
13 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"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 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"/>
19 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"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c 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>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 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>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
37 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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	119		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	314		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	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)?	4a	✓		
b	If "Yes," enter the name of the foreign country: ► <u>BE, GM, IS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a	✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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
1a	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b	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"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
10b	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"/>	
11a	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"/>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	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"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	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"/>
16b	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 ► AK, AL, AR, AZ, (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 CHIEF EXECUTIVE OFFICER (SEE SCHEDULE J)	60.0 0.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3,114,070	0	36,053
(2) STANLEY BERGMAN PRESIDENT	20.0 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<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 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) MICHAEL GOULD EC MEMBER	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) CAROL GOWN CHAIR, NATIONAL POLICY	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DAVID INLANDER CHAIR, INTERRELIGIOUS AFFAIRS	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) MARTIN KRALL CHAIR, RISK OVERSIGHT COMMITTEE	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) KENNETH R LEVINE EC MEMBER	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) LINDA MIRELS EC MEMBER	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) JOEL R MOGY EC MEMBER	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) ALLAN J REICH CHAIR, INTL RELATIONS	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) HARRIET SCHLEIFER CHAIR OF PROJECT INTERCHANGE	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								3,114,070	0	36,053
c Total from continuation sheets to Part VII, Section A								2,994,800	0	405,905
d Total (add lines 1b and 1c)								6,108,870	0	441,958

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
3 Did the organization list any former 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"/>
4 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"/>	
5 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	996,077
PROSKAUER ROSE LLP, 11 TIMES SQUARE, NEW YORK, NY 10036	LEGAL SERVICES	399,701
MJV MECHANICAL, 18 MEADOW STREET, LOCUST VALLEY, NY 11560	BUILDING ENGINEERS	380,553
TRIPLE A STUDIOS, 809 WEST 181ST STREET 262, NEW YORK, NY 10033	GLOBAL FORUM BRANDING	340,385
PERFECT BUILDING MAINTENANCE, 360 LEXINGTON AVENUE 2ND FL, NEW YORK, NY 10017	BUILDING CLEANING SERVICES	329,686

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 104,770					
	b Membership dues	1b 1,717,132					
	c Fundraising events	1c 21,840,087					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 24,307,592					
	g Noncash contributions included in lines 1a-1f: \$	3,572,730					
	h Total. Add lines 1a-1f	▶	47,969,581				
Program Service Revenue	Business Code						
	2a SALES OF PUBLICATIONS	511190	3,741	3,741			
	b SPONSORSHIP AND REGISTRATION FEES	900099	1,303,133	1,303,133			
	c _____						
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f	▶	1,306,874					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	750,729			750,729	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties	▶					
	6a Gross rents	(i) Real	1,188,783				
		(ii) Personal					
		b Less: rental expenses	110,178				
	c Rental income or (loss)	1,078,605	0				
	d Net rental income or (loss)	▶	1,078,605			1,078,605	
	7a Gross amount from sales of assets other than inventory	(i) Securities	20,288,327				
		(ii) Other					
		b Less: cost or other basis and sales expenses	17,268,840				
	c Gain or (loss)	3,019,487	0				
	d Net gain or (loss)	▶	3,019,487			3,019,487	
	8a Gross income from fundraising events (not including \$ 21,840,087 of contributions reported on line 1c). See Part IV, line 18	a	1,444,542				
		b Less: direct expenses	1,926,756				
		c Net income or (loss) from fundraising events . ▶		(482,214)			(482,214)
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a LEASE TERMINATION	900099	545,877	0		545,877		
b OTHER INCOME	900099	802			802		
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d	▶	546,679					
12 Total revenue. See instructions.	▶	54,189,741	1,306,874	0	4,913,286		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	230,694	230,694		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,695	3,695		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	281,056	281,056		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,392,666	3,287,148	1,041,557	1,063,961
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,780,859	13,042,951	664,263	3,073,645
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	445,650	347,578	31,953	66,119
9 Other employee benefits	4,912,939	3,497,276	627,593	788,070
10 Payroll taxes	1,411,878	1,061,167	132,152	218,559
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	817,803	502,062	235,879	79,862
c Accounting	206,488	123,893	41,298	41,297
d Lobbying	12,122	12,122		
e Professional fundraising services. See Part IV, line 17	470,372			470,372
f Investment management fees	313,505	311,092	2,035	378
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,235,072	1,932,756	172,367	129,949
12 Advertising and promotion	892,928	845,526	8,702	38,700
13 Office expenses	3,340,591	2,071,665	769,304	499,622
14 Information technology	850,409	572,085	148,105	130,219
15 Royalties	0	0	0	0
16 Occupancy	2,175,722	1,735,524	149,701	290,497
17 Travel	1,973,103	1,863,658	32,950	76,495
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	9,828	9,828	0	0
19 Conferences, conventions, and meetings	4,581,917	4,144,665	63,723	373,529
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,018,079	529,401	335,966	152,712
23 Insurance	238,807	165,522	51,303	21,982
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	48,596,183	36,571,364	4,508,851	7,515,968
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	878,077	506,861	0	371,216

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
Assets	1 Cash—non-interest-bearing	22,520,586	1	29,412,256
	2 Savings and temporary cash investments	4,500,191	2	5,817,523
	3 Pledges and grants receivable, net	22,027,119	3	20,922,856
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 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		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,233,006	9	909,283
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,659,821		
	b Less: accumulated depreciation	10b 21,372,659	6,544,162	10c 6,287,162
	11 Investments—publicly traded securities	37,030,412	11	29,035,497
	12 Investments—other securities. See Part IV, line 11	67,078,163	12	59,733,454
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,145,811	15	601,150
16 Total assets. Add lines 1 through 15 (must equal line 34)	164,079,450	16	152,719,181	
Liabilities	17 Accounts payable and accrued expenses	3,824,566	17	4,347,887
	18 Grants payable		18	
	19 Deferred revenue	1,252,656	19	736,677
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	37,973,465	25	27,278,652
	26 Total liabilities. Add lines 17 through 25	43,050,687	26	32,363,216
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,320,943	27	21,123,850
	28 Temporarily restricted net assets	48,532,708	28	39,326,300
	29 Permanently restricted net assets	60,175,112	29	59,905,815
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	121,028,763	33	120,355,965
34 Total liabilities and net assets/fund balances	164,079,450	34	152,719,181	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,189,741
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,596,183
3	Revenue less expenses. Subtract line 2 from line 1	3	5,593,558
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	121,028,763
5	Net unrealized gains (losses) on investments	5	(7,671,700)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,405,344
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,355,965

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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"/>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a	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	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.		

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 (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 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(26) JEFFREY E STONE ----- EC MEMBER	5.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(27) VICTORIA SCHONFELD ----- CHIEF OPERATING OFFICER	50.0 ----- 0.1			<input checked="" type="checkbox"/>				347,730	0	12,157
(28) RICK HYNE ----- CHIEF FINANCIAL OFFICER	45.0 ----- 0.1			<input checked="" type="checkbox"/>				260,728	0	35,874
(29) JULIE SCHAIR ----- ASSOCIATE EXECUTIVE DIRECTOR AND NATIONAL DIRECTOR OF DEVELOPMENT	45.0 ----- 0.1				<input checked="" type="checkbox"/>			257,361	0	44,449
(30) JANET BECKER ----- DIR, STRATEGIC IMPLEMENTATION & HR	45.0 ----- 0.0				<input checked="" type="checkbox"/>			243,569	0	36,356
(31) JASON ISAACSON ----- ASSISTANT EXEC DIR/DIR, OGIA	45.0 ----- 0.0				<input checked="" type="checkbox"/>			244,996	0	41,936
(32) STEVEN BAYME ----- DIR, CONTEMPORARY JEWISH LIFE	40.0 ----- 0.0				<input checked="" type="checkbox"/>			238,278	0	30,972
(33) MARC D. STERN ----- GENERAL COUNSEL	45.0 ----- 0.1				<input checked="" type="checkbox"/>			196,266	0	32,672
(34) DANIEL ELBAUM ----- ASST EXECUTIVE DIR FOR REGIONAL OFFICES	45.0 ----- 0.0				<input checked="" type="checkbox"/>			210,558	0	8,641
(35) RABBI DAVID ROSEN ----- INTERNATIONAL DIRECTOR OF INTERRELIGIOUS AFFAIRS	40.0 ----- 0.0					<input checked="" type="checkbox"/>		209,537	0	38,430
(36) ROBERT LEIKIND ----- REGIONAL DIRECTOR, AJC BOSTON	40.0 ----- 0.0					<input checked="" type="checkbox"/>		204,007	0	41,363
(37) MICHAEL GILBERT ----- DIRECTOR REGIONAL OFFICE ADVANCEMENT	40.0 ----- 0.0					<input checked="" type="checkbox"/>		195,983	0	36,977
(38) ANDREW BAKER ----- DIRECTOR OF INTERNATIONAL JEWISH AFFAIRS	40.0 ----- 0.0					<input checked="" type="checkbox"/>		192,800	0	26,730
(39) DEBRA RUBENSTEIN ----- NATIONAL DIRECTOR OF PLANNED GIVING	40.0 ----- 0.0					<input checked="" type="checkbox"/>		192,987	0	19,348

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Name of the organization AMERICAN JEWISH COMMITTEE	Employer identification number 13-5563393
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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 (Form 990 or 990-EZ).)
- 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 (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)						
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,008,034	44,364,867	51,994,897	48,355,580	47,969,581	232,692,959
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	40,008,034	44,364,867	51,994,897	48,355,580	47,969,581	232,692,959
5 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)						4,977,293
6 Public support. Subtract line 5 from line 4.						227,715,666

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	40,008,034	44,364,867	51,994,897	48,355,580	47,969,581	232,692,959
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,677,754	1,677,559	1,374,954	1,893,473	1,939,512	8,563,252
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	546,679	546,679
11 Total support. Add lines 7 through 10						241,802,890
12 Gross receipts from related activities, etc. (see instructions)					12	13,104,979
13 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94.17 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	94.51 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. 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 stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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 in line 11 on 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
1	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>		
2	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>		
3a	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>		
3b	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>		
3c	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>		
4a	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>		
4b	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>		
4c	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>		
5a	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>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	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 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) 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>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. Answer (a) and (b) below.		
a	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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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	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>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . .			
d Excess from 2014 . . .			
e Excess from 2015 . . .			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	LEASE TERMINATION					545,877	545,877
	OTHER INCOME					802	802
	Total	0	0	0	0	546,679	546,679

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ 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.

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 33¹/₃ % 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).

Name of organization AMERICAN JEWISH COMMITTEE	Employer identification number 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	----- ----- -----	\$ ----- 1,071,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 1,020,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN JEWISH COMMITTEE	Employer identification number 13-5563393
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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
1	STOCK ----- ----- -----	\$ 1,071,800	03/25/2015
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **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.**

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization AMERICAN JEWISH COMMITTEE	Employer identification number 13-5563393
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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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the 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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		12,122
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		99,802
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			111,924
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

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

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.

SEE NEXT PAGE

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 2015, 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2015

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" on 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" on Form 990, Part IV, line 7.

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and 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" on Form 990, Part IV, line 8.

Form with rows for questions 1a, 1b, 2, and 2a, 2b regarding 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" on 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	79,561,265	80,436,448	72,205,956	67,488,681	71,782,880
b Contributions	95,237	484,827	1,329,561	1,279,459	2,092,734
c Net investment earnings, gains, and losses	(3,910,869)	1,923,814	10,552,814	6,556,809	(2,649,997)
d Grants or scholarships	447,813	405,072	305,024	806,693	487,660
e Other expenditures for facilities and programs	3,539,262	2,765,854	3,242,551	2,209,110	3,148,119
f Administrative expenses	101,558	112,898	104,308	103,190	101,157
g End of year balance	71,657,000	79,561,265	80,436,448	72,205,956	67,488,681

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

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 84.00 %
- c** Temporarily restricted endowment ▶ 16.00 %

The percentages on 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
3a(i)	✓	
3a(ii)		✓
3b		

b If "Yes" on line 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" on 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
1a Land		430,126		430,126
b Buildings		16,355,941	12,036,403	4,319,538
c Leasehold improvements		1,146,459	720,453	426,006
d Equipment		9,727,295	8,615,803	1,111,492
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,287,162

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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	19,007,057	END OF YEAR MARKET VALUE
(B) STATE OF ISRAEL BONDS	39,771	END OF YEAR MARKET VALUE
(C) MULTISTRATEGY HEDGE FUNDS	14,768,140	END OF YEAR MARKET VALUE
(D) DEBT SECURITIES	2,479,598	END OF YEAR MARKET VALUE
(E) INVESTMENT FUNDS	23,438,888	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	59,733,454	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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	22,242,457
(3) SECURITY DEPOSITS	25,518
(4) CHARITABLE GIFT ANNUITIES	2,358,235
(5) LEASE OBLIGATIONS	24,669
(6) OTHER RETIREMENT BENEFITS	2,627,773
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,278,652

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" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Includes items like 'Total revenue, gains, and other support per audited financial statements' and 'Amounts included on Form 990, Part VIII, line 12, but not on line 1'.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Includes items like 'Total expenses and losses per audited financial statements' and 'Amounts included on Form 990, Part IX, line 25, but not on line 1'.

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.

SEE NEXT PAGE

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 \$22,242,457 REPRESENTS THE EXCESS OF PENSION BENEFIT OBLIGATION OVER THE PENSION PLAN ASSETS. THIS BALANCE DECREASED BY \$1,681,268 PRIMARILY DUE TO AN INCREASE IN INTEREST RATES.
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

2015

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.**

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)	0		GRANTMAKING		66,860
(2) MIDDLE EAST AND NORTH AFRICA	0		GRANTMAKING		182,196
(3) RUSSIA AND NEIGHBORING STATES	0		GRANTMAKING		12,000
(4) SUB-SAHARAN AFRICA	0		GRANTMAKING		10,000
(5) SOUTH AMERICA	0		GRANTMAKING		10,000
(6) CENTRAL AMERICA AND THE CARIBBEAN	0		INVESTMENTS		17,720,773
(7) EUROPE (INCLUDING ICELAND AND GREENLAND)	4	21	PROGRAM SERVICES	ADVOCACY	2,824,279
(8) MIDDLE EAST AND NORTH AFRICA	1	11	PROGRAM SERVICES	ADVOCACY	1,504,753
(9) SOUTH ASIA	0	1	PROGRAM SERVICES	ADVOCACY	42,616
(10) EAST ASIA AND THE PACIFIC	0	3	PROGRAM SERVICES	ADVOCACY	24,264
(11) SOUTH AMERICA	0	1	PROGRAM SERVICES	ADVOCACY	32,431
(12) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	ADVOCACY	17,342
(13) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	ADVOCACY	168,547
(14)					
(15)					
(16)					
(17)					
3a Sub-total	5	37			22,616,061
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	5	37			22,616,061

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)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROVIDE SECURITY, EQUIPMENT CRISIS MANAGEMENT SUPPORT TO THE JEWISH COMMUNITY OF COPENHAGEN, DENMARK.	50,000	WIRE TRANSFER			
(2)			MIDDLE EAST AND NORTH AFRICA	GRANT TO SUPPORT THE PROGRAM TO PROVIDE EMERGENCY AID RELIEF TO YAZIDI REFUGEES.	47,196	WIRE TRANSFER			
(3)			MIDDLE EAST AND NORTH AFRICA	GRANT TO TRAIN TRAUMA WORKERS IN JORDAN.	25,000	WIRE TRANSFER			
(4)			MIDDLE EAST AND NORTH AFRICA	GRANT FOR HUMANITARIAN AID AND RELIEF TO NEPAL EARTHQUAKE VICTIMS.	25,000	WIRE TRANSFER			
(5)			MIDDLE EAST AND NORTH AFRICA	GRANT TO SUPPORT EFFORTS TO PROVIDE EMERGENCY AID FOR SYRIAN REFUGEES IN GREECE.	25,000	WIRE TRANSFER			
(6)			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT EFFORTS TO NEGOTIATE AND ADVOCATE FOR HOLOCAUST ERA RESTITUTION IN CENTRAL AND EASTERN EUROPE, INCLUDING INCREASED ENGAGEMENT IN EUROPEAN	15,000	WIRE TRANSFER			
(7)			MIDDLE EAST AND NORTH AFRICA	GRANT FOR HUMANITARIAN AID AND RELIEF TO THOSE AFFECTED BY FLOODING IN BURMA.	15,000	WIRE TRANSFER			
(8)			MIDDLE EAST AND NORTH AFRICA	TO PROVIDE HUMANITARIAN AID IN JORDAN TO THE DRUZE COMMUNITY FLEEING PERSECUTION BY ISIS IN SYRIA.	15,000	WIRE TRANSFER			
(9)			MIDDLE EAST AND NORTH AFRICA	GRANT FOR HUMANITARIAN AID AND RELIEF TO THOSE AFFECTED BY CYCLONE PAM ON VANUATU.	15,000	WIRE TRANSFER			
(10)			RUSSIA AND NEIGHBORING STATES	SUPPORT THE HOLOCAUST HISTORY IN WESTERN UKRAINE AND EASTERN POLAND PROJECT.	12,000	WIRE TRANSFER			
(11)			SOUTH AMERICA	TO SUPPORT PROGRAM IN ASSISTING THE RELIEF EFFORTS OF JEWISH YOUTH IN NORTHERN CHILE FOLLOWING DEADLY FLOODS AND MUDSLIDES.	10,000	WIRE TRANSFER			
(12)			EUROPE (INCLUDING ICELAND AND GREENLAND)	GRANT TO COVER EXPENSES ASSOCIATED WITH 2015 MUSLIM JEWISH CONFERENCE.	10,000	WIRE TRANSFER			
(13)			SUB-SAHARAN AFRICA	TO SUPPORT STUDY TOUR FOR SENIOR PARLIAMENTARY MEMBERS OF THE SOUTH AFRICAN PARLIAMENT TO ISRAEL AND THE PALESTINIAN TERRITORIES.	10,000	WIRE TRANSFER			
(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 ▶ 13

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 separately 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 separately 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 (US) LAWS, US AND INTERNATIONAL 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 2015 END OF YEAR VALUE OF INVESTMENTS DOMICILED IN CENTRAL AMERICA/CARIBBEAN WAS 17,720,773
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S 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 NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SUB-SAHARAN AFRICA: 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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

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" on 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, WI 53217-8000	(SEE STATEMENT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,318,885	935,951	382,934
2 INTEGRATED MAIL INDUSTRIES 3450 W HOPKINS STREET, MILWAUKEE, WI 53216-1700	(SEE STATEMENT)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	16,906	(16,906)
3 MARTS&LUNDY 1200 WALL STREET WEST, LYNDHURST, NJ 07071	(SEE STATEMENT)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	82,250	(82,250)
4						
5						
6						
7						
8						
9						
10						
Total				1,318,885	1,035,107	283,778

- 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" on 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 (event type)	DINNER EVENT (event type)	45 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	6,104,894	1,302,710	15,877,025	23,284,629
	2 Less: Contributions	6,071,694	1,225,310	14,543,083	21,840,087
	3 Gross income (line 1 minus line 2)	33,200	77,400	1,333,942	1,444,542
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	67,723	141,605	1,717,428	1,926,756
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,926,756
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(482,214)	

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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).

SEE NEXT PAGE

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 COLUMN (II) ACTIVITY 1	MAIL SOLICITATION & PROGRAM ADVOCACY
SCHEDULE G, PART I - LINE 2B COLUMN (II) ACTIVITY 2	MAIL SOLICITATION
SCHEDULE G, PART I - LINE 2B COLUMN (II) ACTIVITY 3	FUNDRAISING CONSULTATION
SCHEDULE G, PART I, LINE 2B(III) - AB DATA	CHECKS ARE MAILED DIRECTLY TO AB DATA'S PO BOX IN MILWAUKEE. ON A DAILY BASIS, AB DATA RETRIEVES THE CHECKS FROM THE PO BOX AND HAND THE CHECKS TO THE PERSONNEL FOR DATA ENTRY. THE DATA ENTRY PERSONNEL PHYSICALLY OPEN UP EVERY SINGLE PIECE OF MAIL AND ENTER THE DONATIONS INTO AB DATA'S RECORD-KEEPING SYSTEM. ONCE THE DONATIONS ARE ENTERED INTO THE RECORD-KEEPING SYSTEM, THEY ARE THEN DEPOSITED DIRECTLY INTO AJC'S BANK ACCOUNT. ON A MONTHLY BASIS, AJC'S ACCOUNTING DEPARTMENT RECONCILES THE BANK ACCOUNT TO A REPORT PROVIDED BY AB DATA WHICH LISTS ALL THE DONATIONS.
SCHEDULE G, PART I, LINE 2B(V) - AB DATA	AMOUNTS IN COLUMN (V) REPRESENT PAYMENTS TO PROFESSIONAL FUNDRAISERS FOR FUNDRAISING AND PROGRAMMATIC SERVICES AND REIMBURSEMENT OF FUNDRAISING EXPENSES, SUCH AS: PRINTING, PAPER, ENVELOPES, POSTAGE, ETC.
SCHEDULE G, PART I, LINE 2B(V) - MARTS&LUNDY	REPRESENT PAYMENTS TO FUNDRAISING CONSULTANTS FOR CAPITAL CAMPAIGN PLANNING AND FEASIBILITY STUDIES.
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" on 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.

OMB No. 1545-0047

2015

**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" on 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) US COMMITTEE FOR HUMAN RIGHTS IN NORTH KOREA 1001 CONNECTICUT AVE NW, WASHINGTON, DC 20036	52-2345895	501(C)(3)	20,000				(SEE STATEMENT)
(2) THE JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY BOX 62, NEW YORK, NY 10027	13-0887640	501(C)(3)	37,117				(SEE STATEMENT)
(3) BROOKLYN COLLEGE FOUNDATION INC 2900 BEDFORD AVENUE, BROOKLYN, NY 11210	11-1904329	501(C)(3)	25,000				(SEE STATEMENT)
(4) BROOKLYN COLLEGE FOUNDATION INC 2900 BEDFORD AVENUE, BROOKLYN, NY 11210	11-1904329	501(C)(3)	20,000				(SEE STATEMENT)
(5) EQUALITY NOW 250 WEST 57TH STREET SUITE 1720, NEW YORK, NY 11210	13-3660566	501(C)(3)	20,000				(SEE STATEMENT)
(6) HUMAN RIGHTS IN CHINA INC 485 FIFTH AVENUE 3RD FL, NEW YORK, NY 10017	13-3528552	501(C)(3)	20,000				(SEE STATEMENT)
(7) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 590 UNIVERSITY HALL, 2200 UNIVERSITY AVENUE, BERKELEY, CA 94720	94-6002123	115	20,000				(SEE STATEMENT)
(8) CLARION MUSIC SOCIETY PO BOX 259, NEW YORK, NY 10021	13-1878261	501(C)(3)	17,000				(SEE STATEMENT)
(9) THE ELIJAH INTERFAITH INSTITUTE 7422 VILLANOVA DRIVE, DALLAS, TX 75225	20-0515925	501(C)(3)	10,000				(SEE STATEMENT)
(10) DOC EMET PRODUCTIONS 47 BASKIN ROAD, LEXINGTON, MA 02421	26-2208183	501(C)(3)	10,000				(SEE STATEMENT)
(11) JEWISH FAMILY SERVICE 4131 S BRAESWOOD BOULEVARD, HOUSTON, TX 77025	74-1152607	501(C)(3)	10,000				(SEE STATEMENT)
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11

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

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: TO SUPPORT A PROJECT ENCOURAGING UN AGENCIES TO APPLY A HUMAN RIGHTS UP FRONT APPROACH AND FOR AN EXPERT SEMINAR TO DEVELOP PROTECTION STRATEGIES FOR NORTH KOREAN POLITICAL PRISONERS.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE JEWISH THEOLOGICAL SEMINARY: CHARITABLE / EDUCATIONAL PURPOSES CONSISTENT WITH EDWARD M CHASE'S WILL
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BROOKLYN COLLEGE FOUNDATION INC: TO CARRY OUT EDUCATION AND ADVOCACY AIMED AT MAINTAINING STRONG DIPLOMATIC SUPPORT FOR THE UN GENERAL ASSEMBLY'S 2015 RESOLUTION ON THE HUMAN RIGHTS SITUATION IN IRAN.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BROOKLYN COLLEGE FOUNDATION INC: TO SUPPORT ADVOCACY TRIPS BY IRANIAN HUMAN RIGHTS DEFENDERS REGARDING THE UN GENERAL ASSEMBLY'S 2015 RESOLUTION ON THE HUMAN RIGHTS SITUATION IN IRAN.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	EQUALITY NOW: TO SUPPORT A STRATEGY MEETING BETWEEN CIVIL SOCIETY AND PARLIAMENTARY REPRESENTATIVES FOCUSED ON REPEALING DISCRIMINATORY LAWS IN JORDAN, LEBANON AND IRAQ.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HUMAN RIGHTS IN CHINA INC: TO SUPPORT HUMAN RIGHTS DEFENDERS, THEIR FAMILIES AND THEIR LAWYERS IN "THE NEW NORMAL" OF CHINA.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY: TO SUPPORT PROJECT ENTITLED "AVERTING DEFAMATION OF RELIGIONS AT THE UN" CONDUCTED BY THE UNIVERSITY OF CALIFORNIA, IRVINE SCHOOL OF LAW INTERNATIONAL JUSTICE CLINIC.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CLARION MUSIC SOCIETY: TO SUPPORT THE EFFORTS MADE TO COMMEMORATE THE 50TH ANNIVERSARY OF NOSTRA AETATE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE ELIJAH INTERFAITH INSTITUTE: TO SUPPORT INSTITUTE'S EFFORTS TO RESTORE A CHURCH IN TABGHA FROM FIRE DAMAGE.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DOC EMET PRODUCTIONS: TO SUPPORT EFFORTS WITH THE SOUTH AFRICAN ISRAEL FORUM FOR A TRIP OF SOUTH AFRICAN LEADERS TO ISRAEL.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	JEWISH FAMILY SERVICE: TO SUPPORT EFFORTS TO ASSIST PEOPLE IMPACTED BY FLOODS IN HOUSTON.
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.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

13-5563393

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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 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) |

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

	Yes	No
1b	✓	
2	✓	
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

2 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?

3 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.

- | | |
|---|---|
| <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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID HARRIS CHIEF EXECUTIVE OFFICER (SEE SCHEDULE J)	(i)	506,330	0	2,607,740	7,950	28,103	3,150,123	2,575,000
	(ii)	0	0	0	0	0	0	0
2 VICTORIA SCHONFELD CHIEF OPERATING OFFICER	(i)	347,730	0	0	7,950	4,207	359,887	0
	(ii)	0	0	0	0	0	0	0
3 RICK HYNE CHIEF FINANCIAL OFFICER	(i)	260,728	0	0	7,950	27,924	296,602	0
	(ii)	0	0	0	0	0	0	0
4 JULIE SCHAIR ASSOCIATE EXECUTIVE DIRECTOR AND NATIONAL DIRECTOR OF DEVELOPMENT	(i)	253,993	0	3,368	7,949	36,500	301,810	0
	(ii)	0	0	0	0	0	0	0
5 JANET BECKER DIR, STRATEGIC IMPLEMENTATION & HR	(i)	240,018	0	3,551	7,484	28,872	279,925	0
	(ii)	0	0	0	0	0	0	0
6 JASON ISAACSON ASSISTANT EXEC DIR/DIR, OGIA	(i)	241,469	0	3,527	7,436	34,500	286,932	0
	(ii)	0	0	0	0	0	0	0
7 STEVEN BAYME DIR, CONTEMPORARY JEWISH LIFE	(i)	231,841	0	6,437	7,088	23,884	269,250	0
	(ii)	0	0	0	0	0	0	0
8 MARC D. STERN GENERAL COUNSEL	(i)	190,986	0	5,280	5,948	26,724	228,938	0
	(ii)	0	0	0	0	0	0	0
9 DANIEL ELBAUM ASST EXECUTIVE DIR FOR REGIONAL OFFICES	(i)	205,102	0	5,456	6,460	2,181	219,199	0
	(ii)	0	0	0	0	0	0	0
10 RABBI DAVID ROSEN INTERNATIONAL DIRECTOR OF INTERRELIGIOUS AFFAIRS	(i)	209,537	0	0	0	38,430	247,967	0
	(ii)	0	0	0	0	0	0	0
11 ROBERT LEIKIND REGIONAL DIRECTOR, AJC BOSTON	(i)	201,204	0	2,803	6,088	35,275	245,370	0
	(ii)	0	0	0	0	0	0	0
12 MICHAEL GILBERT DIRECTOR REGIONAL OFFICE ADVANCEMENT	(i)	194,216	0	1,767	5,919	31,058	232,960	0
	(ii)	0	0	0	0	0	0	0
13 ANDREW BAKER DIRECTOR OF INTERNATIONAL JEWISH AFFAIRS	(i)	187,733	0	5,067	5,739	20,991	219,530	0
	(ii)	0	0	0	0	0	0	0
14 DEBRA RUBENSTEIN NATIONAL DIRECTOR OF PLANNED GIVING	(i)	191,241	0	1,746	5,854	13,494	212,335	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.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	SEE RESPONSES TO LINE 1A ABOVE.
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. SEE RESPONSES TO SCHEDULE J, PART II, COLUMN (B)(III) FOR FURTHER INFORMATION.
SCHEDULE J, PART II, COLUMN (B)(III) - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING 2015, PER DAVID HARRIS' CONTRACT, HE RECEIVED A PAYOUT OF \$2,575,000 FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE BALANCE WAS ACCUMULATED OVER MANY YEARS AND AS SUCH, FOR ACCOUNTING PURPOSES WAS NOT AN EXPENSE TO AJC IN 2015. THE PAYMENT CONSTITUTED TAXABLE INCOME TO DAVID HARRIS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**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.

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	✓	208	3,572,730	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
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 208 SEPARATE GIFTS OF PUBLICLY TRADED SECURITIES.

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.

2015

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 (\$7,671,700) AND (\$1,983,214) IN 2015 AND 2014, RESPECTIVELY WERE INCURRED, BUT ARE NOT REQUIRED TO BE INCLUDED IN THIS LINE ITEM FOR FORM 990 PURPOSES.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	FROM MANY OF THE MEMBER COUNTRIES, AND WORKED WITH ALL MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES TO AMEND THE RESOLUTION. WITH THE DIRECTOR GENERAL'S HELP AND THAT OF THE U.S. MISSION TO UNESCO, THE WESTERN WALL REFERENCE WAS REMOVED; (2) AJC PROJECT INTERCHANGE SPONSORED 19 SEMINARS IN 2015 BRINGING POLICY AND OPINION LEADERS FROM AROUND THE WORLD TO ISRAEL. AS A RESULT OF A MIAMI ENTREPRENEURS SEMINAR, THE EXECUTIVE DIRECTOR OF THE MIAMI DADE COLLEGE IDEA CENTER INITIATED A PARTNERSHIP WITH STARTAU, TEL AVIV UNIVERSITY'S ENTREPRENEURSHIP CENTER; (3) PRIOR TO THE SEPTEMBER OPENING OF THE UN GENERAL ASSEMBLY, AJC HELD 70 PRIVATE MEETINGS WITH HIGH-LEVEL OFFICIALS FROM AROUND THE WORLD, INCLUDING HEADS OF STATE, HEADS OF GOVERNMENT, AND CABINET-LEVEL OFFICIALS, INCLUDING FOREIGN MINISTERS. AJC RENEWED CONTACTS WITH MANY OF THEM, AND INITIATED RELATIONSHIPS WITH OTHERS. IN THESE DISCUSSIONS AJC FOCUSED ON: ISRAEL'S UNJUST TREATMENT AT THE UN; COMBATING GLOBAL ANTI-SEMITISM; EU LABELING OF ISRAELI GOODS FROM THE WEST BANK AND GOLAN HEIGHTS; AND, PREVENTING A NUCLEAR IRAN; AND (4) AJC INITIATED THE MAYORS UNITED AGAINST ANTI-SEMITISM CAMPAIGN, TO WHICH 319 U.S. MAYORS FROM 50 STATES AND THE DISTRICT OF COLUMBIA, REPRESENTING MORE THAN 82 MILLION PEOPLE, SIGNED ON. ADDITIONALLY, A EUROPEAN VERSION WAS LAUNCHED RESULTING IN 188 EUROPEAN MAYORS FROM 31 COUNTRIES ADDING THEIR NAMES AS OF JUNE 2016. AT THAT TIME, A LIST OF THE SIGNATORIES WAS PUBLISHED IN AN AJC AD IN THE WALL STREET JOURNAL. FINALLY, 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.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	ONLINE EACH MONTH. OTHER COMMUNICATION TOOLS AJC EMPLOYS INCLUDE PRESS RELEASES, OP-EDS IN NATIONAL AND INTERNATIONAL MEDIA, AND AJC STAFF EXPERTS' BLOGS AND ARTICLES PUBLISHED IN MAJOR MEDIA OUTLETS AND ONLINE, AS WELL AS OUR CHIEF EXECUTIVE OFFICER'S REGULAR WEEKLY COMMENTARY ON THE NATIONAL CBS RADIO NETWORK, WHICH REACHES MILLIONS OF LISTENERS. IN THE WAKE OF TERRORIST ACTIVITIES 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 \$3,736,321 INCLUDING GRANTS OF \$105,649)(REVENUE \$45,929) AJC'S 2015 PROGRAMMATIC ACTIVITIES INCLUDE: (1) 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). (2) CONTEMPORARY JEWISH LIFE: AJC STRIVES TO STRENGTHEN JEWISH CONTINUITY AND, TO ENRICH THE RELATIONSHIP OF JEWS IN THE DIASPORA WITH THE STATE OF ISRAEL. AJC TAKES PUBLIC POSITIONS AND HOLDS SYMPOSIA AND MISSIONS ADDRESSING THE MOST CRITICAL CURRENT ISSUES (E.G., THE ROLE OF THE CHIEF RABBINATE IN 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 ELECTING MEMBERS OF GOVERNING BODY	SEE ABOVE.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	SEE ABOVE.

Return Reference - Identifier	Explanation							
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 CHIEF EXECUTIVE OFFICER 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 2015, SALARIES FOR SENIOR MANAGERS AND KEY EMPLOYEES WERE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE. AJC RETAINED A PROFESSIONAL COMPENSATION FIRM IN 2015 AND PERFORMED A COMPLETE A 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, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV							
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 AND FORM 990T IS AVAILABLE UPON REQUEST. 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	DURING 2015, PER DAVID HARRIS' CONTRACT, HE RECEIVED A PAYOUT OF \$2,575,000 FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE BALANCE WAS ACCUMULATED OVER MANY YEARS AND AS SUCH, FOR ACCOUNTING PURPOSES WAS NOT AN EXPENSE TO AJC IN 2015. THE PAYMENT CONSTITUTED TAXABLE INCOME TO DAVID HARRIS.							
FORM 990, PART X, LINES 11, 12, 13, 25 - INVESTMENTS AND OTHER LIABILITIES	INVESTMENTS AND OTHER LIABILITIES DECLINED PRIMARILY DUE TO THE PAYOUT OF ASSETS OF \$6,523,623 TO THANKS TO SCANDINAVIA WHICH NO LONGER MET THE REQUIREMENTS FOR CONSOLIDATION WITH AJC AS OF DECEMBER 31, 2014.							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: center;">(a) Description</th> <th style="width: 20%; text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 1556 1300 1650">PENSION AND POSTRETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS REPRESENTS THE NON-CASH CHARGE TAKEN PRIMARILY DUE TO THE INCREASE IN THE DISCOUNT RATE USED IN CALCULATING THE BENEFIT OBLIGATION</td> <td data-bbox="1308 1556 1521 1650" style="text-align: right;">1,613,612</td> </tr> <tr> <td data-bbox="459 1650 1300 1682">CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT</td> <td data-bbox="1308 1650 1521 1682" style="text-align: right;">- 208,268</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 INCREASE IN THE DISCOUNT RATE USED IN CALCULATING THE BENEFIT OBLIGATION	1,613,612	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	- 208,268
	(a) Description	(b) Amount						
PENSION AND POSTRETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS REPRESENTS THE NON-CASH CHARGE TAKEN PRIMARILY DUE TO THE INCREASE IN THE DISCOUNT RATE USED IN CALCULATING THE BENEFIT OBLIGATION	1,613,612							
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	- 208,268							
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 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

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

AMERICAN JEWISH COMMITTEE

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) INSTITUTE OF HUMAN RELATIONS (23-7389215) 165 EAST 56TH STREET, NEW YORK, NY 10022	FUNDRAISING	NY	501(C)(3)	11	AJC	✓	
(2) TRANS-ATLANTIC INSTITUTE AVENUE DES ARTS 43-6, EME ETAGE 6TH FL, BRUXELLES, 1040, BE	ADVOCACY	BELGIUM			AJC	✓	
(3) AJC BERLIN LEIPZIGER PLATZ 15, BERLIN, 10117, GM	ADVOCACY	GERMANY			AJC	✓	
(4) -----							
(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) 6 RED GROUND ROAD, OLD WESTBURY, NY 11568	INVESTMENT	NY	AJC						✓
(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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)	✓	
s 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
TRANS-ATLANTIC INSTITUE			
(1) TRANS-ATLANTIC INTITUTE	Q	589,545	FMV
(2) AJC BERLIN	R	655,640	FMV
(3) AJC BERLIN	Q	1,170,117	FMV
(4)	R	1,188,629	FMV
(5)			
(6)			

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)													