The books are in care of PALLYAH KOZTROVSKY-RATSEN Telephone number 212-687-6200	· Form 99	0-т '	Exempt Organ						n	OMB No 1545-0047
Department of the Treasury Tr				_					. 1	<u> എപ</u>
Check both of direct changes De not enter \$58 numbers on this form as it may be made public by our ordinaration is \$591(c))		ı							'	<u> </u>
Check box of address changed Check box of name changed and see mistractions D									(3)	Open-to Public Inspection for
Solic C	A Chec									
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Number, street, and room or suite no If a P O box, see instructions 13-16-56-53	B Exempt und	er section								
Solicy	X 501/ C	റു Pri		`	lf a P O	box, see instri	uctions	,	13-16	556634
196 Solon 196 220 E 42ND STREST STE 400 Geometric country, and 2iP or foreign pestal code Solon 196	·	(or		-			-		
C Book value of all sales INEW YORK, NY 10017 C Book value of all sales INEW YORK, NY 10017 F Group exemption number (See instructions) ▶ F Group exemption of ficers of the see instructions of limits of the see instructions of limits of limit		אני ו	De 220 E 42ND	STREET S'	TE 4	0.0				
C Bonck seture of all assets all end of year Setup exemption number (See instructions) ► C Coheck organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust C Coheck organization surrelated trades or businesses ► 1 Describe the only (or first) unrelated trade or business here ► ATCH 1 If only one, complete Parts I from the none, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business. Then complete Parts IIII-V If vest, enter the name and identifying number of the parent corporation ► If the parent corporation T the books are in care of ► AILTYAH KOZITANES T the parent corporation ► If vest, enter the name and identifying number of the parent corporation ► If the parent corporation ► If the parent corporation ► If vest, enter the name and identifying number of the parent corporation ► If t	\vdash	530(a)					ostal code		<u> </u>	
F Group exemption number (See instructions) F Group exemption number of the organizations unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1		of all assets	1 ' '		,,	oo.u.g p	2010/ 2020	((525)90	10-
H Enter the number of the organization type ▶ X 501(c) corporation H Enter the number of the organization surrelated trades or businesses ▶ 1 Describe the only (or first) urrelated trade or business here ▶ ATCH 1 If only one, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence in the previous s		nr ⊨			ione)				10000	
H Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 (If only one, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶				 			501/	a) truct	401(2)	trust Other trust
trade or business here ▶ ATCH 1 first in the blank space at the end of the previous sentence, complete Parts III and II, complete a Schedule M for each additional trade or business, then complete Parts III-V 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Ves ▼ N 1 Yes, ▼ N 1 Yes, ▼ N 1 Yes, ▼ N 1 Yes ■ N 2 N 2 N 2 The books are in care of ▶ ALIYAH KOZIROVSKY-RATSEN Telephone number ▶ 212-687-6200 2 Cost of goods sold Schedule A, Ine 7). 2 Cost of goods sold (Schedule A, Ine 7). 2 Cost of goods sold (Schedule A, Ine 7). 3 Gross profit Subtract line 2 from line 1c 3 Gross profit Subtract line 2 from line 1c 4 Capital gain net income (atlach Schedule D) 4 Net gain (loss) (from 478), Pen II, line 17) (attach Form 4797), 4b 5 Income (res) from a pathwarther or an Scopesino (statich statement), 5 6 Rent income (schedule C). 6 Rent income (Schedule C). 7 Unrelated debt-innanced income (Schedule E) 10 Lexiploted exempt activity income (Schedule E) 11 Advertisanj income (Schedule C). 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 15 Compensation of officers, directors, and trustees (Schedule K). 16 Reparts and mantenance 17 RECEIVED 18 Interest (attach schedule) (see instructions) Policy (Compensation claims of Schedule A) 19 Taxes and inconeses 10 Depreciation (attach Form 4552). 20 Depreciation (attach Form 4552). 21 Less depreciation claimed on Schedule A and else (Policy M), UT. 21 Depletion, 22 Contributions to deferred compensation plans 23 Employee benefit programs 24 Employee benefit programs 24 Employee benefit programs 24 Employee benefit programs 25 Excess readership costs (Schedule I). 26 Excess readership costs (Schedule I). 27 Other deductions. Add Interest (attach schedule).	H Enter the					-	1 1301(
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III.V. If "Yes," enter the name and identifying number of the parent corporation ▶ If "Yes," enter the name and identifying number of the parent corporation ▶ If "Yes," enter the name and identifying number of the parent corporation ▶ If "Yes," enter the name and identifying number of the parent corporation ▶ If "Yes," enter the name and identifying number of the parent corporation ▶ If yes," enter the name and identifying number of the parent corporation ▶ If yes," enter the name and identifying number of the parent corporation ▶ If yes," enter the name and identifying number of the parent corporation ▶ If yes," enter the name and identifying number of the parent corporation ▶ If yes," enter the name and identifying number of the parent corporation ▶ If yes," enter the name and identifying number of the parent corporation № If yes," enter the name and identifying number of the parent corporation № If yes," enter the name and identifying number of the parent corporation № If yes," enter the name and identifying number of the parent corporation № If yes, "enter the name and identifying number of the parent corporation № If yes, "enter the name and identifying number of the parent corporation Parent III. If yes, "enter the name and identifying number of the parent corporation Parent III. If yes, "enter the name and identifying number of the parent III. If yes, "enter the name and identifying number of the parent III. If yes, "enter the name and identifying number of the parent III. If yes, "enter the name and identifying number of the parent III. If yes, "enter the name and identifying number of the parent III. If yes, "enter the name and identifying number of the parent III. If yes, "enter the name and identifying number of the parent III. If yes, "enter the name and identifying number of the parent III. If yes, "enter t			· .	aces or busine	3303		If only one		-	
Trade or business, then complete Parts IIII-V		-		sentence coi	mnlete	Parts Land I		•		•
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X N Yes, "enter the name and identifying number of the parent corporation		•	•	somenoo, oo	inpicio	i and rand i	i, complete a i	Scriedule IVI for eac	addition	iai
Tryes," enter the name and identifying number of the parent corporation				arv in an affili	iated o	roup or a pare	ent-subsidiary	controlled group?		. ▶ Yes X No
The books are in care of PALTYAH KOZIROVSKY-RATSEN Telephone number 212-687-6200							J. 1. 505510.0	·		
1a Gross recepts or sales b Less returns and allowances c Balance 1c 2 3 3 3 3 3 3 3 3 3							Telepho	ne number ▶ 212	-687-	6200
Description Cost of goods sold (Schedule A, line 7) Cost of goods sold (Schedule A) Cost of goods sold (Schedule C) Cost of goods sold (Schedu	Part I U	related Trad	le or Business Inco	me		(A) I	ncome	(B) Expens	es	(C) Net
2 Cost of goods sold (Schedule A, Inne 7). 3 Gross profit Subtract line 2 from line 1c. 3 1	1a Gross	eceipts or sales_								3/34000 x 5/40 x 5
3 Gross profit Subtract line 2 from line 1 c. 3 3 1,400,002.	b Less retu	rns and allowances		c Balance	1c			7.0		
4a	2 Cost o	f goods sold (Sch	hedule A, line 7)		2			125 F 54 F		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (stack statement). finceme (loss) from a partnership or an S corporation (statement). finceme (loss) from a		•			3			36.002.00		
C Capital loss deduction for trusts 4c	4a Capita	gain net income	e (attach Schedule D)		4a	1,	400,002.	12.00	e y m	1,400,002.
Streeme (loss) from a partnership or an S corporation (attach statement). 5	b Netga	n (loss) (Form 47	97, Part II, line 17) (attach F	orm 4797)	4b			Successive Control	2545 7 00	
Rent income (Schedule C)	-						405 770	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		406 700
Unrelated debt-financed income (Schedule E)							435, 112.	ATCH-2	<u> </u>	435,772.
Interest, annulties, royalites, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 11 10 11 11 12 12 12										
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule C) 9 10 10 10 10 10 10 10			, , ,							
Exploited exempt activity income (Schedule I)	•	•	-		\vdash		,,			•
Advertising income (Schedule J)			· ·							
12	·=	· •	• , , ,	,						<u> </u>
13 Total. Combine lines 3 through 12.			,			-			~~hc31108	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages						1,	835,774.	SOUR AND ASSESSED OF THE PARTY	and the second s	1,835,774.
connected with the unrelated business income) 14	Part II D	eductions N	ot Taken Elsewhere	(See insti	ructio	ns for limi	tations on	deductions.) (D	eductio	
Compensation of officers, directors, and trustees (Schedule K). Salaries and wages Repairs and maintenance RECEIVED Repairs and maintenance RECEIVED Repairs and maintenance RECEIVED Repairs and maintenance RECEIVED Repairs and maintenance Repairs and maintenan								~		.
RECEIVED 16 17 18 Interest (attach schedule) (see instructions) 19 10 11 12 13 14 15 16 17 18 18 18 18 19 19 10 10 17 19 10 10 10 10 10 10 10 10 10 10 10 10 10	14 Compe	nsation of office	ers, directors, and trustees	(Schedule K)					. 14	
RECEIVED 16 17 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere in fetting, UT. 22 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 Excess exempt expenses (Schedule I). 25 Excess readership costs (Schedule J). 26 Cother deductions (attach schedule) 27 Total deductions. Add lines 14 through 27 RECEIVED 16 17 18 17 18 19 24,312 20 21b 22c 23 24 25 26 27 28 86,838	15 Salarie	s and wages							15	
17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 24,312 20 21 21 21 21 21 21	16 Repair	s and maintenand	ce	. RECE	ΞIV/I	FD l			. 16	
Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere preting, UT. Depletion. Contributions to deferred compensation plans Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27.	17 Bad de	bts		- 1 12 0 2		o			. 17	
Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewice in this in the content of the cont						IS	<i></i> .		. 18	-
Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and else (The Content of the Content	19 Taxes	and licenses	<u> </u>	NUV 1	.7. Z				. 19	24,312.
Less depreciation claimed on Schedule A and else Meta Meta Meta Meta Meta Meta Meta Met						<u> </u>	20		11.00	
22 22 23 23 24 24 25 25 26 26 27 Other deductions (attach schedule) ATCH 3 27 62,526 28 Total deductions. Add lines 14 through 27 28 86,838				lseWhere on fe	H ujkrj	.UT !	21a		21b	
23 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) ATCH 3 27 62,526 28 Total deductions. Add lines 14 through 27 28 86,838	22 Depleti	on	L .		- : · ;				. 22	
25 Excess exempt expenses (Schedule I). 25 26 Excess readership costs (Schedule J). 26 27 Other deductions (attach schedule). ATCH 3. 27 62,526 28 Total deductions. Add lines 14 through 27. 28 86,838										
26 Excess readership costs (Schedule J). 26 27 Other deductions (attach schedule) ATCH 3. 27 62,526 28 Total deductions. Add lines 14 through 27. 28 86,838	24 Employ	ee benefit progra	ams						. 24	
27 Other deductions (attach schedule) ATCH 3 27 62,526 28 Total deductions. Add lines 14 through 27 28 86,838										
28 Total deductions. Add lines 14 through 27										
3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -										62,526.
										86,838.
										1,748,936.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30		·		•	-		• •			1 740 026
		_			29 .	<u></u>	<u></u>	<u> </u>	. 31	1,748,936. Form 990-T (2019)

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Form	990-T (2019) THE AMERICAN JEWISH JOINT DISTRIBUTION	13-	1656634	Page 2
Par	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e		
	instructions)	. 32	1,74	8,936.
33	Amounts paid for disallowed fringes			
34	Charitable contributions (see instructions for limitation rules)	. 34	17	4,894.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lin	· · 		
•	34 from the sum of lines 32 and 33		1,57	4,042.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	· —	· -	
•	instructions)			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	· -	1.57	4,042.
38	·	·		1,000.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	· -		1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37		1 57	3,042.
Dog	enter the smaller of zero or line 37	. 39	1,57	3,042.
	Tax Computation	N 40	22	0,339.
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)			0,339.
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax o			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)			_
42	Proxy tax See instructions			
43	Alternative minimum tax (trusts only)			
44	Tax on Noncompliant Facility Income See instructions			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies ,	. 45	33	0,339.
Par				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	_		
b	Other credits (see instructions)			
С	General business credit Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827),			
е	Total credits. Add lines 46a through 46d	. 46e		
47	Subtract line 46e from line 45	. 47	33	0,339.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	.). 48		
49	Total tax. Add lines 47 and 48 (see instructions)		33	0,339.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			
51 a	Payments A 2018 overpayment credited to 2019			
	2019 estimated tax payments			
	Tax deposited with Form 8868	<u>5.</u>		
	Foreign organizations Tax paid or withheld at source (see instructions) 51d	\dashv \mid		
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 51f			
	Other credits, adjustments, and payments Form 2439			
9	Form 4136 Other Total ► 51g			
52		. 52	53	2,153.
	Total payments Add lines 51a through 51g	53		
53	, ,,			
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	20	1,814.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		1,014.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax > 201, 814. Refunded			
Par				res No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature		—	es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	ne foreigi	- 1	$\overline{}$
	here ►SEE ATTACHMENT 4		·	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreign trus	ارا ۱۰۰۰۰	X .
	If "Yes," see instructions for other forms the organization may have to file			
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ne best of m	iy knowledge and	l belief, it is
Sign	DocuSigned by Nov. 2, 2020	May the	IRS discuss th	ns return
Here	e OPHIR SINGAL NOV 3, 2020 CFO CFO	with the	preparer show	
	Signature of officer Date Title	(see instructi	ons)? X Yes	No
n	Print/Type preparer's name 20126880078C498 Preparer's signature Date Ci	hecki	PTIN	
Paid	DANTED NOTATIO	elf-employed	P00504	1182
•	Orly Firm's name ► GRANT THORNTON LLP	rm's EIN 🕨	36-60555	58
use	Only	2.	12-500-01	0.0

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V 19-6.5F 0182762-00006

PAGE 80

Schedule A - Cost of Go	oods Sold. En	ter method	d of invent	ory valuation					age 3
1 Inventory at beginning of y						ar , , , , , , , , ,	6		
2 Purchases	· -					ıld. Subtract line			
3 Cost of labor					_	here and in Part	f I		
4a Additional section 263A co	· · · - 								
(attach schedule)						section 263A (v		Yes	No
b Other costs (attach schedu	· · · 					or acquired for	•		
5 Total Add lines 1 through									X
Schedule C - Rent Income		roperty a	nd Perso						
(see instructions)	•					·			
1 Description of property									
(1)									
(2)				· · · · · · · · · · · · · · · · · · ·					
(3)									
(4)									
	2 Rent receiv	ved or accru	ed						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percent	age of rent fo	d personal property or personal property s based on profit or	exceeds		directly connected wit(a) and 2(b) (attach s		те
(1)									
(2)			1-1						
(3)							•		
(4)									
Total		Total							
(c) Total income. Add totals of co	, ,	,				(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,		
Schedule E - Unrelated De	ebt-Financed I	n come (se	ee instruct	ions)	-				
1 Description of deb	ot-financed property	. ,,,,		income from or to debt-financed			ced property		
				property		ht line depreciation ich schedule)	(b) Other de (attach sch		
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ole to property	4	Column divided column 5		income reportable n 2 x column 6)	8. Allocable of (column 6 x tota 3(a) and	al of column	s
(1)				%					
(2)				%					
(3)				%	-				
(4)				%					
						re and on page 1, ne 7, column (A)	Enter here and Part I, line 7, o		
Totals									_

THE AMERICAN JEWISH JOINT DISTRIBUTION

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1 Name of controlled 2 Employer 5. Part of column 4 that is 6 Deductions directly 3 Net unrelated income 4 Total of specified organization identification number included in the controlling connected with income (loss) (see instructions) payments made organization's gross income ın column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 10 Part of column 9 that is 11 Deductions directly 8 Net unrelated income 9 Total of specified 7 Taxable Income included in the controlling organization's gross income connected with income in (loss) (see instructions) payments made column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A) Part I, line 8, column (B) Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions directly connected (attach schedule) 5 Total deductions 4 Set-asides (attach schedule) and set-asides (col 3 plus col 4) 1 Description of income 2 Amount of income (1) (2) (3) <u>(4)</u> Enter here and on page 1, Enter here and on page 1. Part I, line 9, column (A) Part I, line 9, column (B) Schedule I-Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) from unrelated trade 3 Expenses 7. Excess exempt 2 Gmss directly connected with expenses (column 6 minus 5 Gross income 6 Expenses attributable to column 5 unrelated or business (column 2 minus column 3) from activity that 1 Description of exploited activity business ілсоте production of column 5, but not If a gain, compute cols 5 through 7 from trade or unrelated business income business business income column 4) (1) (2) (3)(4) Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, line 10, col (A) line 10, col (B) Part II, line 25 Schedule J- Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis 7 Excess readership 4. Advertising 2. Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6 Readership 1 Name of periodical advertising 2 minus col 3) If minus column 5, but advertising costs costs income ıncome not more than a gain, compute cols 5 through 7 column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5))

Form 990-T (2019)

THE AMERICAN JEWISH JOINT DISTRIBUTION

13-1656634

Page 5

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			. 12 11	7	£, . ". "	
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14.			-

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN LIMITED PARTNERSHIPS

13-1656634

ATTACHMENT 2

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

ORDINARY INCOME FROM LP INVESTMENTS

435,772.

INCOME (LOSS) FROM PARTNERSHIPS

435,772.

ATTACHMENT 3

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

INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES

34,086.

28,440.

PART II - LINE 28 - OTHER DEDUCTIONS

62,526.

13-1656634 12/31/2019

AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. FORM 990-T

PART VI, LINE 57

INTEREST IN OR A SIGNATURE OR OTHER AUTHORITY OVER A FINANCIAL ACCOUNT:

ARGENTINA

AUSTRALIA

AUSTRIA

BOSNIA

BULGARIA

CYPRUS

ESTONIA

ETHIOPIA

GERMANY

FRANCE

HUNGARY

INDIA

ISRAEL

MOROCCO

POLAND

ROMANIA

SWITZERLAND,

UNITED KINGDOM

THE AMERICAN JEWISH JOINT DISTRIBUTIONCOMMITTEE INC	13-1656634
FORM 990-T	
FYE 12/31/2019	
CHARITABLE CONTRIBUTION DEDUCTION ("CCD") CARRYOVER SCHEDULE	
FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS	
UNRELATED TRADE OR BUSINESS INCOME	1,835,774
ADD DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0
LESS. DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	86,838
NOL CARRYOVER	0
	0
CHARITABLE CONTRIBUTION LIMITATION (10%)	174,894
CHARITABLE CONTRIBUTION	604,778
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	174,894
TAX YEAR CCD GENERATED CCD UTILIZED IN CCD UTILIZED IN CONTRIBUTIONS ENDED CONVERTED TO N	CARRIED FORWARD
12/31/2019 604,778 - 174,894	- 429,884
CCD CARRYOVER TO 12/31/2020	429,884

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

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

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. 13-1656634 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 107,992. 107,992. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. 107,992. Part | Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 1,292,010. 1,292,010. Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 1,292,010. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 107,992. 16 1,292,010. Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 1,400,002.

Note. If losses exceed gains, see Capital Losses in the instructions For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2019

Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www irs gov/Form8949 for instructions and the latest information.

OMB No 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return THE AMERICAN JEWISH JOINT DISTRIBUTION Social security number or taxpayer identification number COMMITTEE INC Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. lf you enter an amount in column (g) (e) Cost or other basis enter a code in column (f) (c) (d) Gain or (loss) (b) (a) See the separate instructions See the Note below Date sold or Proceeds Subtract column (e) Description of property Date acquired and see Column (e) disposed of (sales price) from column (d) and (Example 100 sh XYZ Co) (Mo, day, yr) in the separate (Mo, day, yr) (see instructions) combine the result Code(s) from instructions Amount of with column (g) adjustment instructions ST CAPITAL GAIN FROM LP'S VAR VAR 107,992 107,992 2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

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

107,992

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form **8949** (2019)

107.992

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

THE AMERICAN JEWISH JOINT DISTRIBUTION

13-1656634

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

Part II

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

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

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

		(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
		(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
ſ	X	(F) Lang-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales рлсе)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if any, to gain or lo If you enter an amount in column enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo, day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT CAPITAL GAIN FROM LP'S	VAR	VAR	1,292,010				1,292,010
							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclusion checked), line	ude on your 9 (if Box E	1,292,010				1,292,010

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

Form **8949** (2019)

JSA 9X2616 2 000