

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**Open to Public  
Inspection

<b>A</b> For the 2018 calendar year, or tax year beginning <u>05/01, 2018</u> , and ending <u>04/30, 2019</u>																																								
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>AMERICAN JEWISH WORLD SERVICE, INC.</u></td> <td><b>D</b> Employer identification number <u>22-2584370</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <u>(212) 792-2900</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td></td> </tr> <tr> <td colspan="2"><u>45 WEST 36TH STREET</u></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10018</u></td> <td></td> </tr> <tr> <td colspan="3"><b>F</b> Name and address of principal officer: <u>ROBERT BANK</u> <u>45 WEST 36TH STREET, NEW YORK, NY 10018</u></td> </tr> <tr> <td colspan="2"><b>G</b> Gross receipts \$ <u>65,570,409.</u></td> <td></td> </tr> <tr> <td colspan="2"><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="2"><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="3">If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <u>WWW.AJWS.ORG</u></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <u>1985</u> <b>M</b> State of legal domicile: <u>NY</u></td> </tr> </table>	<b>C</b> Name of organization <u>AMERICAN JEWISH WORLD SERVICE, INC.</u>		<b>D</b> Employer identification number <u>22-2584370</u>	Doing business as		<b>E</b> Telephone number <u>(212) 792-2900</u>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		<u>45 WEST 36TH STREET</u>			City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10018</u>			<b>F</b> Name and address of principal officer: <u>ROBERT BANK</u> <u>45 WEST 36TH STREET, NEW YORK, NY 10018</u>			<b>G</b> Gross receipts \$ <u>65,570,409.</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. (see instructions)			<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <u>WWW.AJWS.ORG</u>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>1985</u> <b>M</b> State of legal domicile: <u>NY</u>
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<b>Part I Summary</b>																																																															
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>AMERICAN JEWISH WORLD SERVICE, INC. ("AJWS") IS THE LEADING JEWISH ORGANIZATION WORKING TO FIGHT POVERTY AND PURSUE JUSTICE IN THE DEVELOPING WORLD.</u>																																																														
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																														
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<u>27.</u>																																																													
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<u>26.</u>																																																													
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .	<u>143.</u>																																																													
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<u>33.</u>																																																													
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<u>0.</u>																																																													
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38 . . . . .	<u>93,054.</u>																																																													
	<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</td> <td style="text-align: right;">63,664,162.</td> <td style="text-align: right;">38,692,397.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</td> <td style="text-align: right;">233,328.</td> <td style="text-align: right;">219,150.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .</td> <td style="text-align: right;">687,262.</td> <td style="text-align: right;">481,882.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .</td> <td style="text-align: right;">156,920.</td> <td style="text-align: right;">217,958.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .</td> <td style="text-align: right;">64,741,672.</td> <td style="text-align: right;">39,611,387.</td> </tr> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .</td> <td style="text-align: right;">29,873,728.</td> <td style="text-align: right;">21,138,310.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td rowspan="10" style="width:5%; text-align: center; vertical-align: middle;"><b>Expenses</b></td> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .</td> <td style="text-align: right;">13,662,237.</td> <td style="text-align: right;">14,150,563.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .</td> <td style="text-align: right;">186,829.</td> <td style="text-align: right;">264,736.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,566,724.</u></td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .</td> <td style="text-align: right;">8,731,612.</td> <td style="text-align: right;">8,462,657.</td> </tr> <tr> <td><b>18</b> Total expenses. 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<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>			<u>11/11/19</u> Date	
	<b>ROBERT BANK, PRESIDENT &amp; CEO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>SCOTT THOMPSETT</u>		Preparer's signature 	Date <u>10/30/2019</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u>		Check <input type="checkbox"/> if self-employed	PTIN <u>P00741490</u>
	Firm's address ▶ <u>757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013</u>		Firm's EIN ▶ <u>36-6055558</u>	
	Firm's phone no. ▶ <u>212-599-0100</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****1** Briefly describe the organization's mission:

INSPIRED BY THE JEWISH COMMITMENT TO JUSTICE, AMERICAN JEWISH WORLD  
SERVICE WORKS TO REALIZE HUMAN RIGHTS AND END POVERTY IN THE  
DEVELOPING WORLD. (CONTINUED ON SCHEDULE O).

**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 \$ 30,122,657. including grants of \$ 20,433,310. ) (Revenue \$ 219,150. )

PROGRAM: THE PROGRAMS DIVISION (PD) OVERSEES AND IMPLEMENTS AJWS'S  
INTERNATIONAL GRANTMAKING. IN FY2019, AJWS AWARDED 672 GRANTS TO  
510 HUMAN RIGHTS ORGANIZATIONS WORKING TO DEFEND CIVIL AND  
POLITICAL RIGHTS, ADVANCE SEXUAL HEALTH AND RIGHTS, PROMOTE  
CLIMATE JUSTICE AND RESPOND TO DISASTERS. AJWS FOCUSES ITS CORE  
WORK IN 19 COUNTRIES AND SUPPORTS GRANTEEES IN 20 ADDITIONAL  
COUNTRIES (TOTALING 39) VIA A DONOR-ADVISED FUND. (CONTINUED ON  
SCHEDULE O).

**4b** (Code: ) (Expenses \$ 3,295,681. including grants of \$ 0. ) (Revenue \$ 0. )

COMMUNICATIONS DIVISION: THE COMMUNICATIONS DIVISION IS  
RESPONSIBLE FOR COMMUNICATING ABOUT AJWS TO DIVERSE AUDIENCES IN  
ORDER TO RAISE AJWS'S PROFILE ON THE NATIONAL AND GLOBAL STAGE. IN  
FY2019, COMMUNICATIONS STAFF MEMBERS MAINTAINED AND DEVELOPED THE  
AJWS WEBSITE AS A VEHICLE FOR EDUCATING AND MOBILIZING OUR  
AUDIENCE, CONDUCTED ONLINE FUNDRAISING AND ADVOCACY INITIATIVES,  
SUPPORTED AND PROMOTED EVENTS TO EDUCATE AND INSPIRE OUR  
COMMUNITY, AND PROMOTED AJWS THROUGH TRADITIONAL MEDIA RELATIONS  
AND THROUGH SOCIAL MEDIA. (CONTINUED ON SCHEDULE O).

**4c** (Code: ) (Expenses \$ 2,344,743. including grants of \$ 705,000. ) (Revenue \$ 0. )

STRATEGIC LEARNING, RESEARCH AND EVALUATION (SLRE): THE STRATEGIC  
LEARNING, RESEARCH AND EVALUATION DIVISION IS RESPONSIBLE FOR  
YIELDING NEW INSIGHTS THAT CAN BE USED TO STRATEGICALLY IMPROVE  
AJWS'S WORK TO ADVANCE HUMAN RIGHTS IN THE DEVELOPING WORLD. SLRE  
GUIDES ONGOING STRATEGY MANAGEMENT AND INVESTIGATES KEY  
QUESTIONS ABOUT AJWS'S STRATEGIES-INCLUDING HOW WE CREATE  
SUSTAINED HUMAN RIGHTS CHANGE AND WHAT IMPACT WE HAVE HAD.  
(CONTINUED ON SCHEDULE O).

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 35,763,081.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . .	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. . . . .	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	<b>21</b> X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</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>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 143		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

**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 ☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1a</b> 27		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 26		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 1**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 ►  
 DANIELLE EDWARDS 45 WEST 36TH STREET, 11TH FLOOR NEW YORK, NY 10018 212-792-2838

**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 ☒ **X****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)BRAD ABELOW TRUSTEE (AS OF 6/4/18)	1.00 0.	X						0.	0.	0.
(2)NEAL BAER TRUSTEE (THRU 6/6/18)	1.00 0.	X						0.	0.	0.
(3)MARION BERGMAN VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(4)JAY COHAN TRUSTEE	1.00 0.	X						0.	0.	0.
(5)BARBARA DOBKIN TRUSTEE	1.00 0.	X						0.	0.	0.
(6)MONTE DUBE CHAIR	1.00 0.	X		X				0.	0.	0.
(7)JAMES DUBEY TRUSTEE	1.00 0.	X						0.	0.	0.
(8)THOMAS DUBIN TREASURER	1.00 0.	X		X				0.	0.	0.
(9)EILEEN EPSTEIN TRUSTEE	1.00 0.	X						0.	0.	0.
(10)MARTY FRIEDMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(11)KEN FRIEZE TRUSTEE (THRU 12/22/18)	1.00 0.	X						0.	0.	0.
(12)RABBI ELYSE FRISHMAN SECRETARY(THRU 6/19/18)/TRUSTEE	1.00 0.	X		X				0.	0.	0.
(13)MARC GREENWALD TRUSTEE	1.00 0.	X						0.	0.	0.
(14)MICHAEL HIRSCHHORN TRUSTEE	1.00 0.	X						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 ) CAROL JOSEPH ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 16 ) HOWARD KLECKNER ----- TRUSTEE (THRU 6/4/18)	1.00 0.	X						0.	0.	0.
( 17 ) JAMES KOSHLAND ----- VICE CHAIR	1.00 0.	X		X				0.	0.	0.
( 18 ) BETH KRAFT ----- TRUSTEE (THRU 6/4/18)	1.00 0.	X						0.	0.	0.
( 19 ) SHARON LESLIE ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 20 ) KATHLEEN LEVIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 21 ) CAROL YANOWITZ MILLER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
( 22 ) JILL MINNEMAN ----- TRUSTEE (AS OF 6/4/18)	1.00 0.	X						0.	0.	0.
( 23 ) SUZANNE OFFIT ----- TRUSTEE (AS OF 6/4/18)	1.00 0.	X						0.	0.	0.
( 24 ) RUSS PRATT ----- TRUSTEE (THRU 6/4/19)	1.00 0.	X						0.	0.	0.
( 25 ) WILLIAM RESNICK ----- TRUSTEE	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								2,521,698.	0.	372,659.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,521,698.	0.	372,659.

**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 **▶** 33

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

**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
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 14



**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			
( 26 ) MARCELLA KANFER ROLNICK TRUSTEE (THRU 6/4/18)	1.00 0.	X						0.	0.	0.
( 27 ) BRUCE ROSENBLUM TRUSTEE	1.00 0.	X						0.	0.	0.
( 28 ) ERIC SAHN TRUSTEE	1.00 0.	X						0.	0.	0.
( 29 ) ELIZABETH GALATIN SETH TRUSTEE	1.00 0.	X						0.	0.	0.
( 30 ) JOLIE SCHWAB TRUSTEE/SEC. (AS OF 6/19/18)	1.00 0.	X		X				0.	0.	0.
( 31 ) JUDITH STERN TRUSTEE	1.00 0.	X						0.	0.	0.
( 32 ) SCOTT WAXMAN TRUSTEE (AS OF 6/4/18)	1.00 0.	X						0.	0.	0.
( 33 ) BEATRICE WILDERMAN TRUSTEE (THRU 6/4/18)	1.00 0.	X						0.	0.	0.
( 34 ) ROBERT BANK PRESIDENT & CEO	45.00 0.	X		X				338,919.	0.	26,513.
( 35 ) KRISTINE STALLONE VP FOR FINANCE & ADMIN	45.00 0.			X				245,288.	0.	26,696.
( 36 ) MARGO BLOOM VP FOR DEVELOPMENT	45.00 0.				X			308,408.	0.	46,026.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 33

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 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? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**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

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

**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			
( 37 ) STUART SCHEAR VP FOR COMMUNICATIONS	45.00 0.				X			246,412.	0.	23,967.
( 38 ) SHARI TURITZ VP FOR INTERNATIONAL PROGRAMS	45.00 0.				X			236,309.	0.	48,412.
( 39 ) JACQUELINE HART VP FOR STRATEGIC LEARNING RES.	45.00 0.				X			222,975.	0.	35,212.
( 40 ) COREY LUTSKY DIRECTOR OF INFORMATION TECH.	45.00 0.					X		163,612.	0.	43,463.
( 41 ) TRACEY GURD SENIOR DIRECTOR OF CPR	45.00 0.					X		166,744.	0.	29,227.
( 42 ) DANIELLE EDWARDS DIRECTOR OF FINANCE	45.00 0.					X		161,789.	0.	17,880.
( 43 ) ALON SHALEV EXECUTIVE DIRECTOR SAN FRAN.	45.00 0.					X		157,491.	0.	37,678.
( 44 ) BRADLEY SUGAR MIDWEST DIRECTOR	45.00 0.					X		153,751.	0.	37,585.
( 45 ) RUTH MESSINGER GLOBAL AMBASSADOR	20.00 0.						X	120,000.	0.	0.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 33

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 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? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	331,447.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	38,360,950.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		1,568,920.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		38,692,397.			
	<b>Program Service Revenue</b>	<b>2a</b>	STUDY TOUR TRIP FEES	Business Code	900099	171,955.	171,955.
<b>b</b>		GLOBAL JUSTICE FELLOWSHIP FEES		900099	13,690.	13,690.	
<b>c</b>		RESEARCH & CONSULTING INCOME		900099	33,505.	33,505.	
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		219,150.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			559,606.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			0.		
	<b>5</b>	Royalties . . . . .			0.		
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .		169,855.			
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .		169,855.			
	<b>d</b>	Net rental income or (loss) . . . . .			169,855.		169,855.
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				25,881,298.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		25,959,022.			
	<b>c</b>	Gain or (loss) . . . . .		-77,724.			
	<b>d</b>	Net gain or (loss) . . . . .			-77,724.		-77,724.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	0.			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	0.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0.			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0.			
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	0.				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>	0.				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0.				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	MISCELLANEOUS INCOME		900099	48,103.		48,103.	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			48,103.			
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .			39,611,387.	219,150.	699,840.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,429,274.	1,429,274.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	19,709,036.	19,709,036.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,059,030.	1,428,007.	276,974.	354,049.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	120,000.	90,000.		30,000.
<b>7</b> Other salaries and wages . . . . .	9,441,510.	5,935,703.	1,170,757.	2,335,050.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	306,865.	186,473.	38,081.	82,311.
<b>9</b> Other employee benefits . . . . .	1,360,751.	891,155.	195,523.	274,073.
<b>10</b> Payroll taxes . . . . .	862,407.	529,903.	121,322.	211,182.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	50,549.	3,306.	46,913.	330.
<b>c</b> Accounting . . . . .	109,595.		109,595.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	264,736.			264,736.
<b>f</b> Investment management fees . . . . .	64,857.		64,857.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,227,263.	1,897,363.	107,413.	222,487.
<b>12</b> Advertising and promotion . . . . .	54,373.	42,264.	2,051.	10,058.
<b>13</b> Office expenses . . . . .	1,050,104.	273,096.	49,822.	727,186.
<b>14</b> Information technology . . . . .	823,611.	559,312.	75,029.	189,270.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	1,658,792.	1,074,198.	194,756.	389,838.
<b>17</b> Travel . . . . .	1,085,384.	930,905.	62,526.	91,953.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	415,005.	271,512.	56,091.	87,402.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	233,811.	151,239.	26,839.	55,733.
<b>23</b> Insurance . . . . .	117,842.	78,578.	12,870.	26,394.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIP DUES . . . . .	101,932.	51,003.	30,834.	20,095.
<b>b</b> PARTNER SUPPORT . . . . .	30,705.	25,222.	1,773.	3,710.
<b>c</b> SUBSCRIPTIONS & PUBLICATIONS . . . . .	27,857.	11,317.	5,170.	11,370.
<b>d</b> MISCELLANEOUS EXPENSES . . . . .	410,977.	194,215.	37,265.	179,497.
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	44,016,266.	35,763,081.	2,686,461.	5,566,724.
<b>26</b> 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) . . . . .	168,666.	118,563.	16,002.	34,101.

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	10,193,798.	<b>1</b>	5,916,661.
	<b>2</b> Savings and temporary cash investments . . . . .	3,795,101.	<b>2</b>	250,940.
	<b>3</b> Pledges and grants receivable, net . . . . .	27,102,721.	<b>3</b>	21,610,112.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	671,810.	<b>9</b>	524,030.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	4,202,396.		
	<b>b</b> Less: accumulated depreciation . . . . .	3,120,718.		
		888,164.	<b>10c</b>	1,081,678.
	<b>11</b> Investments - publicly traded securities . . . . .	14,549,652.	<b>11</b>	21,099,354.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	149,245.	<b>15</b>	156,408.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	57,350,491.	<b>16</b>	50,639,183.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	545,706.	<b>17</b>	794,112.
	<b>18</b> Grants payable . . . . .	6,375,101.	<b>18</b>	3,205,198.
	<b>19</b> Deferred revenue . . . . .	108,162.	<b>19</b>	254,891.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	926,415.	<b>25</b>	1,055,590.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	7,955,384.	<b>26</b>	5,309,791.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	16,832,666.	<b>27</b>	18,770,227.
	<b>28</b> Temporarily restricted net assets . . . . .	32,553,141.	<b>28</b>	26,549,865.
	<b>29</b> Permanently restricted net assets . . . . .	9,300.	<b>29</b>	9,300.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	49,395,107.	<b>33</b>	45,329,392.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	57,350,491.	<b>34</b>	50,639,183.

Form **990** (2018)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	39,611,387.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	44,016,266.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-4,404,879.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	49,395,107.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	276,664.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	62,500.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	45,329,392.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

Employer identification number

22-2584370

**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 12, 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)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2018



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	57,408,254.	68,840,622.	66,032,840.	63,664,162.	38,692,397.	294,638,275.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	57,408,254.	68,840,622.	66,032,840.	63,664,162.	38,692,397.	294,638,275.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						51,603,526.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						243,034,749.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4. . . . .	57,408,254.	68,840,622.	66,032,840.	63,664,162.	38,692,397.	294,638,275.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	321,299.	327,814.	384,474.	543,550.	729,461.	2,306,598.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	64,458.	234,095.	116,523.	53,233.	48,103.	516,412.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						297,461,285.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,156,217.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	81.70 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.15 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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. ☐

**b 33 1/3% support tests - 2017.** 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. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> 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 <b>Part VI</b>.</i>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>10a</b> 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>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013 . . . . .			
<b>b</b> From 2014 . . . . .			
<b>c</b> From 2015 . . . . .			
<b>d</b> From 2016 . . . . .			
<b>e</b> From 2017 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014 . . . .			
<b>b</b> Excess from 2015 . . . .			
<b>c</b> Excess from 2016 . . . .			
<b>d</b> Excess from 2017 . . . .			
<b>e</b> Excess from 2018 . . . .			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
SPECIAL EVENT INCOME	21,907.	183,703.	74,658.	53,233.		333,501.
MISCELLANEOUS INCOME	42,551.	50,392.	41,865.		48,103.	182,911.
TOTALS	<u>64,458.</u>	<u>234,095.</u>	<u>116,523.</u>	<u>53,233.</u>	<u>48,103.</u>	<u>516,412.</u>



**Schedule of Contributors**

OMB No. 1545-0047

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

Employer identification number

22-2584370

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **AMERICAN JEWISH WORLD SERVICE, INC.**Employer identification number  
**22-2584370****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		\$ 937,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,290,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,587,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 15,007,200.	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.)

22-2584370

## Part II

(a) No.  
from  
Part I

(b)  
Description of noncash property given

(c)  
FMV (or estimate)  
(See instructions.)

(d)  
Date received

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Name of organization **AMERICAN JEWISH WORLD SERVICE, INC.**

Employer identification number

22-2584370

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

**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 <b>AMERICAN JEWISH WORLD SERVICE, INC.</b>	Employer identification number <b>22-2584370</b>
--------------------------------------------------------------------	-----------------------------------------------------

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**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)				

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

Schedule C (Form 990 or 990-EZ) 2018

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		37,485.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		106,733.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		144,218.													
<b>d</b> Other exempt purpose expenditures . . . . .		43,872,048.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		44,016,266.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input checked="" 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	46,965.	33,053.	189,294.	144,218.	413,530.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	4,486.	4,486.	47,600.	37,485.	94,057.

Schedule C (Form 990 or 990-EZ) 2018

**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
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? . . . . .			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .			
<b>c</b>	Media advertisements? . . . . .			
<b>d</b>	Mailings to members, legislators, or the public? . . . . .			
<b>e</b>	Publications, or published or broadcast statements? . . . . .			
<b>f</b>	Grants to other organizations for lobbying purposes? . . . . .			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .			
<b>i</b>	Other activities? . . . . .			
<b>j</b>	Total. Add lines 1c through 1i . . . . .			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

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

<b>1</b>	Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year . . . . .	<b>2a</b>	
<b>b</b>	Carryover from last year. . . . .	<b>2b</b>	
<b>c</b>	Total . . . . .	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	

**Part IV** Supplemental Information

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

SEE PAGE 4



**Part IV** Supplemental Information (continued)

## SCHEDULE C, PART II-A

AJWS ENGAGES IN ADVOCACY AND LOBBYING EACH YEAR IN THE CONTEXT OF HUMAN RIGHTS ISSUES WITHIN OUR GRANTEE COUNTRIES AND HOW THEY CORRELATE TO U.S. FOREIGN POLICY. WE AIM TO EDUCATE BOTH POLICY MAKERS AND THE PUBLIC TO BRING INTERNATIONAL HUMAN RIGHTS CRISES INTO FOCUS IN THE U.S. AND INSPIRE ACTION. AJWS ADVOCACY STAFF SUPPORTING THESE EFFORTS AND INTERACTING WITH CONGRESS, THE STATE DEPARTMENT AND U.N. MEMBERS ON PRIORITIES RELATED TO OUR THEMATIC PORTFOLIOS.

OUR ADVOCACY ACTIVITIES INCLUDE BRINGING AJWS GRANTEE PARTNERS AND INFLUENTIAL JEWISH COMMUNITY LEADERS TO CAPITOL HILL TO MEET WITH CONGRESSIONAL STAFF AND MEMBERS OF THE STATE DEPARTMENT, DIRECT MAILINGS TO CONGRESSIONAL STAFF ABOUT POLICY UPDATES AND RELEVANT EVENTS, ENGAGEMENT OF OUR DONOR BASE TO CONTACT THEIR REPRESENTATIVES ABOUT SPECIFIC ISSUES AND MORE. IN FY2019, AJWS'S ADVOCACY EFFORTS PRIORITIZED THE TARGETED VIOLENCE AGAINST BURMA'S ROHINGYA PEOPLE AND THE RESULTING REFUGEE POPULATION IN BANGLADESH, THE EXCLUSION OF MINORITY COMMUNITIES IN THE GLOBAL RESPONSE TO UGANDA'S AIDS CRISIS AND THE DISINTEGRATION OF HUMAN RIGHTS PROTECTIONS IN GUATEMALA, AS WELL AS HUMAN RIGHTS VIOLATIONS IN INDIA, NICARAGUA AND ELSEWHERE. AJWS ALSO EMPHASIZED THE IMPORTANCE OF SEXUAL HEALTH AND RIGHTS FOR LGBTQI PEOPLE, WOMEN, AND GIRLS WITHIN ADVOCACY EFFORTS.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Employer identification number

22-2584370

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	1.	
2 Aggregate value of contributions to (during year)	3,438,300.	
3 Aggregate value of grants from (during year) . .	5,380,000.	
4 Aggregate value at end of year . . . . .	653,383.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

**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 **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**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
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**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
<b>1a</b> Beginning of year balance . . . . .	12,903.	12,882.	12,699.	2,228,124.	2,177,713.
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .	937.	21.	183.	-48,188.	150,411.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .				2,167,237.	100,000.
<b>f</b> Administrative expenses . . . . .	25.				
<b>g</b> End of year balance . . . . .	13,815.	12,903.	12,882.	12,699.	2,228,124.

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

**a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %

**b** Permanent endowment ▶ 67.3200 %

**c** Temporarily restricted endowment ▶ 32.6800 %

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
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		2,053,229.	1,738,280.	314,949.
<b>d</b> Equipment . . . . .		520,871.	386,276.	134,595.
<b>e</b> Other . . . . .		1,628,296.	996,162.	632,134.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,081,678.

Schedule D (Form 990) 2018

**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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►**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) DEFERRED RENT	868,293.	
(3) CHARITABLE GIFT ANNUITY OBLIGATION	187,297.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,055,590.	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	40,227,642.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	276,664.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	404,448.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	681,112.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	39,546,530.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	64,857.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	64,857.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	39,611,387.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	44,293,357.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	404,448.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-62,500.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	341,948.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	43,951,409.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	64,857.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	64,857.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	44,016,266.

**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 PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE BOARD OF TRUSTEES HAS DETERMINED THAT WHEN AJWS RECEIVES A CONTRIBUTION AND THE DONOR RESTRICTS AJWS FROM SPENDING THE PRINCIPAL, NEW YORK LAW REQUIRES AJWS TO MAINTAIN THE ORIGINAL HISTORICAL DOLLAR VALUE OF THE CONTRIBUTION RECEIVED AS AN ENDOWMENT. THE AMOUNT IS RECORDED AS PERMANENTLY RESTRICTED AND INCOME FROM INTEREST AND DIVIDENDS IS RECORDED AS UNRESTRICTED OR TEMPORARILY RESTRICTED, DEPENDING ON THE DONOR'S SPECIFICATION.

AJWS HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

AJWS FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

AJWS IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3),

**Part XIII** Supplemental Information *(continued)*

THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE,  
UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AJWS HAS PROCESSES  
PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO  
IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING  
AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO  
IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.  
MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX  
POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL  
STATEMENTS. IN ADDITION, AJWS HAS NOT RECORDED A PROVISION FOR INCOME  
TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME  
ACTIVITIES.

SCHEDULE D, PART XII, LINE 2B

GRANT REFUNDS (\$62,500)



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

**Statement of Activities Outside the United States**

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

22-2584370

**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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	0.	8.	PROGRAM SERVICES	SUPPORT GRANTEE	634,438.
<b>(2)</b> EAST ASIA AND THE PACIFIC	0.	3.	PROGRAM SERVICES	SUPPORT GRANTEE	160,894.
<b>(3)</b> EUROPE	0.	0.	PROGRAM SERVICES	SUPPORT GRANTEE	85,808.
<b>(4)</b> SOUTH ASIA	0.	7.	PROGRAM SERVICES	SUPPORT GRANTEE	659,903.
<b>(5)</b> SUB-SAHARAN AFRICA	0.	15.	PROGRAM SERVICES	SUPPORT GRANTEE	937,680.
<b>(6)</b> NORTH AMERICA	0.	1.	PROGRAM SERVICES	SUPPORT GRANTEE	116,296.
<b>(7)</b> SOUTH AMERICA	0.	0.	PROGRAM SERVICES	SUPPORT GRANTEE	22,450.
<b>(8)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SUPPORT GRANTEE	3,899.
<b>(9)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		2,920,223.
<b>(10)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		1,968,623.
<b>(11)</b> EUROPE	0.	0.	GRANTMAKING		1,246,614.
<b>(12)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		50,000.
<b>(13)</b> NORTH AMERICA	0.	0.	GRANTMAKING		1,664,702.
<b>(14)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		837,000.
<b>(15)</b> SOUTH ASIA	0.	0.	GRANTMAKING		4,027,404.
<b>(16)</b> SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		6,994,469.
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .		34.			22,330,403.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		34.			22,330,403.

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

Schedule F (Form 990) 2018

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	35,000.				
(2)			SOUTH ASIA	PROGRAM SUPPORT	55,000.	WIRE TRANSFE			
(3)			SOUTH ASIA	PROGRAM SUPPORT	66,000.	WIRE TRANSFE			
(4)			SOUTH ASIA	PROGRAM SUPPORT	35,500.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	43,408.	WIRE TRANSFE			
(7)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	200,000.	WIRE TRANSFE			
(8)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	175,000.	WIRE TRANSFE			
(9)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	33,140.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(11)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	27,982.	WIRE TRANSFE			
(12)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	19,800.	WIRE TRANSFE			
(13)			NORTH AMERICA	PROGRAM SUPPORT	250,000.	WIRE TRANSFE			
(14)			SOUTH ASIA	PROGRAM SUPPORT	33,000.	WIRE TRANSFE			
(15)			SOUTH ASIA	PROGRAM SUPPORT	32,000.	WIRE TRANSFE			
(16)			SOUTH ASIA	PROGRAM SUPPORT	55,000.	WIRE TRANSFE			

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 . . . . . ▶

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

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(2)			SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(3)			SOUTH ASIA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	44,260.	WIRE TRANSFE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	100,000.	WIRE TRANSFE			
(6)			SOUTH ASIA	PROGRAM SUPPORT	8,000.	WIRE TRANSFE			
(7)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	20,220.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	18,701.	WIRE TRANSFE			
(9)			NORTH AMERICA	PROGRAM SUPPORT	5,250.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(11)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(12)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(13)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(14)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(15)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(16)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			

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 . . . . . ▶

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

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	11,000.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(5)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	66,000.	WIRE TRANSFE			
(6)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	13,000.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(9)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	100,000.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(14)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(3)			SOUTH ASIA	PROGRAM SUPPORT	43,000.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	26,400.	WIRE TRANSFE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	86,601.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	27,000.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	100,000.	WIRE TRANSFE			
(9)			SOUTH ASIA	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(11)			SOUTH ASIA	PROGRAM SUPPORT	120,000.	WIRE TRANSFE			
(12)			SOUTH ASIA	PROGRAM SUPPORT	22,000.	WIRE TRANSFE			
(13)			SOUTH ASIA	PROGRAM SUPPORT	22,000.	WIRE TRANSFE			
(14)			SOUTH ASIA	PROGRAM SUPPORT	32,800.	WIRE TRANSFE			
(15)			SOUTH ASIA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(16)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			

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(1)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(5)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	70,000.	WIRE TRANSFE			
(6)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(8)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	55,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(16)			NORTH AMERICA	PROGRAM SUPPORT	250,000.	WIRE TRANSFE			

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(1)			SOUTH AMERICA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	24,340.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	150,000.	WIRE TRANSFE			
(4)			SOUTH ASIA	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	22,000.	WIRE TRANSFE			
(8)			SOUTH ASIA	PROGRAM SUPPORT	28,000.	WIRE TRANSFE			
(9)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(11)			NORTH AMERICA	PROGRAM SUPPORT	64,000.	WIRE TRANSFE			
(12)			NORTH AMERICA	PROGRAM SUPPORT	47,625.	WIRE TRANSFE			
(13)			NORTH AMERICA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(14)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	28,000.	WIRE TRANSFE			
(15)			NORTH AMERICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(16)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(2)			NORTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	48,000.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	135,091.	WIRE TRANSFE			
(5)			NORTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(6)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(8)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	22,000.	WIRE TRANSFE			
(10)			SOUTH ASIA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			
(11)			SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	75,244.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(14)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	25,420.	WIRE TRANSFE			
(15)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	17,000.	WIRE TRANSFE			
(16)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	38,982.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	13,500.	WIRE TRANSFE			
(2)			NORTH AMERICA	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	69,763.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,250.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(12)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	22,580.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(14)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(15)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	11,076.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(5)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	7,500.	WIRE TRANSFE			
(6)			SOUTH ASIA	PROGRAM SUPPORT	34,500.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	57,500.	WIRE TRANSFE			
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	45,000.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	7,500.	WIRE TRANSFE			
(12)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	12,000.	WIRE TRANSFE			
(13)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(14)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	32,470.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(8)			NORTH AMERICA	PROGRAM SUPPORT	226,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(10)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	250,000.	WIRE TRANSFE			
(11)			NORTH AMERICA	PROGRAM SUPPORT	24,850.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	12,000.	WIRE TRANSFE			
(14)			SOUTH ASIA	PROGRAM SUPPORT	45,800.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	33,182.	WIRE TRANSFE			
(16)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			

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(1)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(2)			SOUTH AMERICA	PROGRAM SUPPORT	175,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(6)			SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	31,500.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(11)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(12)			SOUTH AMERICA	PROGRAM SUPPORT	150,000.	WIRE TRANSFE			
(13)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(14)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			

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(1)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	12,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(3)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(4)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(5)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	39,288.	WIRE TRANSFE			
(6)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	79,975.	WIRE TRANSFE			
(9)			NORTH AMERICA	PROGRAM SUPPORT	250,000.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	14,200.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	700,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	100,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAM SUPPORT	42,000.	WIRE TRANSFE			
(2)			SOUTH ASIA	PROGRAM SUPPORT	51,500.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	19,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	350,000.	WIRE TRANSFE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	68,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(7)			SOUTH ASIA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(10)			SOUTH ASIA	PROGRAM SUPPORT	53,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	16,317.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	9,000.	WIRE TRANSFE			
(13)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	12,000.	WIRE TRANSFE			
(14)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	14,000.	WIRE TRANSFE			
(15)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	60,903.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			

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 . . . . . ▶

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**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	36,000.	WIRE TRANSFE			
(3)			SOUTH ASIA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(4)			SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	31,500.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	32,600.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	32,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	38,628.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(15)			SOUTH ASIA	PROGRAM SUPPORT	22,500.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(7)			SOUTH ASIA	PROGRAM SUPPORT	88,000.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	62,432.	WIRE TRANSFE			
(9)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(11)			SOUTH ASIA	PROGRAM SUPPORT	43,000.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	19,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(14)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	PROGRAM SUPPORT	102,000.	WIRE TRANSFE			
(16)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAM SUPPORT	20,143.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(3)			NORTH AMERICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(4)			SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	28,222.	WIRE TRANSFE			
(6)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	11,600.	WIRE TRANSFE			
(7)			SOUTH ASIA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(8)			NORTH AMERICA	PROGRAM SUPPORT	6,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	34,000.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	26,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(14)			SOUTH ASIA	PROGRAM SUPPORT	23,000.	WIRE TRANSFE			
(15)			SOUTH ASIA	PROGRAM SUPPORT	115,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	33,000.	WIRE TRANSFE			
(2)			SOUTH ASIA	PROGRAM SUPPORT	150,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	350,000.	WIRE TRANSFE			
(4)			SOUTH ASIA	PROGRAM SUPPORT	82,000.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	38,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	11,472.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(8)			NORTH AMERICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(9)			NORTH AMERICA	PROGRAM SUPPORT	5,625.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(11)			SOUTH ASIA	PROGRAM SUPPORT	27,000.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(13)			SOUTH ASIA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(14)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	PROGRAM SUPPORT	80,000.	WIRE TRANSFE			
(16)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	77,017.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(5)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(6)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	16,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	7,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	61,518.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	63,032.	WIRE TRANSFE			
(14)			SOUTH ASIA	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	71,193.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	100,000.	WIRE TRANSFE			

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(1)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(2)			SOUTH ASIA	PROGRAM SUPPORT	32,200.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	16,000.	WIRE TRANSFE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	134,000.	WIRE TRANSFE			
(6)			SOUTH ASIA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(7)			SOUTH ASIA	PROGRAM SUPPORT	70,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(10)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(11)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	12,000.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(14)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	27,002.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	18,000.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(4)			NORTH AMERICA	PROGRAM SUPPORT	35,375.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	27,500.	WIRE TRANSFE			
(7)			SOUTH ASIA	PROGRAM SUPPORT	36,000.	WIRE TRANSFE			
(8)			SOUTH ASIA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(9)			SOUTH ASIA	PROGRAM SUPPORT	12,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(12)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(13)			SOUTH ASIA	PROGRAM SUPPORT	45,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	51,973.	WIRE TRANSFE			
(15)			SOUTH ASIA	PROGRAM SUPPORT	12,000.	WIRE TRANSFE			
(16)			SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			

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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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	24,000.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	70,399.	WIRE TRANSFE			
(5)			NORTH AMERICA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	67,875.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	300,000.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	13,400.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,100.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	80,000.	WIRE TRANSFE			
(12)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(16)			SOUTH ASIA	PROGRAM SUPPORT	27,000.	WIRE TRANSFE			

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(1)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,763.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	64,248.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	32,000.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	44,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	60,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(9)			SOUTH ASIA	PROGRAM SUPPORT	7,500.	WIRE TRANSFE			
(10)			SOUTH ASIA	PROGRAM SUPPORT	22,500.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	67,000.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(13)			SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(14)			SOUTH ASIA	PROGRAM SUPPORT	45,000.	WIRE TRANSFE			
(15)			SOUTH ASIA	PROGRAM SUPPORT	52,581.	WIRE TRANSFE			
(16)			SOUTH ASIA	PROGRAM SUPPORT	41,000.	WIRE TRANSFE			

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(1)			SOUTH ASIA	PROGRAM SUPPORT	32,000.	WIRE TRANSFE			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	18,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	33,000.	WIRE TRANSFE			
(4)			SOUTH ASIA	PROGRAM SUPPORT	96,000.	WIRE TRANSFE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	60,000.	WIRE TRANSFE			
(6)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(7)			SOUTH ASIA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	37,500.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	29,000.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(12)			SOUTH ASIA	PROGRAM SUPPORT	140,000.	WIRE TRANSFE			
(13)			NORTH AMERICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(14)			NORTH AMERICA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			
(15)			NORTH AMERICA	PROGRAM SUPPORT	74,977.	WIRE TRANSFE			
(16)			SOUTH ASIA	PROGRAM SUPPORT	65,000.	WIRE TRANSFE			

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



**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(3)			SOUTH ASIA	PROGRAM SUPPORT	14,000.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,800.	WIRE TRANSFE			
(6)			SOUTH ASIA	PROGRAM SUPPORT	52,500.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	45,000.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(11)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	60,000.	WIRE TRANSFE			
(12)			SOUTH ASIA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(14)			SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			

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 . . . . . ▶

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

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAM SUPPORT	7,000.	WIRE TRANSFE			
(2)			NORTH AMERICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	90,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	45,500.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	8,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(8)			SOUTH ASIA	PROGRAM SUPPORT	52,000.	WIRE TRANSFE			
(9)			SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(11)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	26,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	27,000.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(16)			SOUTH ASIA	PROGRAM SUPPORT	101,000.	WIRE TRANSFE			

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 . . . . . ▶

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

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	250,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	22,000.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			
(6)			SOUTH ASIA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(7)			SOUTH ASIA	PROGRAM SUPPORT	54,500.	WIRE TRANSFE			
(8)			SOUTH ASIA	PROGRAM SUPPORT	32,500.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	26,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	26,630.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFE			
(13)			SOUTH ASIA	PROGRAM SUPPORT	44,000.	WIRE TRANSFE			
(14)			SOUTH ASIA	PROGRAM SUPPORT	75,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	500,000.	WIRE TRANSFE			

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 . . . . . ▶

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

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	18,000.	WIRE TRANSFE			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	398,500.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	76,167.	WIRE TRANSFE			
(4)			SOUTH AMERICA	PROGRAM SUPPORT	200,000.	WIRE TRANSFE			
(5)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	55,000.	WIRE TRANSFE			
(6)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	9,650.	WIRE TRANSFE			
(7)			NORTH AMERICA	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(8)			NORTH AMERICA	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	25,000.	WIRE TRANSFE			
(12)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	255,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	24,060.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	PROGRAM SUPPORT	80,000.	WIRE TRANSFE			
(16)			SOUTH ASIA	PROGRAM SUPPORT	22,000.	WIRE TRANSFE			

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

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(2)			SOUTH ASIA	PROGRAM SUPPORT	50,000.	WIRE TRANSFE			
(3)			SOUTH ASIA	PROGRAM SUPPORT	75,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	21,028.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	7,000.	WIRE TRANSFE			
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	200,000.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	14,000.	WIRE TRANSFE			
(12)			SOUTH ASIA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	5,531.	WIRE TRANSFE			
(15)			SOUTH ASIA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	12,000.	WIRE TRANSFE			

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 . . . . . ▶

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

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	55,000.	WIRE TRANSFE			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	54,117.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	15,000.	WIRE TRANSFE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	40,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	35,000.	WIRE TRANSFE			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 350.
- 3 Enter total number of other organizations or entities . . . . . 103.

**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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) PROGRAM SUPPORT - AJWS CORE	SUB-SAHARAN AFRICA		18,000.	WIRE TRANSFE			
(2) PROGRAM SUPPORT - TRAVEL OPPORTUNITY	EUROPE/ICELAND/GREENLAND		2,346.	WIRE TRANSFE			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018

**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; don't 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; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2018



**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).

## SCHEDULE F, PART I, LINE 2

PRIOR TO SELECTING A PROSPECTIVE GRANTEE, AJWS STAFF AND CONSULTANTS DO A CONTEXTUAL ANALYSIS OF THE COUNTRY AND DECIDE WHERE THE FUNDING GAP EXISTS. STAFF MEMBERS AND CONSULTANTS CONDUCT SITE VISITS TO ASSESS THE LANDSCAPE AND TO BEGIN SELECTING POTENTIAL GRANTEES. DURING THESE SITE VISITS, OTHER FUNDERS AS WELL AS PARTNERS ARE CONSULTED, AND A SHORTLIST OF GRANTEES IS CREATED.

GRANTEES ARE SELECTED BASED ON A NUMBER OF FACTORS, SUCH AS THE ORGANIZATION'S ALIGNMENT WITH AJWS'S STRATEGIES; ITS EFFECTIVENESS AND THE QUALITY OF ITS PROGRAMS AND STRATEGY; THE ORGANIZATION'S FINANCIAL MANAGEMENT; THE PRESENCE OF STRONG AND INCLUSIVE LEADERSHIP; WORK THAT IS DRIVEN BY THE PRIORITIES OF THE AFFECTED COMMUNITY; THE LOCAL REPUTATION OF THE ORGANIZATION (CREDIBILITY); ITS CONNECTIONS WITH OTHER CIVIL SOCIETY ORGANIZATIONS; THE DEPTH OF THE ORGANIZATION'S ANALYSIS; AND THE ORGANIZATION'S USE OF CUTTING EDGE STRATEGIES AND APPROACHES. ALL GRANTEES ARE SCREENED BY AJWS STAFF TO ENSURE COMPLIANCE WITH U.S. TREASURY DEPARTMENT GUIDELINES. IN COUNTRIES WHERE SITE VISITS ARE NOT POSSIBLE DUE TO SECURITY ISSUES AJWS STAFF CONTACTS OTHER FUNDERS THAT WORK WITH THE GRANTEE ORGANIZATION AND CHECKS REFERENCES.

ONCE A GRANT HAS BEEN APPROVED BY AJWS'S VP OF PROGRAMS AND/OR BOARD COMMITTEE, AJWS STAFF DRAFTS A GRANT AGREEMENT THAT REFLECTS THE GRANTEE'S PROPOSAL. IT OUTLINES THE PROJECT ACTIVITIES AND THE REPORTING REQUIREMENTS. ONCE THE GRANTEE SIGNS AND RETURNS THE AGREEMENT TO AJWS,

**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).

THE INITIAL PAYMENT OF THE GRANT AMOUNT IS PROCESSED. PROGRAM OFFICERS AND CONSULTANTS TRACK THE PROGRESS OF THE PROJECT THROUGHOUT THE GRANT PERIOD. FOR GRANTS WITH MULTIPLE PAYMENTS, THE GRANTEE RECEIVES THE REMAINDER OF ITS FUNDS SIX MONTHS INTO THE GRANT, PROVIDED THERE ARE NO MAJOR CONCERNS. A DETAILED NARRATIVE AND FINANCIAL REPORT THAT IS IN ACCORDANCE WITH THE COMMITMENTS AGREED UPON IN THE GRANT AGREEMENT IS REQUIRED ONE MONTH AFTER THE PROJECT END DATE.

FOR DONOR-ADVISED FUND GRANTS, EXPENDITURE RESPONSIBILITY AND EQUIVALENCY DETERMINATION REQUIREMENTS ARE FOLLOWED PER THE IRS GUIDELINES. ONCE A GRANT HAS BEEN APPROVED BY AJWS'S BOARD COMMITTEE, AJWS STAFF DRAFT A GRANT AGREEMENT THAT INCLUDES THE PROJECT AND REPORTING REQUIREMENTS. AFTER THE GRANTEE REVIEWS AND SIGNS THE AGREEMENT, THE FIRST PAYMENT IS PROCESSED. SUBSEQUENT PAYMENTS FOR MULTI-YEAR GRANTS ARE CONTINGENT UPON THE RECEIPT OF A SATISFACTORY REPORT ON THE PRECEDING YEAR OF GRANT ACTIVITIES AND ADEQUATE FUNDING. ALL DONOR-ADVISED FUND GRANTEES MUST SUBMIT A FINANCIAL AND NARRATIVE REPORT AT THE END OF EVERY GRANT PERIOD. AJWS STAFF REVIEW THESE REPORTS AGAINST THE ORIGINAL PROPOSAL AND UPON APPROVAL, PROCESS ANY FURTHER PAYMENTS IF APPLICABLE.

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

2018

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

Employer identification number

22-2584370

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 e ☒ Solicitation of non-government grants  
b ☒ Internet and email solicitations f ☒ Solicitation of government grants  
c ☒ Phone solicitations g ☐ Special fundraising events  
d ☒ In-person solicitations

- 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 10 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 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,946,149.	227,196.	3,718,953.

- 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, DE, DC, FL, GA, HI, ID, IL, IN,  
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

**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 (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts . . . . .				
2 Less: Contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .				
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**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))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15 a** 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 explanation 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).

## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
AMY TRIPI  255 PLUTARCH RD. HIGHLAND NY 12528	DIRECT MAIL		X	3,092,517.	213,796.	2,878,721.
GITTA ZOMORODI  126TH ST. JAMES PLACE BROOKLYN NY 11238	GRANT WRITING		X	853,632.	13,400.	840,232.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

Employer identification number

22-2584370

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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) ACTION ALLIANCE 1937 SMITH STATION RD HANOVER, PA 17331	45-5492519	501(C)(3)	25,000.				PROGRAM SUPPORT
(2) ARROW 1025 CONNECTICUT AVE WASHINGTON, DC 20036	81-4961335	501(C)(3)	50,000.				PROGRAM SUPPORT
(3) ASTRAEA LESBIAN FOUNDATION FOR JUSTICE 116 EAST 16TH ST NEW YORK, NY 10003	13-2992977	501(C)(3)	35,000.				PROGRAM SUPPORT
(4) BEYOND BORDERS, INC. 5016 CONNECTICUT AVE WASHINGTON, DC 20008	23-2713126	501(C)(3)	43,000.				PROGRAM SUPPORT
(5) BURMA HUMANITARIAN MISSION 2985 S 800 E SALT LAKE CITY, UT 84106	26-3268421	501(C)(3)	9,220.				PROGRAM SUPPORT
(6) CENTER FOR ECONOMIC AND POLICY RESEARCH 1611 CONNECTICUT AVE WASHINGTON, DC 20009	52-2204029	501(C)(3)	20,000.				PROGRAM SUPPORT
(7) CENTER FOR JUSTICE AND INTERNATIONAL LAW 1630 CONNECTICUT AVE WASHINGTON, DC 20009	52-1730890	501(C)(3)	20,816.				PROGRAM SUPPORT
(8) COMMUNITY PARTNERS INTERNATIONAL 2560 9TH ST, STE 315-B BERKELEY, CA 94710	94-3375666	501(C)(3)	44,590.				PROGRAM SUPPORT
(9) EARTHRIGHTS INTERNATIONAL 1612 K ST, NW STE 401 WASHINGTON, DC 20006	04-3265555	501(C)(3)	30,000.				PROGRAM SUPPORT
(10) EDGE FUNDERS ALLIANCE BOX 559 60 29TH ST SAN FRANCISCO, CA 94110	20-8211195	501(C)(3)	20,000.				PROGRAM SUPPORT
(11) FORTIFY RIGHTS INTERNATIONAL P.O. BOX 110 BELFAST, ME 4915	46-0932179	501(C)(3)	12,500.				PROGRAM SUPPORT
(12) FUND FOR GLOBAL HUMAN RIGHTS 1301 CONNECTICUT AVE WASHINGTON, DC 20036	75-3029336	501(C)(3)	39,675.				PROGRAM SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

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

Schedule I (Form 990) (2018)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

Employer identification number

22-2584370

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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) FUNDERS CONCERNED ABOUT AIDS 1100 CONNECTICUT AVE WASHINGTON, DC 20036	13-3869632	501(C)(3)	10,000.				PROGRAM SUPPORT
(2) HUMAN RIGHTS FUNDERS NETWORK 500 SEVENTH AVE, 8TH FL NEW YORK, NY 10018	04-3243004	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) HUMAN RIGHTS WATCH 350 FIFTH AVE NEW YORK, NY 10118-3299	13-2875808	501(C)(3)	30,000.				PROGRAM SUPPORT
(4) INTERNATIONAL ACCOUNTABILITY PROJECT 601 W 26TH STREET NEW YORK, NY 10001	27-0608154	501(C)(3)	60,000.				PROGRAM SUPPORT
(5) INTERNATIONAL RIVERS 1330 BROADWAY, STE 300 BERKELEY, CA 94704	94-3158295	501(C)(3)	17,388.				PROGRAM SUPPORT
(6) INTERNATIONAL TRANS FUND 116 E 16TH ST 7TH FL NEW YORK, NY 10003	13-2992977	501(C)(3)	50,000.				PROGRAM SUPPORT
(7) MOTHER NATURE CAMBODIA 3527 MT. DIABLO BLVD LAFAYETTE, CA 94549	81-0694399	501(C)(3)	10,000.				PROGRAM SUPPORT
(8) NAMATI 1616 P ST. NW, #101 WASHINGTON, DC 20036	45-2796201	501(C)(3)	30,000.				PROGRAM SUPPORT
(9) NATIONAL PUBLIC RADIO 635 MASSACHUSETTS AVE WASHINGTON, DC 20001	52-0907625	501(C)(3)	500,000.				PROGRAM SUPPORT
(10) NEW NARRATIVES 306 STATE STREET, BROOKLYN, NY, 11201	45-3628057	501(C)(3)	15,000.				PROGRAM SUPPORT
(11) POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLZ NEW YORK, NY 10017	13-1687001	501(C)(3)	100,000.				PROGRAM SUPPORT
(12) RESURJ (PRAXIS PROJECT) 1001 CONNECTICUT AVE WASHINGTON, DC 20036	30-0044814	501(C)(3)	50,000.				PROGRAM SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

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

Schedule I (Form 990) (2018)



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

Employer identification number

22-2584370

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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) RHIZE P.O. BOX 642 NEW YORK, NY 10113	47-4786478	501(C)(3)	39,000.				PROGRAM SUPPORT
(2) ROBERT F. KENNEDY HUMAN RIGHTS 1300 19TH ST NW, #750 WASHINGTON, DC 20036	13-2522784	501(C)(3)	15,000.				PROGRAM SUPPORT
(3) RUTGERS UNIVERSITY FOUNDATION 160 RYDERS LANE NEW BRUNSWICK, NJ 8901	23-7318742	501(C)(3)	15,000.				PROGRAM SUPPORT
(4) PROJECT ON ORG. DEV. EDU. & RES. P.O. BOX 2086 NEW YORK, NY 10013	27-1732776	501(C)(3)	40,000.				PROGRAM SUPPORT
(5) UNITARIAN UNIVERSALIST ASSOCIATION 24 FARNSWORTH STREET BOSTON, MA 2210	04-2103733	501(C)(3)	65,000.				PROGRAM SUPPORT
(6) URBAN REFUGEES USA 49 RIVERVIEW TR UPPER SADDLE RIV, NJ 7458	82-4244279	501(C)(3)	10,000.				PROGRAM SUPPORT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30.

3 Enter total number of other organizations listed in the line 1 table 30.

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

Schedule I (Form 990) (2018)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

BEFORE A GRANT IS MADE TO A U.S. BASED ORGANIZATION, AJWS STAFF MEMBERS  
OR CONSULTANTS MEET WITH STAFF MEMBERS FROM THE POTENTIAL GRANTEE  
ORGANIZATION AND SCREEN ALL THE ORGANIZATIONS TO ENSURE COMPLIANCE WITH  
U.S. TREASURY DEPARTMENT GUIDELINES. AJWS STAFF MEMBERS REVIEW AUDITED  
FINANCIAL STATEMENTS AND THE ORGANIZATION'S REGISTRATION STATUS. ONCE A  
GRANT HAS BEEN APPROVED BY AJWS'S VP OF PROGRAMS AND/OR BOARD COMMITTEE,  
AJWS STAFF DRAFTS A GRANT AGREEMENT THAT REFLECTS THE GRANTEE'S PROPOSAL.  
IT OUTLINES THE PROJECT ACTIVITIES AND THE REPORTING REQUIREMENTS. ONCE  
THE GRANTEE SIGNS AND RETURNS THE AGREEMENT TO AJWS, THE INITIAL PAYMENT

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

OF THE GRANT AMOUNT IS PROCESSED. PROGRAM OFFICERS AND CONSULTANTS TRACK

THE PROGRESS OF THE PROJECT THROUGHOUT THE GRANT PERIOD. FOR GRANTS WITH

MULTIPLE PAYMENTS, THE GRANTEE RECEIVES THE REMAINDER OF ITS FUNDS SIX

MONTHS INTO THE GRANT, PROVIDED THERE ARE NO MAJOR CONCERNS. A DETAILED

NARRATIVE AND FINANCIAL REPORT THAT IS IN ACCORDANCE WITH THE COMMITMENTS

AGREED UPON IN THE GRANT AGREEMENT IS REQUIRED ONE MONTH AFTER THE

PROJECT END DATE.

SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Employer identification number

22-2584370

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 type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input 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 (such as 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

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 on 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 checked="" 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

Yes No

--	--	--

1b

--	--	--

--	--	--

4a

4b

4c

--	--	--

5a

5b

--	--	--

6a

6b

--	--	--

7

8

9

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2****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 aren't 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				
<b>1</b> ROBERT BANK PRESIDENT & CEO	(i)	336,597.	0.	2,322.	11,569.	14,944.	365,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>2</b> KRISTINE STALLONE VP FOR FINANCE & ADMIN	(i)	244,046.	0.	1,242.	10,389.	16,307.	271,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>3</b> MARGO BLOOM VP FOR DEVELOPMENT	(i)	304,844.	0.	3,564.	11,000.	35,026.	354,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>4</b> STUART SCHEAR VP FOR COMMUNICATIONS	(i)	244,090.	0.	2,322.	9,893.	14,074.	270,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>5</b> SHARI TURITZ VP FOR INTERNATIONAL PROGRAMS	(i)	235,067.	0.	1,242.	9,708.	38,704.	284,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>6</b> JACQUELINE HART VP FOR STRATEGIC LEARNING RES.	(i)	221,733.	0.	1,242.	9,101.	26,111.	258,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>7</b> COREY LUTSKY DIRECTOR OF INFORMATION TECH.	(i)	163,269.	0.	343.	6,877.	36,586.	207,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>8</b> TRACEY GURD SENIOR DIRECTOR OF CPR	(i)	163,724.	2,500.	520.	6,808.	22,419.	195,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>9</b> DANIELLE EDWARDS DIRECTOR OF FINANCE	(i)	161,452.	0.	337.	6,521.	11,359.	179,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>10</b> ALON SHALEV EXECUTIVE DIRECTOR SAN FRAN.	(i)	153,749.	3,000.	742.	6,440.	31,238.	195,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>11</b> BRADLEY SUGAR MIDWEST DIRECTOR	(i)	153,460.	0.	291.	6,324.	31,261.	191,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>12</b> RUTH MESSINGER GLOBAL AMBASSADOR	(i)	120,000.	0.	0.	0.	0.	120,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

Schedule J (Form 990) 2018

**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.

SCHEDULE J, PART I, LINE 7

THE FOLLOWING INDIVIDUALS, LISTED IN PART VII, RECEIVED A NON-FIXED

PAYMENT IN THE FORM OF A BONUS, DURING THE YEAR.

TRACEY GURD - \$2,500

ALON SHALEV - \$3,000

AJWS VALUES ARE FOCUSED AROUND SUPPORTING A COLLABORATIVE AND  
PERFORMANCE-DRIVEN ORGANIZATIONAL CULTURE. AJWS CELEBRATES AND REWARDS  
EXEMPLARY PERFORMANCE AND STAFFS COMMITMENT TO ADVANCING ITS MISSION. THE  
ORGANIZATION RECOGNIZES OUTSTANDING INDIVIDUAL PERFORMANCE AND  
CONTRIBUTIONS THROUGH PERFORMANCE RECOGNITION AWARDS. ALL STAFF ARE  
ELIGIBLE FOR RECOGNITION AWARD CONSIDERATION. AWARDS ARE BASED ON  
CONTRIBUTIONS AND ACHIEVEMENTS ABOVE AND BEYOND THE EXPECTATIONS OF THE  
INDIVIDUAL'S ROLE AND RESPONSIBILITIES.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

Employer identification number

22-2584370

**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 . . . . .	X	82.	1,535,608.	SALES PROCEEDS
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**

	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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

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**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.

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SCHEDULE M, PART I COLUMN (B)

THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS THE NUMBER OF DONORS OF  
PUBLICLY TRADED SECURITIES DURING THE YEAR.

SCHEDULE M, PART I, LINE 32B

AJWS COMMISSIONS AN INDEPENDENT THIRD PARTY BROKER TO SELL DONATED  
SECURITIES.



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

**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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

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FORM 990, PART I, LINE 12 AND 18

AJWS'S REVENUE AND EXPENSES FLUCTUATE FROM YEAR-TO-YEAR BASED ON VARIATIONS IN MULTI-YEAR GIFTS AND DONOR-ADVISED FUNDS (DAFS). IN FY2018, AJWS WAS AWARDED A \$15-MILLION GIFT TO SUPPORT OUR WORK ON CHILD MARRIAGE OVER THREE YEARS. THIS IS REFLECTED SOLELY IN OUR FY2018 REVENUE, BECAUSE MULTI-YEAR GIFTS MUST BE RECORDED IN THE YEAR IN WHICH THEY ARE AWARDED. ADDITIONALLY, BETWEEN FY2018 AND FY2019, REVENUE AND EXPENSES FROM OUR LARGEST DAF DECREASED BECAUSE THE DONOR FORMED A FOUNDATION THAT BEGAN AWARDING ITS OWN GRANTS.

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION

BY SUPPORTING HUNDREDS OF SOCIAL CHANGE ORGANIZATIONS IN 19 COUNTRIES, WE RESPOND TO THE MOST PRESSING ISSUES OF OUR TIME-FROM DISASTERS, GENOCIDE AND HUNGER TO THE PERSECUTION OF WOMEN AND MINORITIES WORLDWIDE. AJWS PURSUES LASTING CHANGE BY SUPPORTING GRASSROOTS AND GLOBAL HUMAN RIGHTS ORGANIZATIONS IN AFRICA, ASIA, LATIN AMERICA AND THE CARIBBEAN AND BY MOBILIZING SUPPORTERS IN THE UNITED STATES TO ADVOCATE FOR GLOBAL JUSTICE. AJWS'S INTERNATIONAL GRANTMAKING AND U.S. ADVOCACY FOCUSES ON FOUR CENTRAL ISSUES THAT WE BELIEVE ARE KEY TO SECURING HUMAN RIGHTS AND ENDING POVERTY: THE HEALTH AND RIGHTS OF WOMEN, GIRLS AND LGBT PEOPLE; PROMOTING CIVIL AND POLITICAL RIGHTS; DEFENDING ACCESS TO FOOD, LAND AND WATER; AND AIDING COMMUNITIES IN THE AFTERMATH OF DISASTERS. WITH JEWISH VALUES AND A GLOBAL REACH, AJWS IS MAKING A DIFFERENCE IN MILLIONS OF

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LIVES AND BRINGING A MORE JUST AND EQUITABLE WORLD CLOSER FOR ALL.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE NARRATIVE CONTINUED

IN PARTICULAR, THE PROGRAMS DIVISION CONTINUED TO WORK CLOSELY WITH LOCAL BANGLADESHI PARTNERS TO HELP ROHINGYA REFUGEES RECOVER AFTER FLEEING GENOCIDE IN BURMA; SUPPORTED LIBERIAN ADVOCACY ORGANIZATIONS IN INFLUENCING THE PASSAGE OF A PROGRESSIVE LAND RIGHTS ACT THAT PROTECTS LOCAL COMMUNITIES; SUPPORTED MEXICAN ADVOCACY ORGANIZATIONS IN SUCCESSFULLY INFLUENCING THE MEXICAN PRESIDENT TO ORDER THE CREATION OF A HISTORIC TRUTH COMMISSION TO INVESTIGATE THE NOTORIOUS DISSAPEARANCE OF 43 STUDENTS; CONTINUED A SIX-YEAR INITIATIVE TO END EARLY AND CHILD MARRIAGE IN INDIA; SUPPORTED A PAN-AFRICAN CONVENING OF SOCIAL MOVEMENTS TO DEVELOP A COLLABORATIVE PLATFORM TO SUPPORT ACTORS ACROSS THE CONTINENT; AND SUCCESSFULLY CAMPAIGNED TO ADVANCE LEGISLATION AND RESOLUTIONS IN THE UNITED STATES CONGRESS TO IMPOSE TARGETED SANCTIONS ON BURMA FOR THEIR GENOCIDE AGAINST THE ROHINGYA PEOPLE AND PROVIDE TARGETED AID FOR REFUGEES.

MOREOVER, THROUGH ITS DC-BASED GOVERNMENT AFFAIRS OFFICE, ITS INTERNATIONAL EDUCATION AND JEWISH ENGAGEMENT DEPARTMENT, AND THE ANNUAL GLOBAL JUSTICE FELLOWSHIP (GJF), PROGRAM DIVISION MOBILIZES THE AMERICAN JEWISH COMMUNITY AND ITS ALLIES TO ADVOCATE FOR LAWS AND POLICIES THAT PROMOTE HUMAN RIGHTS IN THE DEVELOPING WORLD. THESE INITIATIVES INCLUDED LEADING THE JEWISH ROHINGYA JUSTICE NETWORK, WHICH CONVENES 22 JEWISH

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ORGANIZATIONS REPRESENTING ALL FOUR MAJOR BRANCHES OF AMERICAN JUDIASM TO  
FIGHT FOR JUSTICE FOR THE ROHINGYA PEOPLE.

PROGRAM DIVISION ALSO COLLABORATES WITH THE STRATEGIC LEARNING, RESEARCH  
AND EVALUATION (SLRE) DIVISION TO MONITOR AND EVALUATE THE PROGRESS OF  
ITS GRANTEEES USING THEMATIC AND REGIONAL STRATEGIES, COLLABORATIVE  
MULTI-YEAR BENCHMARKS, AND CASE STUDIES.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE NARRATIVE CONTINUED

COMMUNICATIONS ALSO PRODUCED AN ARRAY OF CONTENT AND PUBLICATIONS  
INCLUDING RESEARCH ON HUMAN RIGHTS ISSUES, PROFILES OF THE COUNTRIES  
WHERE WE WORK, AND DATA VISUALIZATIONS DEPICTING OUR RESEARCH-THAT  
HIGHLIGHTED AND ADVANCED THE WORK AND IMPACT OF OUR GRANTEEES AND  
ACTIVISTS.

WE USED THESE STRATEGIES TO AMPLIFY THE IMPACT OF OUR GRANTEEES' WORK IN  
THE DEVELOPING WORLD, INCREASE AWARENESS OF HUMAN RIGHTS ISSUES AMONG THE  
AMERICAN JEWISH COMMUNITY AND GENERAL PUBLIC, INSPIRE ACTIVISM TO PROMOTE  
SOCIAL CHANGE, AND POSITION AJWS AS A THOUGHT LEADER IN THE HUMAN RIGHTS  
ARENA AND IN JEWISH COMMUNITIES. IN PARTICULAR IN 2019, COMMUNICATIONS  
WAS INTEGRAL TO ADVANCING AN ORGANIZATION-WIDE CAMPAIGN TO END THE  
ROHINGYA GENOCIDE IN BURMA; SUPPORTED AJWS'S \$30-MILLION INITIATIVE TO  
END CHILD MARRIAGE IN INDIA; AND CREATED NEW HOLIDAY RESOURCES TO INSPIRE  
AMERICAN JEWS TO TAKE ACTION ON GLOBAL JUSTICE ISSUES.

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ACROSS OUR WHOLE PORTFOLIO, COMMUNICATIONS WORKED CLOSELY WITH DIVISIONS THROUGHOUT AJWS TO ENSURE THAT OUR MESSAGES ACCURATELY REFLECTED HUMAN RIGHTS ISSUES, THE SITUATION IN EACH COUNTRY, AND THE WORK OF OUR GRANTEES; AND ADVANCED THE ORGANIZATION'S REPUTATION, BRAND AND MISSION.

FORM 990, PART III, LINE 4C

PROGRAM SERVICE NARRATIVE CONTINUED

IN ADDITION TO DESIGNING RESEARCH AND EVALUATION THAT ANSWERS THESE QUESTIONS, SLRE ALSO HELPS AJWS PROGRAMMATIC STAFF APPLY LESSONS LEARNED AND CREATE INNOVATIVE, EVIDENCE-BASED INITIATIVES.

IN FY2019, SLRE LED THE CREATION OF AJWS'S NEXT 5-YEAR INSTITUTIONAL STRATEGIC PLAN. SLRE LAUNCHED A REFINED MEASUREMENT FRAMEWORK BY WHICH TO MONITOR AND MANAGE PROGRAMMATIC STRATEGY AND WORKED WITH IT TO INCORPORATE IT INTO OUR NEWLY CREATED GRANTS MANAGEMENT SYSTEM. SLRE HAS IMPROVED INSTITUTIONAL ACCESS TO THIS RICH SOURCE OF DATA AND ITS ANALYSIS, PROMOTING REFLECTION AND LEARNING TO IDENTIFY AREAS FOR CONTINUED IMPROVEMENT. SLRE LED THE DEVELOPMENT AND IMPLEMENTATION OF TWO PROGRAMMATIC LEARNING RETREATS, ONE IN ASIA AND ONE IN AFRICA. SLRE LED THE ESTABLISHMENT OF A COLLABORATION WITH THE INTERNATIONAL DEVELOPMENT RESEARCH CENTER (IDRC) OF THE GOVERNMENT OF CANADA. IDRC COMMISSIONED SLRE TO WRITE A FOUNDATIONAL PAPER ON RESEARCH FOR GENDER TRANSFORMATIVE CHANGE, WHICH IS SERVING TO GUIDE THEIR INVESTMENTS AND STRATEGIES. ONE REQUEST FOR PROPOSALS WAS GENERATED AS A RESULT OF OUR PAPER, AND AJWS

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AND A GRANTEE PARTNER IN INDIA SUCCESSFULLY COMPETED AND WERE AWARDED A GRANT. THIS IS OUR FIRST GRANT FROM THE CANADIAN GOVERNMENT.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS USED TO REVIEW FORM 990

THE FORM 990 IS PREPARED BY THE ORGANIZATION IN CONJUNCTION WITH ITS OUTSIDE ACCOUNTING FIRM. UPON COMPLETION, BOTH THE FINANCE TEAM AND MANAGEMENT PERFORM A THOROUGH REVIEW OF THE ENTIRE FORM 990 (INCLUSIVE OF ALL SUPPLEMENTAL INFORMATION). THE FORM 990 IS THEN PRESENTED TO THE AUDIT AND RISK MANAGEMENT COMMITTEE BY A REPRESENTATIVE OF AJWS'S OUTSIDE ACCOUNTING FIRM. A COMPLETE COPY OF THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE THE FORM 990 IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12 C

CONFLICT OF INTEREST POLICY

AMERICAN JEWISH WORLD SERVICE (AJWS) REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH OUR CONFLICT OF INTEREST POLICY. ALL EMPLOYEES AND MEMBERS OF THE BOARD ANNUALLY REVIEW THE CONFLICTS OF INTEREST POLICY AND SIGN A CONFLICTS OF INTEREST DISCLOSURE STATEMENT WHICH AFFIRMS THAT THE INDIVIDUAL:

- HAS RECEIVED A COPY OF THIS CONFLICTS OF INTEREST POLICY;
- HAS READ AND UNDERSTANDS THIS CONFLICTS OF INTEREST POLICY;
- HAS AGREED TO COMPLY WITH THIS CONFLICTS OF INTEREST POLICY;
- UNDERSTAND THAT AJWS IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO

Name of the organization

AMERICAN JEWISH WORLD SERVICE, INC.

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MAINTAIN ITS TAX-EXEMPT ORGANIZATION STATUS, IT MUST ENGAGE PRIMARILY IN  
ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS CHARITABLE, TAX EXEMPT  
PURPOSES; AND

- SHALL DISCLOSE ANY FINANCIAL OR OTHER MATERIAL INTEREST AND THE FACTS  
AND CIRCUMSTANCES RELATING THERETO.

ALL CONFLICTS OF INTEREST DISCLOSURE STATEMENTS ARE REVIEWED BY HUMAN  
RESOURCES AND ANY CONFLICTS ARE FLAGGED FOR ONE OF AJWS'S COMPLIANCE  
OFFICERS. IF AN INDIVIDUAL DISCLOSES A POTENTIAL CONFLICT OF INTEREST, IT  
IS REVIEWED BY ONE OF THE THREE COMPLIANCE OFFICERS WHO MAY CONSULT WITH  
HUMAN RESOURCES OR EXECUTIVE LEADERSHIP AND/OR BOARD OF TRUSTEES FOR  
FINAL DETERMINATIONS, AS NECESSARY. THIS PROCESS WAS LAST COMPLETED IN  
JUNE 2019.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

AJWS HAS PREVIOUSLY ENGAGED WITH HUMENTUM (FORMERLY INSIDENGO) TO DEVELOP  
A COMPENSATION STRUCTURE BASED ON MARKET DATA AND A JOB LEVEL FRAMEWORK.  
WE USE AT LEAST THREE SALARY SURVEY SOURCES TO OBTAIN THIRD PARTY DATA TO  
INFORM THE STRUCTURE. WE INITIALLY CREATED THE STRUCTURE IN 2014 AND  
REVIEWED IT IN 2016 TO ENSURE WE WERE ALIGNED WITH OUR COMPENSATION  
PHILOSOPHY. ANOTHER REVIEW WAS COMPLETED IN 2018.

AJWS HAS A COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE EXECUTIVE  
COMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENSATION COMMITTEE'S  
RESPONSIBILITIES INCLUDE: OVERSIGHT FOR THE COMPENSATION PHILOSOPHY FOR

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THE ORGANIZATION; RELIANCE ON THIRD PARTY COMPARABILITY DATA TO REVIEW AND APPROVE COMPENSATION TRANSACTIONS FOR THE PRESIDENT AND OTHER KEY EMPLOYEES OF THE ORGANIZATION AS DEFINED BY THE IRS; REVIEW AND MONITOR ACTIONS PROPOSED BY THE PRESIDENT FOR HIS/HER DIRECT REPORTS; AND DOCUMENT BASIS FOR COMPENSATION DECISIONS. THE COMPENSATION COMMITTEE PROVIDES UPDATES TO THE FULL BOARD OF TRUSTEES.

ANNUALLY THE PRESIDENT'S SALARY IS APPROVED BY THE COMPENSATION COMMITTEE OF THE AJWS BOARD OF TRUSTEES. WHEN DETERMINING THE PRESIDENT'S SALARY, THE COMPENSATION COMMITTEE REVIEWS COMPARABLE EXECUTIVE DIRECTOR SALARIES AT NONPROFIT ORGANIZATIONS IN VARIOUS COMPARABLE SECTORS INCLUDING:

INTERNATIONAL DEVELOPMENT, JEWISH COMMUNAL WORK, SOCIAL SERVICES, HUMAN RIGHTS; AND COMPENSATION SURVEYS AND FORM 990S FROM OTHER ORGANIZATIONS WITH COMPARABLE BUDGETS. THIS DATA, IN CONJUNCTION WITH THE BOARD CHAIR'S PERFORMANCE EVALUATION OF THE PRESIDENT AND CEO, INFORM THE COMPENSATION COMMITTEE'S SALARY RECOMMENDATIONS.

ALL EXECUTIVE TEAM MEMBERS (PRESIDENT AND CEO, EXECUTIVE VICE PRESIDENT AND VICE PRESIDENTS) SALARIES ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. RECOMMENDED SALARIES ARE INFORMED BY PERFORMANCE REVIEWS, COMPLEXITY OF POSITION, EXPERIENCE LEVEL AND THIRD PARTY APPROVED COMPENSATION STRUCTURES. THE PRESIDENT AND CEO DISCUSSES WITH THE CHAIR OF THE BOARD RECOMMENDED SALARIES FOR THE EXECUTIVE VICE PRESIDENT AND VICE PRESIDENTS. ONCE SALARY RECOMMENDATIONS ARE DETERMINED

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FOR THESE POSITIONS, THE HUMAN RESOURCES DEPARTMENT REVIEWS THE RECOMMENDATIONS AND PREPARES A PACKAGE OF INFORMATION FOR THE MEMBERS OF THE COMPENSATION COMMITTEE TO REVIEW AND APPROVE. ADDITIONALLY, THE CHAIR OF THE BOARD DISCUSSES WITH THE OTHER MEMBERS OF THE COMPENSATION COMMITTEE A RECOMMENDED SALARY FOR THE PRESIDENT AND CEO. ALL COMPENSATION DECISIONS ARE DOCUMENTED AND SIGNED OFF ON BY THE MEMBERS OF THE COMPENSATION COMMITTEE. A COPY OF THE APPROVAL IS PLACED IN EACH EMPLOYEE'S PERSONNEL FILE. MEETING MINUTES FOR THE COMPENSATION COMMITTEE ARE ALSO KEPT FOR RECORD.

FORM 990, PART VI, SECTION C, LINE 19  
 AVAILABILITY OF DOCUMENTS TO THE PUBLIC  
 AJWS MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AT WWW.AJWS.ORG. THE ORGANIZING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9  
 GRANT REFUNDS \$62,500

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES  
 AL, AK, AZ, AR, CA, CO, CT,  
 DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,  
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
 RI, SC, TN, TX, UT, VA, WA, WV, WI,



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ATTACHMENT 2	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SAFEGUARD WORLD INTERNATIONAL LIMITED STE. 24-25, EDWIN FODEN BUSINESS CENTRE MOSS LANE SANDBACH UNITED KINGDOM	GLOBAL EMPLOYMENT	703,347.
WELLSPRING CONSULTING LLC 198 AMITY ROAD, SUITE 23 WOODBIDGE, CT 06525	CSLT SERV STRAT PLAN	401,238.
ALIGN COMMUNICATIONS, INC. 485 ROUTE 1 SOUTH, BLDG. C STE 210 ISELIN, NY 08830	MANAGED IT SERV.	257,850.
PRODUCTION SOLUTIONS, INC. 1953 GALLOWS ROAD, SUITE 600 VIENNA, VA 22182	PRINTING&PRODUCTION	324,107.
TRIPI CONSULTING ASSOCIATES, INC. 255 PLUTARCH ROAD HIGHLAND, NY 12528	FUNDRAISING CONSULT	188,956.