### **EXTENSION ATTACHED**

### **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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

		2024 calendar year, or tax year beginning and e	ending		•			
			chang	D. Employer identifi	aatian numba			
<b>B</b> C	heck if pplicable	C Name of organization  WORLD JEWISH CONGRESS (AMERICAN	D Employer identifie	cauon number				
	Addres							
	change Name	SECTION), INC.	40 450055					
	change Initial		13-1790756					
	return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Final return/	501 MADISON AVENUE	212-755-5770					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$ 31,915,99					
	Amend return	NEW TORK, NI 10022	H(a) Is this a group return					
	Applica tion	F Name and address of principal officer: SAKA FIREDEAN	for subordinates	? Yes X No				
	pendin	501 MADISON AVENUE, NEW YORK, NY 10022		H(b) Are all subordinates in	ncluded? Yes No			
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
<u>J</u> V	Vebsit	e: WWW.WORLDJEWISHCONGRESS.ORG/AFF_AMERICAN.HTML		H(c) Group exemptio	n number			
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1950	M State of legal domicile: NY			
Pa	rt I	Summary						
	1	Briefly describe the organization's mission or most significant activities: SEE SCH	HEDULE O					
၁င								
ı.	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.			
Governance	3 1			3	29			
ၓ	l	Number of independent voting members of the governing body (Part VI, line 1b)			29			
ە دە		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			0			
ij		Total number of volunteers (estimate if necessary)			0			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		, , ,		Prior Year	Current Year			
_	8 (	Contributions and grants (Part VIII, line 1h)		24,329,797.	19,117,343.			
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	0.			
Ş.	ı	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		309,958.	163,902.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,389.	39,201.			
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,673,144.	19,320,446.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,500,000.	15,050,000.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	، عد ا	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,434,813.	1,364,363.			
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	700,848.	695,330.				
ben	h -	Fotal fundraising expenses (Part IX, column (D), line 25)	000.	,	,			
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,786,605.	4,574,947.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,422,266.	21,684,640.			
	l	Revenue less expenses. Subtract line 18 from line 12		-2,749,122.	-2,364,194.			
-Se	15	teveride less experises. Oubtract line to from line 12	Be	ginning of Current Year	End of Year			
Net Assets or	20	Fotal assets (Part X, line 16)		13,355,567.	11,438,900.			
Asse Bal	21	Total liabilities (Part X, line 26)		847,018.	861,603.			
Vet,	22	Net assets or fund balances. Subtract line 21 from line 20	12,508,549.	10,577,297.				
Pa	rt II	Signature Block		, , -	, , .			
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			miowicago ana sonon, icio			
,	1	gana completed books attended of property (canor than officery to become off an information of this	ion propuror	That arry information				
Sign	, t	Signature of officer		Date				
Her		DAVID FRANKEL, CHIEF FINANCIAL OFFICER						
1101	`	Type or print name and title						
		Preparer's name Preparer's Apparer	_	Date Check	PTIN			
Paid		VILLIAM EPSTEIN	11/12/2025 P01307171					
Prep	·	Firm's name EISNER ADVISORY GROUP LLC	L	Firm's EIN 87-1353108				
	Only	Firm's address 733 THIRD AVENUE		LIIIII 2 EIIV 01-1222100				
-50	···· <b>,</b>	NEW YORK, NY 10017-2703	Phone no.212	-949-8700				
May	the IR	S discuss this return with the preparer shown above? See instructions		11 110110 110.222	X Yes No			
iviay	LI IC IN	S allocated and retain with the preparer shown above: Oee instructions			163 110			

### Form **8868**

(Rev. January 2025)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) WORLD JEWISH CONGRESS (AMERICAN **Print** 13-1790756 SECTION) INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 501 MADISON AVENUE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 Form 990-T (governmental entities) 15 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of DAVID FRANKEL 501 MADISON AVENUE - NEW YORK, NY 10022 Telephone No. 212-755-5770 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box ... I request an automatic 6-month extension of time until NOVEMBER 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 24 or \_\_\_\_\_ , 20 \_\_\_\_ , and ending \_\_\_ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

	1990 (2024) SECTION), INC.	13-1790756	Page 2
Pa	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: SEE ATTACHMENT 1		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$11,526,110. including grants of \$11,287,500. ) (Revenue INTERNATIONAL AFFAIRS - ATTENDED CONFERENCES AND MEETINGS TO DISCUSS  CURRENT TOPICS OF INTERNATIONAL IMPORTANCE. HELD CONFERENCES AND  ATTENDED MEETINGS TO DISCUSS THE RAPID RISE OF ANTI-SEMITISM IN EUROPE,	\$	)
	AND IN THE UNITED STATES AND NORTH AMERICA, THE CURRENT SITUATION IN THE MIDDLE EAST, AND IMPORTANT DEVELOPMENTS IN THE UNITED NATIONS. MET		
	WITH INTERNATIONAL GOVERNMENTAL OFFICIALS, INTERNATIONAL INTERFAITH		
	LEADERSHIP, WORLD JEWISH LEADERSHIP, AND REPORTED ON PUBLIC AFFAIRS  TOPICS AS PERTAINING TO THE UNITED STATES AND NORTH AMERICA.		
4b	(Code:) (Expenses \$ 834,557. including grants of \$ 752,500. ) (Revenue	e\$	)
	SEE SCHEDULE O		
4c	(Code:) (Expenses \$5,291,868. including grants of \$1,505,000. ) (Revenue DISSEMINATE INFORMATION TO OUR OVER 100 MEMBER COMMUNITIES. ISSUED	\$	)
	PERIODICAL PRESS RELEASES, REPORTS AND WEEKLY SUMMARIES OF ACTIVITIES,		
	ANALYSES OF TIMELY ISSUES AS WELL AS OPINION PIECES AND PRESS ITEMS		
	THAT PERTAIN TO THE RISE OF ANTI-SEMITISM, AT HOME AND ABROAD, THE		
	IRANIAN THREAT, ISSUES AFFECTING ISRAEL AND THE MIDDLE EAST, AND JEWISH COMMUNITY NEWS.		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,542,568. including grants of \$ 1,505,000.) (Revenue \$	)	
<u>4e</u>	Total program service expenses 19,195,103.		

13-1790756

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		1
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		<del></del>
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		Х
С	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ A
D	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	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	18	Х	
19	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	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	<u></u>
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# Form 990 (2024) SECTION), INC. Part IV Checklist of Required Schedules (continued)

			169	INO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
04-	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
b	Schedule K. If "No," go to line 25a	24a		<del></del>
		240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. ui	Check if Schedule O contains a response or note to any line in this Part V			Х
	Chook is Conducted Contrained a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12		163	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	200	

### 024) SECTION), INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	0		
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		Х	<u> </u>
					Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			<sub>v</sub>
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	. 4a		Х
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Accusto (FDAD)	-		
<b>5</b> 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		50		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	_		X
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		•		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 50		
ou		organization sonoit	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	? <b>7a</b>	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. 7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		. <u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		. 7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		. 7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		.   •		
а	Did the arranging agreement or really agree to take his distributions and a continue 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	•			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		138		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	. 16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities the section 501(c)(21) organizations.				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		. 17		
	If "Yes," complete Form 6069.				

SECTION) TNC Form 990 (2024) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 29 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 29 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O 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. X Upon request Own website \_\_ Other (explain on Schedule O) Another's website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

10022

statements available to the public during the tax year.

DAVID FRANKEL - 212-755-5770 501 MADISON AVENUE, NEW YORK, NY SECTION) INC.

# Form 990 (2024) 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

Page 7

### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)			ірсп	Jan	(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week (list any				10010	174 45		from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	Institutional trustee		oyee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itutio	cer	Key employee	hest coloyee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig emp	Fori			
(1) BETTY EHRENBERG	40.00									
EXECUTIVE DIRECTOR				Х				234,894.	0.	43,863.
(2) RANDI DUBNO GARDNER	40.00									
DIRECTOR DR DEVELOPMENT						Х		201,718.	0.	76,984.
(3) JANICE WOLPO	40.00									
DIR CAMPAIGN RELATIONS/COM						Х		178,538.	0.	61,884.
(4) JENNIFER WALSH	40.00	-						120 101		40.045
DIRECTOR OF DIRECT MAIL	1 00					Х		138,191.	0.	49,045.
(5) AMEILA KATZEN	1.00	х						0.	0.	0
GOVERNING BOARD	1.00	A						0.	0.	0.
(6) AMIR SHAVIV	1.00	X						0.	0.	0
GOVERNING BOARD (7) ANDREW BORANS	1.00	Λ						0.	٠.	0.
GOVERNING BOARD	1.00	X						0.	0.	0
(8) AVI POSNICK	1.00	Λ						0.	0.	0.
GOVERNING BOARD	1.00	x						0.	0.	0.
(9) CHERYL BIER	1.00	Λ						· · ·	٠.	<u> </u>
GOVERNING BOARD	1.00	х						0.	0.	0.
(10) CHERYL FISHBEIN	1.00							· · ·	· ·	
GOVERNING BOARD	1.00	х						0.	0.	0.
(11) DEBBIE BIENENFELD	1.00								•	<u> </u>
GOVERNING BOARD		Х						0.	0.	0.
(12) DR. GERALD PLATT	1.00									
GOVERNING BOARD		Х						0.	0.	0.
(13) EFRAT GILMAN	1.00								-	<u> </u>
GOVERNING BOARD		х						0.	0.	0.
(14) EMANUEL ADLER	1.00									
GOVERNING BOARD		х						0.	0.	0.
(15) EUGENE LANDY	1.00									
GOVERNING BOARD		Х						0.	0.	0.
(16) EVELYN SOMMER	1.00									
GOVERNING BOARD		х		L			L	0.	0.	0.
(17) FRAN HIRMES	1.00									
GOVERNING BOARD		Х						0.	0.	0.

432007 12-10-24 Form **990** (2024)

Form 990 (2024) SECTION),	LINC.								13-179075	• Page •
Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	is both or/trus	n an	compensation	compensation	amount of
	week (list any		Cei aii		II ecit	T	(66)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (420)	and related
	below	idual	ution	<u></u>	Key employee	sst co	eL	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			_
(18) GAIL PERL	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(19) JASON GUBERMAN	1.00									
GOVERNING BOARD		Х						0.	0.	0.
(20) JAY FELDMAN	1.00									
GOVERNING BOARD		Х						0.	0.	0.
(21) JEANETTE SCHECHTER	1.00									
GOVERNING BOARD		Х						0.	0.	0.
(22) JEFFREY WIESENFELD	2.00									
TREASURER		Х		Х				0.	0.	0.
(23) JOAN LURIE GOLDBERG	1.00									
GOVERNING BOARD		Х						0.	0.	0.
(24) MELISSA JANE KRONFELD	1.00									
GOVERNING BOARD		Х						0.	0.	0.
(25) MIREILLE MANOCHERIAN	1.00									
GOVERNING BOARD		Х						0.	0.	0.
(26) NORMA HOLZER	1.00									
GOVERNING BOARD		Х						0.	0.	0.
1b Subtotal								753,341.	0.	231,776.
c Total from continuation sheets to Part	VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								753,341.	0.	231,776.

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

### **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
	Description of services	Compensation
ANNE LEWIS STRATEGIES LLC, 650		
MASSACHUSETTS AVE NW, WASHINGTON, DC 20001	DIGITAL FUNDRAISING	1,725,987.
QCT PRODUCTION		
2000 15TH STREET NORTH, ARLINGTON, VA 22201	PRODUCTION	1,083,316.
DIRECT MAIL SOLUTIONS		
4650 OAKLEYS LN, RICHMOND, VA 23231	DIRECT MAIL	300,583.
PLANET DIRECT MAIL		
11050 CHALLENGER CT,, MANASSAS, VA 20109	MAILING	197,601.
SCOTT CIRCLE EVENTS LLC, 1900 L STREET NW		
SUITE 705, WASHINGTON, DC 20036	EVENT PLANNER	122,710.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	5	
GET DIDE UIT GEGETON I GOVERNMENT GUEERG		- 000

4

Form 990\_ SECTION), INC. 13-1790756

Part VII Section A Officers Directors Tr										
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)					compensation	compensation	amount of
	per	Ť						from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				ed m		organization	(W-2/1099-MISC)	from the
	hours for	rdir	۱ ,,			ted e		(W-2/1099-MISC)		organization
	related	stee (	ruste			en sa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	III III	Officer	emp.	hest	Former			
	line)	pu	su	JJ0	Ke	Hig	For			
(27) RABBI DANIEL POLISH	1.00									
GOVERNING BOARD		Х						0.	0.	С
(28) RABBI JOEL MEYERS	5.00									
CHAIRMAN		Х		Х				0.	0.	С
(29) RABBI MENACHEM PENNER	1.00									
GOVERNING BOARD		Х						0.	0.	(
(30) RODRIGO SLELATT	1.00									
GOVERNING BOARD		Х						0.	0.	(
(31) RUSSELL ROBINSON	1.00									
GOVERNING BOARD		Х						0.	0.	(
(32) SARA WINKOWSKI	1.00									
GOVERNING BOARD		Х						0.	0.	(
(33) SHULA BAHAT	1.00									
GOVERNING BOARD		Х						0.	0.	(
(34) DAVID FRANKEL	20.00									
CHIEF FINANCIAL OFFICER				Х				0.	0.	C
	-		_							
	-									
	-									
		-								
	+									
	+		$\vdash$							
	+									
		•								

SECTION), INC.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a **b** Membership dues ..... 1b c Fundraising events ..... 2,063,496. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 17,053,847. 1f 65,191. g Noncash contributions included in lines 1a-1f 19,117,343. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue ..... g Total. Add lines 2a-2f ........ Investment income (including dividends, interest, and other similar amounts) 143,912. 143,912 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 7a 12,129,108. assets other than inventory b Less: cost or other basis 7b 12,109,118. Other Revenue and sales expenses 19,990. c Gain or (loss) \_\_\_\_\_\_\_7c 19,990. 19,990. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 2,063,496. of contributions reported on line 1c). See 486,427. Part IV, line 18 486,427. **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a LIST SALES 900099 39,201, 39,201. b **d** All other revenue 39,201. e Total. Add lines 11a-11d 19,320,446. 203,103. 0. **12 Total revenue.** See instructions

### 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).

00011	Check if School In O contains a response				
_	Check if Schedule O contains a respons	e or note to any line in ti	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	45 050 000	45 050 000		
	and domestic governments. See Part IV, line 21	15,050,000.	15,050,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	278,757.	170,390.	63,071.	45,296.
6	Compensation not included above to disqualified	·	·		· · · · · · · · · · · · · · · · · · ·
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		746,861.	456,516.	168,987.	121,358.
7	Other salaries and wages	7 = 0 , 0 0 1 .	=50,510.	100,507.	121,330.
8	Pension plan accruals and contributions (include	56 022	21 762	16 205	9 065
_	section 401(k) and 403(b) employer contributions)	56,033.	31,763.	16,205.	8,065.
9	Other employee benefits	199,041.	114,800.	54,768.	29,473.
10	Payroll taxes	83,671.	48,527.	22,643.	12,501.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10.		10.	
С	Accounting	47,239.		47,239.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	695,330.			695,330.
f	Investment management fees	12,330.		12,330.	_
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A), amount, list line 11g expenses on Sch 0.)	241,282.	175,513.	19,110.	46,659.
12	Advertising and promotion	608,024.	·	·	608,024.
13	Office expenses	12,935.	6,834.	2,530.	3,571.
14	Information technology	, -	, .	, -	
15	Royalties	287,177.	175,536.	64,977.	46,664.
16	Occupancy	45,105.	27,570.	10,206.	7,329.
17	Travel	45,105.	27,370.	10,200.	7,323.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			12.22	
19	Conferences, conventions, and meetings	54,307.	33,195.	12,288.	8,824.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,747.	4,125.	1,526.	1,096.
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	DIRECT MAIL COSTS	3,215,932.	2,883,270.		332,662.
b	MISCELLANEOUS	28,935.	13,036.	9,156.	6,743.
c	BOOKS AND SUBSCRIPTIONS	8,334.	·	•	8,334.
d	EQUIPMENT RENTAL	6,590.	4,028.	1,491.	1,071.
	All other expenses	,	-,	_,	-,
	Total functional expenses. Add lines 1 through 24e	21,684,640.	19,195,103.	506,537.	1,983,000.
25	-	21,001,010.	15,155,165.	300,337.	1,505,000.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	2 011 055	0 000 070	_	1 00= 00=
	Check here X if following SOP 98-2 (ASC 958-720)	3,911,262.	2,883,270.	0.	1,027,992.

SECTION), INC.

Form 990 (2024)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to any line in	this Part X		······	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,781,421.	1	2,742,181.	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		396,673.	3	275,809.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq		s defined			
		under section 4958(f)(1)), and persons descri	bed in section 49	58(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Donat de la companya de la factoria de la companya			57,629.	9	153,802.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D		59,537.			
	b			27,653.	38,631.	10c	31,884.
	11	Investments - publicly traded securities		11,081,213.	11	8,235,224.	
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	<b>Total assets.</b> Add lines 1 through 15 (must e	13,355,567.	16	11,438,900.		
	17	Accounts payable and accrued expenses		760,858.	17	641,742.	
	18	Grants payable	86,160.	18	219,861.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			21		
S	22	Loans and other payables to any current or f	ormer officer, dire				
Liabilities		trustee, key employee, creator or founder, su	ubstantial contribu	tor, or 35%			
abil		controlled entity or family member of any of	these persons			22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel	ated third parties			24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24). Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			847,018.	26	861,603.
		Organizations that follow FASB ASC 958,	check here	X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			11,497,675.	27	9,997,459.
Ba	28	Net assets with donor restrictions			1,010,874.	28	579,838.
пd		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fur	nds	L		29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		[	12,508,549.	32	10,577,297.
_	33	Total liabilities and net assets/fund balances			13,355,567.	33	11,438,900.

Form **990** (2024)

SECTION), INC. 13-1790756

Form	990 (2024) SECTION), INC.	13-1790756		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			446.
2	Total expenses (must equal Part IX, column (A), line 25)	2			640.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	364,	194.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,	508,	549.
5	Net unrealized gains (losses) on investments	5		532,	942.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		100,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,	577,	297.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Щ.
		_	_	Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Ones to Dub

**Employer identification number** 

Go to www.irs.gov/Form990 for instructions and the latest information.

WORLD JEWISH CONGRESS (AMERICAN

Open to Public Inspection

OMB No. 1545-0047

	SECTIO	N),	INC.						13-1790756
Part I	Reason for Public (	Cha	arity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ	nization is not a private found	atio	n because it is: (F	For lines 1 through 12, cl	neck 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).)								
3	A hospital or a cooperative					(b)(1)(A)(ii	ii).		
4	A medical research organiz						•	(iii). Enter	the hospital's name,
	city, and state:						· · · · · · · · ·	` ,	,
5	An organization operated for	or th	e benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
•	section 170(b)(1)(A)(iv). (C			<b></b>		, 3-			
6	A federal, state, or local gov			nental unit described in	section 17	70/hV/1V/Δ\	(v)		
7 X	An organization that norma							e general i	oublic described in
,	section 170(b)(1)(A)(vi). (C	-		Titial part of its support if	om a gove	riiiiciitai	unit of nom th	c general i	Sabile described in
8	A community trust describe			(1)(A)(vi) (Complete Part	+ II \				
9 🗌						ad in aanii	ination with a	land grant	collogo
9	An agricultural research org								
	or university or a non-land-g	grani	t college of agrici	ulture (see iristructions).	citter the i	name, city	, and state or	irie college	; OI
10	university:An organization that norma	11		than 22 1/20/ of its supp	art from a	ontribution	a mambarah	n food on	d areas ressints from
10									
	activities related to its exen	-	· · · · · · · · · · · · · · · ·	•					-
	income and unrelated busin			(less section 511 tax) iro	m busines	sses acqui	rea by the org	anization a	inter June 30, 1975.
44	See section 509(a)(2). (Col	-	•		:-t C	<del>!</del> <b>-</b> (	20(-)(4)		
11	An organization organized a		•	•	•				
12	An organization organized a		· ·		-			-	
	more publicly supported or								neck the box on
	lines 12a through 12d that		* *					-	
a			· · · · · · · · · · · · · · · · · · ·		•	-			
	the supported organization				majority o	of the direc	tors or trustee	es of the su	ipporting
	organization. You must o		-						
b							-		-
	control or management o				ame perso	ns that co	ntrol or manag	ge the supp	ported
_	organization(s). You mus		-						
c		-						y integrate	ed with,
	its supported organization		•	·					
d								-	* *
	that is not functionally int	•	•	• ,	•		•	an attentiv	/eness
_	requirement (see instructi								
e	Check this box if the orga						Type I, Type I	I, Type III	
	functionally integrated, or	Typ	oe III non-function	nally integrated supportir	ng organiz	ation.			
	er the number of supported o	•							
	vide the following information (i) Name of supported	n ab	out the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monotoni	(vi) Amount of other
	organization		(II) EIIV	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)
				above (see instructions))	Yes	No			
Tata'									
Total							L		<u> </u>

### 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.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	23,827,733.	18,944,840.	32,029,905.	24,329,797.	19,117,343.	118,249,618.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	23,827,733.	18,944,840.	32,029,905.	24,329,797.	19,117,343.	118,249,618.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						53,827,760.	
6	Public support. Subtract line 5 from line 4.						64,421,858.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
7	Amounts from line 4	23,827,733.	18,944,840.	32,029,905.	24,329,797.	19,117,343.	118,249,618.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	78,901.	137,589.	116,147.	130,413.	143,912.	606,962.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	26,118.	49,744.	40,404.	33,389.	39,201.	188,856.	
11	<b>Total support.</b> Add lines 7 through 10						119,045,436.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here						
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2024 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	54.12 %	
	Public support percentage from 2023					15	51.52 %	
16a	33 1/3% support test - 2024. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box		
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization quali							
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	-	•	*				
b	10% -facts-and-circumstances test	•				•	10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	·	

Schedule A (Form 990) 2024 SECTION), INC.

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 )

Sec	ction A. Public Support	elow, please comp	olete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
r	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							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support				1 ,,,,,,,	T		
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Amounts from line 6							
102	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
r	Unrelated business taxable income (less section 511 taxes) from businesses							
	anguired ofter June 20, 1075							
_								
	Add lines 10a and 10b  Net income from unrelated business							
••	activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain							
-	or loss from the sale of capital							
12	assets (Explain in Part VI.)						<u> </u>	
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First 5 years.</b> If the Form 990 is for the	o organization's f	irot accord third	fourth or fifth toy	Voor oo o costion f	[ [01(a)(2) organization	L	
14	•	J		,	•	( ) ( )	· —	
Sec	check this box and stop hereetion C. Computation of Publi	c Support Per	rcentage					
	Public support percentage for 2024 (li			column (f))		15	%	
	Public support percentage from 2023					16	<del>%</del>	
	ction D. Computation of Inves					•		
17	Investment income percentage for 20	<b>)24</b> (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%	
	Investment income percentage from 2					18	%	
	33 1/3% support tests - 2024. If the					33 1/3%, and line 1		
	more than 33 1/3%, check this box ar							
b	33 1/3% support tests - 2023. If the							
	line 18 is not more than 33 1/3%, che							
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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
Eh		
5b 5c		
6		
7		
8		
9a		
9b		
9с		
10a		
 10b	~ 000)	

	edule A (Form 990) 2024 SECTION), INC.	13-1790756	Pa	age <b>5</b>
Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		ı	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated ar			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization.	2		
566	Alon O. Type if Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Want a majority of the amount at its 2- align at any antique to a discount of the adjustment of the ad		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	,		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations	·		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instructions).		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	al		
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
<b>L</b>	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
Ü	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.	3b		
	or its supported organizations: it ites, describe in Fait VI the fole played by the organization in this regard.	30	1	

13-1790756

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally intogrator	d Type III supporting orga	enization (soo

Schedule A (Form 990) 2024

instructions).

Sche	dule A (Form 990) 2024 SECTION), INC.				13-1790756	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)		
Secti	on D - Distributions		•		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<b>;</b>	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
_6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2024 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ıs	(iii) Distributa Amount for	
1	Distributable amount for 2024 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2024 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2024					
a	From 2019					
b	From 2020					
С	From 2021					
d	From 2022					
е	From 2023					
f	Total of lines 3a through 3e					
g	Applied to under distributions of prior years					
	Applied to 2024 distributable amount					
i	Carryover from 2019 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2024 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2024 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2024, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2024. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2025. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					
	Excess from 2024					

Schedule A (Form 990) 2024

432028 01-14-25

Schedule A (Form 990) 2024

## Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

WORLD JEWISH CONGRESS (AMERICAN

SECTION), INC.

Employer identification number

13-1790756

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	,	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
Х	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), 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization	Employer identification number
WORLD JEWISH CONGRESS (AMERICAN	
SECTION), INC.	13-1790756

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RONALD LAUDER  767 FIFTH AVENUE  NEW YORK, NY 10153	\$6,875,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.

Name of organization

WORLD JEWISH CONGRESS (AMERICAN

SECTION), INC.

Employer identification number

13-1790756

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-   -   -   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Name of or	ganization				Employer identification number			
	WISH CONGRESS (AMERICAN							
SECTION)			ad in acation FO	4(-)(7) (0) (40) +1-	13-1790756			
Part III	from any one contributor. Complete columns (a)	through (e) and the following	line entry. For or	rganizations				
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1	,000 or less for th	ne year. (Enter this info. o	nce.) \$			
(a) No.	Ose duplicate copies of Fart III II additional s	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held			
1 4111								
		(e) Transfe	er of gift					
		1.71D 4	_					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		_						
		_	-					
(a) No. from	(b) Purpose of gift	(c) Use of gi	#	(d) Dose	ription of how gift is held			
Part I	(b) Ful pose of gift	(c) Use of gi		(u) Desc	inputor of now girt is field			
	(e) Transfer of gift							
	(-)							
	Transferee's name, address, and ZIP + 4 Relationship of			elationship of tra	nsferor to transferee			
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held			
-								
		(e) Transfe	er of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-	Transferee's name, address, a	III ZIP + 4	n	elationship or tra	isteror to transferee			
	-							
					_			
(a) No. from	(b) Purpose of gift	(c) Use of gi	<del>f1</del>	(d) Desc	ription of how gift is held			
Part I	(b) i dipose oi giit	(6) 030 01 gi		(d) Desc	input of now girt is netd			
				-				
		-		-				
-	(e) Transfer of gift							
		(-,	<b>J</b> -					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			

## SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLD JEWISH CONGRESS (AMERICAN SECTION), INC.

**Employer identification number** 13-1790756

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic 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 conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easements during the year
8	Does each conservation easement reported on line 2d above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
Dai	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of	Art Historical Transuras or Oth	nor Similar Assats
Га			iei Siiiliai Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
р	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tree		gain, provide
	the following amounts required to be reported under FASB A		•
a	Revenue included on Form 990, Part VIII, line 1		\$
h	ADDOTO INCIDIDAD IN LOVIN UIUI LIOVE V		u.

2	Provide the estimated	percentage of the current	vear end halance (line	1g column (a)) held as:
_	Flovide the estimated	percentage of the current	year end balance (iine	ry, coluitii (a)) rielu as.

а	Board designated or	guasi-endowment 9	%
u	Doard designated of	quasi cridowinchi	/ U

**b** Permanent endowment 94.0309 %

c Term endowment 5.9690 %

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?

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

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)			(d) Book value	
1a Land					
<b>b</b> Buildings					
c Leasehold improvements		46,301.	18,521.	27,780.	
<b>d</b> Equipment		13,236.	9,132.	4,104.	
e Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))					

Schedule D (Form 990) (Rev. 12-2024)

Yes

3a(i)

3a(ii)

No

X

Х

13-1790756

Schedule I	) (Form 990) (Re	ev. 12-2024) SECTION)	, INC.

Part VII Investments - Other Securities  Complete if the organization answered "Yes"	on Form 990 Part IV line	11h 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	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	5 000 B + N/ II	0 5 000 5	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	<u>l. (B))                                   </u>		
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)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			I

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line				19,841,058.
1				1	17,041,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	2a	532,942.		
a b			332,312.	-	
C				-	
d				-	
e				2e	532,942.
3	Subtract line 2e from line 1			3	19,308,116.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,330.		
b					
С	Add lines 4a and 4b			4c	12,330.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	19,320,446.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		xpenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	21,772,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а					
b	, , , , , , , , , , , , , , , , , , , ,				
С					
d	, , , , , , , , , , , , , , , , , , , ,	<u>-</u>	100,000.		
е				2e	100,000.
3	Subtract line 2e from line 1			3	21,672,310.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	12 220		
a	1		12,330.	-	
b				4-	12,330.
с 5	Add lines 4a and 4b			4c 5	21,684,640.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII   Supplemental Information			] 3 ]	21,001,010.
lines PART THE	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a F V, LINE 4:  AMERICAN SECTION'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL FUN ABLISHED FOR GENERAL PURPOSES.	additional informat		; Part X, li	ne 2; Part XI,
PAR'	F X, LINE 2:				
THE	AMERICAN SECTION IS SUBJECT TO THE PROVISIONS OF THE FINANC	CIAL			
	OUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS				
CODI	IFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO	ACCOUNTING			
AND	REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE A	AMERICAN			
	FION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TO				
	HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON T	HE AMERICAN			
SECT	FION'S FINANCIAL STATEMENTS.				
	T XII, LINE 2D - OTHER ADJUSTMENTS:	100 000			
Loss	S ON UNCOLLECTIBLE AMOUNTS	100,000.			

### WORLD JEWISH CONGRESS (AMERICAN

Schedule D	(Form 990) (Rev. 12-2024) SECTION), INC.	13-1790756	Page <b>5</b>
Part XIII	(Form 990) (Rev. 12-2024) SECTION), INC.   Supplemental Information (continued)		
	Continued)		

### **SCHEDULE G** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WORLD JEWI SECTION),	SH CONGRESS (AMERICAN INC.					mployer ide 13-179075	ntification number
Part I Fundraising Activities	Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I			
required to complete this part of the part	sed funds through any of the following o	ation of ation of Il fundra Il (includ	nongo gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	ŕ	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	itrol of	(iv) Gross receipts from activity	tò (or r fur	nount paid etained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
ANNE LEWIS STRATEGIES-		Yes	No				
MISSION WIRED - 660	FUNDRAISING COUNSEL		Х	8,317,158.		689,400.	7,627,758.
TELEFUND - PO BOX 120557, BOSTON, MA 02112	FUNDRAISING COUNSEL		x	17,246.		5,930.	11,316.
				8,334,404.		695,330.	7,639,074.
3 List all states in which the organization or licensing.					it is exe	empt from re	gistration
AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,K ND,OH,OR,PA,RI,SC,TN,UT,VA,WA,W		NV,NH	NJ,N	M,NY,NC			
ND, OH, OK, TA, KI, SC, TN, OI, VA, WA, W	, WI, DC						

432081 01-14-25

WORLD JEWISH CONGRESS (AMERICAN Schedule G (Form 990) (Rev. 12-2024) SECTION), INC. 13-1790756 Page 2 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 NONE (add col. (a) through DINNER col. (c)) (total number) (event type) (event type) 2,549,923. 2,549,923. 1 Gross receipts 2 Less: Contributions 2,063,496. 2,063,496. 3 Gross income (line 1 minus line 2) 486,427. 486,427. 4 Cash prizes 1,885. 5 Noncash prizes 1,885. Direct Expenses 6 Rent/facility costs 47,075. 47,075. 194,036. 194,036. 7 Food and beverages 8 Entertainment 243,431. 243,431. 9 Other direct expenses 486,427. **10** Direct expense summary. Add lines 4 through 9 in column (d) 0. 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d)

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax your bold of "Yes," explain:	/ear? Yes No
432082 01-14-25	Schedule G (Form 990) (Rev. 12-2024)

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

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states?

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

### WORLD JEWISH CONGRESS (AMERICAN

<u>S</u> ch	nedule G (Form 990) (Rev. 12-2024) SECTION), INC.	79075	6	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No.
	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	O No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	<b>b</b> An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆	Yes	☐ No
ı	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 the 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:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L No
ı	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 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, Iir	nes 9,	9b, 10b,
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
_				
	NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES- MISSION WIRED			
	ADDRESS OF FUNDRAISER:			
660	MASSACHUSETTS AVE NW, SUITE 505, WASHINGTON, DC 20001			

### WORLD JEWISH CONGRESS (AMERICAN

Schedule G	(Form 990) SECTION), INC.  Supplemental Information (continued)	13-1790756	Page 4
Part IV	Supplemental Information (continued)		

### SCHEDULE I (Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WORLD JEWISH	Employer identification number						
SECTION), INC. 13-1790756							
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?				-		X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WORLD JEWISH CONGRESS LLC 501 MADISON AVENUE							
NEW YORK, NY 10010	98-0507871	501(C)(3)	15,050,000.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a  5 Enter total number of other organization	-	~	le line 1 table				1.

N), INC. 13-1790756

(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 noncash assistance
Supplemental Information. Provide the informati	on required in Part I, line	e 2; Part III, columr	n (b); and any other ad	ditional information.	
, LINE 2:					
RING GRANT FUNDS: THE WORLD JEWISH CONGR	RESS AMERICAN SECT	ION REQUESTS			
OF FUNDS REPORT TO ENSURE GRANTED AMOUNT	S COMPLY WITH GRA	NT			
IONS.					
				<u> </u>	

### SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

### **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 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLD JEWISH CONGRESS (AMERICAN SECTION). INC.

Employer identification number 13-1790756

Pa	art I Questions Regarding Compensation					
			Yes	No		
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.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account 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	1b				
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?	2				
3	Indicate which, if any, of the following the 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.					
	Compensation committee   X Written employment contract					
	Independent compensation consultant Compensation survey or study					
	X Form 990 of other organizations X 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:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
С	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:					
	The organization?	5a		X		
b	Any related organization?	5b		Х		
	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:					
	The organization?	6a		X		
b	Any related organization?	6b		X		
	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	7		X		
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	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) (Rev. 12-2024)

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) BETTY EHRENBERG	(i)	234,894.	0.	0.	23,489.	20,374.	278,757.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) RANDI DUBNO GARDNER	(i)	201,718.	0.	0.	20,172.	56,812.	278,702.	0.	
DIRECTOR DR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JANICE WOLPO	(i)	178,538.	0.	0.	14,283.	47,601.	240,422.	0.	
DIR CAMPAIGN RELATIONS/COM	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JENNIFER WALSH	(i)	138,191.	0.	0.	8,291.	40,754.	187,236.	0.	
DIRECTOR OF DIRECT MAIL	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

WORLD JEWISH CONGRESS (AMERICAN

SECTION), INC.

Employer identification number

13-1790756

Pai	rt 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 10	(d) Method of de noncash contribu			s
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	11	65,191	. COMPARABLE SALES			
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								
19								
20								
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	ation during	the tax year for c	ontributions	•			
	for which the organization completed Form 828							
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted on Part I, lines 1 thro	ugh 28, that it			
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?							х
b	<b>b</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?						Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?							Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is ch	ecked,			
describe in Part II.								

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

Schedule M (Form 990) 2024

### SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

### 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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

WORLD JEWISH CONGRESS (AMERICAN **Employer identification number** Name of the organization SECTION). INC 13-1790756 DESCRIPTION OF ORGANIZATION MISSION: FORM 990. PART I, LINE 1 THE WORLD JEWISH CONGRESS AMERICA SECTION, IS A JEWISH HUMANITARIAN HUMAN RIGHTS, AND ADVOCACY ORGANIZATION REPRESENTING JEWISH COMMUNITIES IN NORTH AMERICA AND IS THE VOICE OF THE PREMIER GLOBAL JEWISH UMBRELLA FOR JEWISH COMMUNITIES AROUND THE WORLD. THE MISSION OF THE WJC AMERICAN SECTION IS TO SUPPORT THE AIMS OF THE WORLD JEWISH CONGRESS AND TO WORK FOR HUMAN RIGHTS, TOLERANCE, COMBAT RACISM AND ANTI-SEMITISM, AND ADVOCATE FOR JEWISH COMMUNITY SECURITY AND SAFETY IN THE PUBLIC SQUARE, IN THE PUBLIC AFFAIRS ARENA, AND IN INTERNATIONAL ORGANIZATIONS. FORM 990. PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE: ORGANIZATIONAL AND INTER-RELIGIOUS AFFAIRS - THE WJC AMERICAN SECTION SERVES AS A COORDINATING AND RESOURCE BODY FOR MANY JEWISH ORGANIZATIONS AND PROVIDES MUCH OPPORTUNITY FOR INTERACTION COOPERATION, AND INTEGRATION IN THE COMMUNITY. WJC IS A MEMBER ORGANZATION OF THE INTERNATIONAL JEWISH COMMITTEE FOR INTERRELIGIOUS CONSULTATIONS (IJCIC), A CONSORTIUM OF JEWISH ORGANIZATIONS THAT WORK TOGETHER WITH THE VATICAN, THE WORLD COUNCIL OF CHURCHES, AND MODERATE MUSLIM ORGANIZATIONS TO INCREASE MUTUAL UNDERSTANDING AND WORK TOWARDS PEACEFUL CO-EXISTENCE. WJC PREVIOUSLY SERVED AS CHAIR OF IJCIC AND IN OTHER OFFICIAL CAPACITIES, PARTICIPATED IN ITS INTERNATIONAL LIAISON COMMITTEE MEETING IN PARIS, FRANCE, MADRID SPAIN, AND IN WARSAW AND IN HIGH LEVEL INTERFAITH MEETINGS IN GENEVA AMONG OTHERS BRUSSELS, LONDON, AND IN THE UNITED NATIONS. THE WJC HELD A SYMPOSIUM IN WASHINGTON D.C. ON THE 50TH ANNIVERSARY OF THE SECOND VATICAN COUNCIL AND AS WELL HELD SYMPOSIA IN NEW YORK WITH EXPERT SPEAKERS AND NOTABLE LEADERS OF THE JEWISH AND CHRISTIAN COMMUNITIES, FORM 990 PART III. LINE 4D OTHER PROGRAM SERVICES: ACADEMIC, CULTURAL, AND YOUTH EXPENSES \$ 1,542,568, INCLUDING GRANTS OF \$ 1,505,000. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: REVIEW PROCESS: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR REVIEW THE 990 PRIOR TO FILING. AFTER REVIEW AND APPROVAL FORM 990 IS GIVEN TO THE FULL BOARD FOR REVIEW AND THEN FILED BY THE ORGANIZATION. FORM 990, PART V, QUESTION 2A THE WORLD JEWISH CONGRESS AMERICAN SECTION CURRENTLY EMPLOYS 7 INDIVIDUALS. PAYROLL IS PROCESSED THROUGH ANOTHER ORGANIZATION. WORLD JEWISH CONGRESS LLC. WHICH IS THEN REIMBURSED BY THE WORLD JEWISH THEREFORE THERE IS NO FORM W-3 FILED FOR CONGRESS AMERICAN SECTION. THE WORLD JEWISH CONGRESS AMERICAN SECTION. THE PAYROLL EXPENSE REFLECTED ON THE 990 REPRESENTS AMOUNTS PAID TO INDIVIDUALS IN THEIR CAPACITY AS WORLD JEWISH CONGRESS AMERICAN SECTION EMPLOYEES

PART VI, SECTION B, LINE 12C:

FORM 990

Schedule O (Form 990) 2024 Page 2

Name of the organization WORLD JEWISH CONGRESS (AMERICAN	Employer identification number
SECTION), INC.	13-1790756
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING ALL OFFICERS,	
DIRECTORS AND EMPLOYEES TO SIGN THE FORM ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PROCESS FOR DETERMINING COMPENSATION INCLUDES A BOARD REVIEW AND	
APPROVAL OF CURRENT AND COMPARABLE SALARIES WITHIN SIMILAR ORGANIZATIONS.	
THIS IS DOCUMENTED IN THE BOARD MINUTES.	
TODA OOO DADE UT LINE 17 LIGE OF GENERA DESERVING CODY OF TODA OOO	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT	
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 18:	
THE AMERICAN SECTION MAKES IT FORM 1023 AND FORM 990 AVAILABLE UPON	
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
IN ITS EFFORTS TO FOLLOW 'BEST PRACTICES' IN ALL AREAS OF GOVERNANCE,	
FINANCIAL CONTROL AND TRANSPARENCY, THE WORLD JEWISH CONGRESS (AMERICAN	
SECTION), INC. MAKES AVAILABLE ON THE WEBSITE ITS PRIVACY POLICY, CODE OF	
ETHICS POLICY, CONFLICT-OF-INTEREST POLICY AND WHISTLEBLOWER POLICY.	
FURTHER, ITS IRS FORM 990 IS AVAILABLE ON ITS WEBSITE AND THE INTERNET VIA	
GUIDESTAR. ALL POLICY STATEMENTS AND FINANCIAL INFORMATION ARE ALSO	
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTIBLE AMOUNTS -100,000.	

432212 01-29-25 Schedule O (Form 990) 2024