## EXTENDED TO FEBRUARY 15, 2024

# **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 Internal Revenue Service

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

Open to Public Inspection

ΑI	For the	2022 calendar year, or tax year beginning $APR \ 1$ , $2022$ and ending	MAR 31, 202	3
В	Check if applicable	C Name of organization	D Employer identi	fication number
â		THE CONFERENCE OF PRESIDENTS OF MAJOR		
	Addres	AMERICAN JEWISH ORGS FUND		
	Name change	Doing business as	13-3116	552
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite <b>E</b> Telephone numb	er
	Final return/	633 3RD AVE FL 2	21 212-318	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,013,727.
	Amend return	ed NEW YORK, NY 10017-8157	H(a) Is this a group	return
	Application	F Name and address of principal officer:WILLIAM C. DAROFF	for subordinate	
	pendin	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
Τ.	Гах-ехе	mpt status: $X = 501(c)(3)$ $501(c)($ ) (insert no.) $4947(a)(1)$ or		a list. See instructions
J	Websit		H(c) Group exempti	
K	orm of	organization: X Corporation Trust Association Other L		M State of legal domicile; NY
	art I	Summary		
_	1	Briefly describe the organization's mission or most significant activities: ${ m THE} \;\; { m ORG}$	ANIZATION WOR	KS TO
Š		STRENGTHEN TIES BETWEEN CITIZENS OF THE USA,	ISRAEL AND '	THE BROADER
rna	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net	assets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4
8	1	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		8
)ţ		Total number of volunteers (estimate if necessary)		9
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		
		, ,	Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)	1,628,733	1,515,711.
ž	1	Program service revenue (Part VIII, line 2g)	0 (25	
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	6,020	
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	<del></del>
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,644,388	1,785,671.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	<del></del>
		Benefits paid to or for members (Part IX, column (A), line 4)	0	. 0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,123,043	1,202,302.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0	
þe		Total fundraising expenses (Part IX, column (D), line 25) 266, 253.		
й		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	829,529	1,160,655.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,952,572	2,362,957.
	19	Revenue less expenses. Subtract line 18 from line 12	-308,184	
or	1.0		Beginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,915,128	
Ass J Ba	21	Total liabilities (Part X, line 26)	2,765,050	
Net-	22	Net assets or fund balances. Subtract line 21 from line 20	3,150,078	
Pa	art II	Signature Block	· ·	<u> </u>
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and si	atements, and to the best of i	ny knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		
Sig	n	Signature of officer	Date	
Her		WILLIAM C. DAROFF, CHIEF EXECUTIVE OFFICER		
	_	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d l	WILLIAM SKODY WILLIAM SKODY	03/19/24 if self-empl	P00631754
		Firm's name SKODY SCOT & CO, CPAS, PC	Firm's EIN	13-3597814
		Firm's address 520 EIGHTH AVE, SUITE 2200		
		NEW YORK, NY 10018	Phone no. 2:	12 967-1100
Ma	y the IF	S discuss this return with the preparer shown above? See instructions	1	X Yes No
_				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION WORKS TO STRENGTHEN TIES BETWEEN CITIZENS OF THE USA,
	ISRAEL AND THE BROADER MIDDLE EAST AND TO ELIMINATE ANTI-SEMITISM AND
	RELIGIOUS BIGOTRY. THE ORGANIZATION ENGAGES IN EDUCATIONAL DIALOGUES
	THAT FOSTER WORLD PEACE, REGIONAL STABILITY, PROMOTE DEMOCRATIC
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	3, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,791,037. including grants of \$) (Revenue \$207,915.)
	-CONDUCT BRIEFINGS AND EXCHANGES WITH WORLD LEADERS ABOUT THE CORE
	CONCERNS OF THE AMERICAN JEWISH COMMUNITY; BUILD COALITIONS WITHIN THE
	LEGAL AND ACADEMIC COMMUNITIES, CIVIL SOCIETY AND NGOS TO COUNTER
	EFFORTS TO MANIPULATE INTERNATIONAL LAW IN A WAY THAT UNDERMINES THE
	ABILITY OF DEMOCRACIES TO PROMOTE PEACE IN THE MIDDLE EAST;
	-ENSURE THAT ANY ATTEMPT AT THE DELEGITIMIZATION OF ISRAEL IS
	IDENTIFIED AND THAT PROPER ACTION IS TAKEN BY THE JEWISH COMMUNITY TO
	NEGATE ITS IMPACT; CONTINUOUSLY ADDRESS THE PERNICIOUS CHALLENGES OF
	ANTI-JEWISH AND ANTI-ISRAEL BIAS, COLLABORATING WITH OUR PARTNERS TO
	ENSURE A HOLISTIC APPROACH TO FIGHTING ANTISEMITISM BY DEVELOPING
	PROACTIVE APPROACHES AND TOOLS TO COUNTER ANTISEMITISM, ANTI-ISRAEL,
	AND ANTI-ZIONISM PREJUDICE;
<del></del>	
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	/ Librarious / Incidentify grants of w
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,791,037.
	Form <b>990</b> (2022)

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### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	21	<del>                                     </del>
D	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	40h	Х	
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	21	Х
13		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		<del>  ^</del>
b	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		х
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	. 10		<del></del> -
	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
	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		Х

Part IV Checklist of Required Schedules (continued)

				T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			
	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			x
h	Schedule K. If "No," go to line 25a	24a 24b		Α_
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ü	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			٠,,
	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,	20		
	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	Х	37
	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?lf "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		Α_
34	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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			_ v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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

			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	3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	9 Sponsoring organizations maintaining donor advised funds.								
а	, , , , , , , , , , , , , , , , , , , ,								
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	4							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a	4							
р	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)	10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
		4							
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.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c	1							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· · · ·	<u> </u>						
	excess parachute payment(s) during the year?	15		x					
	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								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

232005 12-13-22

Form 990 (2022)

13-3116652

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 212-318-6111			
	633 3RD AVE, FL 21, NEW YORK, NY 10017-8157			

### Form 990 (2022)

AMERICAN JEWISH ORGS FUND

13-3116652 Page 7

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	aniza	<u>ation</u>	ı cor	mpe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is officer and a director/			is bot	th an	compensation	compensation	amount of
	week		T a	T	T	) / u us	1	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee/ee	mpen		1099-NEC)	1039-1120)	and related
	below	dualt	itiona		nploy	st co I	<u>_</u>	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN GREENBERG	1.00			Г						
DIRECTOR		Х						0.	0.	0.
(2) RABBI JOEL MEYERS	1.00									
DIRECTOR		Х						0.	0.	0.
(3) MARLENE POST	1.00									
DIRECTOR		Х						0.	0.	0.
(4) EVELYN SOMMER	1.00							_	_	_
DIRECTOR		Х			L			0.	0.	0.
(5) WILLIAM C. DAROFF	27.00	1								
CHIEF EXECUTIVE OFFICER	13.00			Х	╙			449,246.	0.	54,911.
(6) MALCOLM HOENLEIN	54.00	1								
EXECUTIVE VICE CHAIRMAN	6.00			Х	╙			0.	0.	0.
(7) STEPHANIE HAUSNER	29.00	1						040 450		
CHIEF OPERATING OFFICER	11.00			╙	Х			219,152.	0.	30,620.
(8) CAROLYN GREENE	29.00	4			х			212 202	0.	15 505
DEPUTY DIRECTOR	29.00			⊢	₽			213,203.	0.	15,525.
(9) RACHEL BINDER	11.00	1				X		101,311.	0.	17,277.
MANAGING DIR. FINANCE & OPERATIONS	11.00			┢	$\vdash$	^		101,311.	0.	11,411.
		1								
				⊢	⊢					
		1								
				$\vdash$	┢					
		1								
-				$\vdash$	<del>                                     </del>					
		1								
				$\vdash$	$\vdash$					
		1								
				Г	$\vdash$					
		1								
				Т						
		1								
				Г						
		1								

AMERICAN JEWISH ORGS FUND

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	pioy	ees/	, and	a HI	gne	τι	ompensated Employe	es (continuea)				
	(A)	(B) (C)  Average hours per (do not check more than one box, unless person is both an officer and a director/trustee)							(D)	(E)		_	(F)	
	Name and title								Reportable compensation	Reportable compensation			stimate nount	
		week	offi						from	from related		۵.	other	
		(list any hours for	irector						the	organization			pensa	
		related	e or d	stee			ısated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om th anizat	
		organizations	Itrust	nal tru		oyee	ompe		1099-NEC)	,			d relat	
		below line)	Individual trustee or director	Institutional trustee	Offlice r	Key employee	Highest compensated employee	Former				orga	anizati	ons
		11110)	Ĕ	Ë	₩	- S	High	요						
1b	Subtotal								982,912.		0.	11	8,3	
C	Total from continuation sheets to Part V								982,912.		0.	11	8,3	0.
_ <u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but n									.000 of reportab		11	0,3	33.
	compensation from the organization								·	, '				4
•	Did the evereinting list on fewers of the		1					la : a		lavaa aa	ļ		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								gnest compensated emp			3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Ji	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	-				-		elat	ted organization or indivi	dual for services		_		v
Sec	rendered to the organization? If "Yes," combined to the organization? If "Yes," combined to the organization?	plete Schedul	e J i	or si	uch ,	pers	son .				<u></u>	5		X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rs t	that received more than	\$100.000 of com	npens	ation ·	from	
	the organization. Report compensation for										<u> </u>			
	<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	С	<b>))</b> ompe	<b>C)</b> nsatio	n
	INTERNATIONAL INITIAT			TI	ΙE	OI	RG.		CONCUIT MENG			21	7 0	2.2
03.	633 3RD AVE., NEW YORK, NY 10017							╣	CONSULTING			31	7,8	34.
								$\dashv$						
2	Total number of independent contractors (i	including but n	ot li	mite	d to	tho	se lis	tec	d above) who received m	nore than				
	· · · · · · · · · · · · · · · · · · ·						1							

Page **9** 

<u>. u</u>	11.		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Check if Schedule O Contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
gσ	-	_	Fordered communication of the last of the					00000110 0 12 0 1 1
ant	'		Federated campaigns 1a Membership dues 1b					
۾ ۾								
fts, r A			Fundraising events 1c					
igi,			Related organizations 1d					
Sin			Government grants (contributions) 1e					
uti e		Ť	All other contributions, gifts, grants, and	515,711.				
흕			· · · · · · · · · · · · · · · · · · ·	JIJ,/II•				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1a-1f		1,515,711.			
0 10		n	Total. Add lines 1a-1f	Business Code	1,313,711.			
•	_		PROGRAM SERVICE INCOME	900099	207,915.	207,915.		
ji Vice	2		FROGRAM SERVICE INCOME	300033	201,913.	201,913.		
Ser		b						
m S		C						
gra Re		d						
Program Service Revenue		e	All address are green as a single various					
_			All other program service revenue	•	207,915.			
	3		Total. Add lines 2a-2f  Investment income (including dividends, interesting)		207,515			
	3		• •		54,626.			54,626.
	4		other similar amounts)  Income from investment of tax-exempt bond p		31,020.			31,020.
	5		Royalties					
	3		(i) Real	(ii) Personal				
	6	2		(1) 1 01001141				
	١		Gross rents 6a 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	•	u	assets other than inventory 7a 235, 475.	(-7				
		h	Less: cost or other basis					
ē			and sales expenses					
en.		c	Gain or (loss) 7c 7,419.					
her Revenue		d	Net gain or (loss)		7,419.			7,419.
ē	8		Gross income from fundraising events (not		,			,
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188a					
		b	Less: direct expenses 8b					
			Not in come ou (loca) fuene founduciolos excepto					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			NI-t because on (I) for an example of a thirthing					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
<u>8</u>				Business Code				
Miscellaneous Revenue	11	а						
an en		b						
3el		С						
Mis			All other revenue					
		е	Total. Add lines 11a-11d		1 705 671	207 015		60.045
	12		Total revenue. See instructions		1,785,671.	207,915.	0.	62,045.

### 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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
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,	225 652	500 545	c= 454	455 054						
	trustees, and key employees	825,670.	602,545.	65,171.	157,954.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	100 000	120 224	15 050	26 506						
7	Other salaries and wages	190,930.	139,334.	15,070.	36,526.						
8	Pension plan accruals and contributions (include	44 530	22 406	2 515	0 E10						
_	section 401(k) and 403(b) employer contributions)	44,530.	32,496.	3,515.	8,519. 16,166.						
9	Other employee benefits	84,505.	61,669.	6,670.							
10	Payroll taxes	56,667.	41,354.	4,473.	10,840.						
11	Fees for services (nonemployees):										
a	Management										
b	Legal	53,293.		53,293.							
	Accounting	33,233.		33,293.							
d	Lobbying Professional fundraising convises. See Part IV. Jing. 17										
e	Professional fundraising services. See Part IV, line 17										
f	Other. (If line 11g amount exceeds 10% of line 25,										
g	column (A), amount, list line 11g expenses on Sch 0.)	393,226.	297,005.	96,221.							
12	Advertising and promotion	, , ,	,	,							
13	Office expenses	29,191.	16,285.	12,830.	76.						
14	Information technology	11,610.	914.	10,033.	663.						
15	Royalties	-									
16	Occupancy	181,307.	132,311.	14,311.	34,685.						
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	208,519.	208,519.								
20	Interest	1,080.		1,080.							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	1,909.	1,718.	191.							
23	Insurance	18,681.		18,681.							
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	TRAVEL & MEETINGS OTHER	250,035.	245,083.	4,128.	824.						
a b	TRAVEL & MEETINGS EVENT	11,804.	11,804.	-,	0210						
C		,,	,,								
d											
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	2,362,957.	1,791,037.	305,667.	266,253.						
26	<b>Joint costs.</b> Complete this line only if the organization	· ·		•	·						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
			-		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	673,891.	1	260,115		
	2	Savings and temporary cash investments	1,737,088.	2	439,120		
	3	Pledges and grants receivable, net			50,690.	3	134,141
	4	Accounts receivable, net			14,366.	4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe			6		
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	24,627
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	98,127. 91,347.			
	b	Less: accumulated depreciation		91,347.	7,852.	10c	6,780
	11	Investments - publicly traded securities			7,852. 3,431,241.	11	3,924,138
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	337,181		
	16	Total assets. Add lines 1 through 15 (must equ	5,915,128.	16	5,126,102		
	17	Accounts payable and accrued expenses	215,458.	17	361,184		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
နှ	22	Loans and other payables to any current or form	ner offic	er, director,			
≝∣		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties	157,390.	24	156,547
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			2,392,202.	25	2,237,533
	26	Total liabilities. Add lines 17 through 25			2,765,050.	26	2,755,264
ر س		Organizations that follow FASB ASC 958, che	eck here	· X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>a</u> a	27	Net assets without donor restrictions			2,900,078.	27	1,970,838
ĕ	28	Net assets with donor restrictions			250,000.	28	400,000
<u> </u>		Organizations that do not follow FASB ASC 9	958, che	ck here			
<u>_</u>		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Se	32	Total net assets or fund balances			3,150,078.	32	2,370,838
					E 01E 190		. E 197 189

Total liabilities and net assets/fund balances

5,915,128.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,78			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,36	2,9	<u>57.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		-57			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4					
5	Net unrealized gains (losses) on investments	5		-18	<u>6,0</u>	41.	
6	Donated services and use of facilities	6					
7	Investment expenses	7		-1	5,9	13.	
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2	, 37	0,8	38.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other						
	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		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,				
	consolidated basis, or both:						
	Separate basis X 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 th	e audit	.,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

AMERICAN JEWISH ORGS FUND

 $Employer\ identification\ number \\ 13-3116652$ 

Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.			
The	orgar	nization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).			
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3	П	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>								
	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
4										
_		city, and state:								
5		An organization operated for		llege or university owner	d or opera	ted by a g	overnmental unit descrit	oed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	Щ	A federal, state, or local government	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public desc	ribed in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org				ed in coniu	inction with a land-grant	college		
•		or university or a non-land-	-			-	_	_		
		•	grant college or agric	alture (see iristructions).	Litter tile	marrie, on	y, and state of the collec	G OI		
40		university:	U	H 00 4 /00/ - f H		4 - 11 41 -			-into forms	
10		An organization that norma								
		activities related to its exen		· ·				_		
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the organization	after June 3	30, 1975.	
		See <b>section 509(a)(2).</b> (Co	mplete Part III.)							
11	Ш	An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes o	of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the bo	ox on	
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.			
а		Type I. A supporting orga				•		aivina		
		the supported organization	· · · · · · · · · · · · · · · · · · ·							
		organization. <b>You must o</b>			i majority (	or the dire		apporting		
<b>L</b>		¬ ~			tion with it		ad arganization(a) by ba	u de a		
b			<del>-</del>					-		
		control or management o			ame perso	ons that co	ontrol or manage the sup	ропеа		
		organization(s). <b>You mus</b>								
С		☐ Type III functionally integrated in the last of the last o	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,		
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		☐ Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)		
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness		
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ng organiz	zation.				
f	Fnte	er the number of supported o		, 5	5 5					
a		vide the following information		ed organization(s)						
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amou	nt of other	
		organization	. ,	(described on lines 1-10	Yes	No	support (see instructions)	support (see	instructions)	
				above (see instructions))	100	140				

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### 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1285049.	1048306.	954,132.	1581333.	1515711.	6384531.	
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	1285049.	1048306.	954,132.	1581333.	1515711.	6384531.	
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)						913,820.	
	Public support. Subtract line 5 from line 4.						5470711.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1285049.	1048306.	954,132.	1581333.	1515711.	6384531.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	100 500	240 024	E04 00E	6 000	60 045	1201061	
	and income from similar sources	192,768.	340,034.	794,097.	6,020.	62,045.	1394964.	
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.)						7770405	
11	<b>Total support.</b> Add lines 7 through 10						7779495.	
12	•	•	,			12	975,978.	
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
800	organization, check this box and stor						<u></u>	
	ction C. Computation of Publ		<u> </u>	I (f)		44	70.32 %	
	Public support percentage for 2022 (I					15	<u> </u>	
	Public support percentage from 2021							
Ioa	<b>33 1/3% support test - 2022.</b> If the c <b>stop here.</b> The organization qualifies							
h	33 1/3% support test - 2021. If the o							
L	and stop here. The organization qual							
170	10% -facts-and-circumstances tes							
114	and if the organization meets the fact							
	meets the facts-and-circumstances to					•		
h	10% -facts-and-circumstances tes	•	•		•	 17a and line 15 is		
N	more, and if the organization meets the						1070 01	
	organization meets the facts-and-circle							
18								
<u> </u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

### 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	qualify under the tests listed better the tests listed better the tests listed between the tests	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inace under coetion E10						
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	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here		<u></u>				
	tion C. Computation of Publ					11	
	Public support percentage for 2022 (					15	<u>%</u>
	Public support percentage from 2021 etion D. Computation of Investigation					16	<u>%</u>
	•					17	0/
	Investment income percentage for 20					<del>                                      </del>	%
	Investment income percentage from 3 3 1/3% support tests - 2022. If the					18	% 17 is not
เฮส							
<b>L</b>	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						
D	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	atc roundation. If the organization	II GIG HOL OHEUN A	. 201 UII UI 14, 18	a, or rob, oricon t	וווט טטא מווע סכב ווו	J. 404010	

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### 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	Fo.		
	5a		
	EL		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
lula	A (Forr	n 990	2022

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily 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	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
C		pported organization(s).	1		
sec	tion L	D. All Type III Supporting Organizations			
	5			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
2	`	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	-		
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 <b>Part VI</b> how you supported a governmental entity (see in	structio	1s).	
2	Activit	ies Test. Answer lines 2a and 2b below.	ļ	Yes	No
а	Did su	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e 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 V	Ithe 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		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations_					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.					
Sect	on 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	on 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):							
а	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	on 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 integrate	ed Type III supporting ora	anization (see				
	instructions).	, 0		,				

Schedule A (Form 990) 2022

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions		•		Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022			
_1_	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i_	Carryover from 2017 not applied (see instructions)							
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
<u>e</u>	LV0099 HOHI 7077							

Schedule A (Form 990) 2022

### THE CONFERENCE OF PRESIDENTS OF MAJOR AMERICAN JEWISH ORGS FUND

13-3116652 Page 8 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Name of the organization

Organization type (check one):

THE CONFERENCE OF PRESIDENTS OF MAJOR AMERICAN JEWISH ORGS FUND

Employer identification number

13-3116652

Filers of:	Section:			
Form 990 or 9	90-EZ X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
-	organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or erty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
section contr	n 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 ons 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 libutor, 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; Form 990-EZ, line 1. Complete Parts I and II.			
contr litera	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ibutor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ry, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "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 a 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" o	rganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify meet the filing requirements of Schedule B (Form 990).			

Name of organization
THE CONFERENCE OF PRESIDENTS OF MAJOR
AMERICAN JEWISH ORGS FUND

Employer identification number

13-3116652

	Noncash Property (see instructions). Use duplicate copies of P		ı
No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b> \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of organization
THE CONFERENCE OF PRESIDENTS OF MAJOR

Employer identification number

THE CONFERENCE OF PRESIDENTS OF MAJOR AMERICAN JEWISH ORGS FUND

13-3116652

Part III				01(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following	ng line entry. For or	rganizations			
	Use duplicate copies of Part III if additional s	space is needed.	i,,000 or less to the	e year. (Effect this fine. office.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Part I							
		-					
		-					
H		(e) Trans	for of gift				
		(e) ITalis	ler or gift				
	Transferee's name, address, a	nd <b>7</b> IP ± 4	R	elationship of transferor to transferee			
ŀ	Tansieree 3 name, address, ar	10 ZII + 4		elationship of transfer of to transfer ce			
				_			
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
			_				
Ī		(e) Trans	fer of gift				
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of	nift	(d) Description of how gift is held			
Part I	(2)1 a.peee e. g	(0) 000 01 ;	j	(a) Decembration of their girl to more			
				<u> </u>			
-		(-) T					
		(e) Trans	sfer of gift				
	Transferee's name, address, a	nd <b>7</b> ID + 4	D	elationship of transferor to transferee			
ŀ	Tansieree 3 name, address, ar	10 ZII + 4		elationship of transfer of to transfer ce			
		_	-				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Ī		(e) Trans	fer of gift				
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee			
Γ							
		_					

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CONFERENCE OF PRESIDENTS OF MAJOR AMERICAN JEWISH ORGS FUND

**Employer identification number** 13-3116652

Schedule D (Form 990) 2022

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(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 wi	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	·		
Da	impermissible private benefit?			
Pa			" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	` '		
	Preservation of land for public use (for example, recreation			orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	ition in the form of a c	onservation easement on the last  Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	•		
2	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or to	erminated by the orga	nization during the tax
4	year Number of states where property subject to conservation ease	oment is located		
5	Does the organization have a written policy regarding the period		on handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	otali and volunteer neare devoted to monitoring, inspecting, in	arraning or violations, arr	a cincioning conservat	ion oddornomo daning the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enf	orcina conservation e	asements during the year
	3,		g	g ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(l	B)(i)
	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 footnot	te to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>
	mn			<u> </u>
2	If the organization received or held works of art, historical treas	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

	aa 2 (. 5 555) 2522	N JEWISH C							16652		.ge <b>2</b>
Par	t III   Organizations Maintaining (								<b>ts</b> (continu	ıed)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	make sig	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	(			hange progran	n					
b	Scholarly research	•	e 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of				*				7		ı
Dav	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "Y	es" on F	orm 990,	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
та	Is the organization an agent, trustee, custod								٦,,		١
	on Form 990, Part X?								Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					Amount		
_	Danisarias kalanas						4.		Amount		
	Beginning balance						1c				
u	Additions during the year						1d 1e				
f	Distributions during the year Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII					-					
Par											
	· ·	(a) Current year		Prior year	(c) Two years			ars back	(e) Four	ears b	ack
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	zation th	at are held a	and administere	ed for the			_		
	organization by:									/es	No
	(i) Unrelated organizations								3a(i)	_	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par						<b>5</b>	40				
	Complete if the organization answere			·							
	Description of property	(a) Cost or o			or other	. ,	umulated	d	(d) Book	value	,
		basis (invest	ment)	basis	(other)	depre	eciation				
	Land			-							
	Buildings				6,074.		56,07	, ,			0.
	Leasehold improvements				2,053.		35,07 35,27		-	7 9	30.
	Equipment			- 4	.4,000		J J , G I	٦.	0	, , ,	
	Other		t X colu	nn (R) line '	10c)			-	6	.78	30.
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Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

		DENTS OF MAJOR	10 0116650 -
	WISH ORGS FUN	<u>ID</u>	13-3116652 Page 3
Part VII Investments - Other Securities.	F 000 P+ IV II	ddb Oos Farra 000 Bast V line do	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)		-	and of year market value
	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)		-	
(B)		+	
(C) (D)			
(E)		<u> </u>	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.  Complete if the organization answered "Yes"	on Form 000 Port IV line	alld Soc Form 000 Port V line 15	
	Description	FITO. See FOITH 990, FAIT A, IIIIE 15.	(b) Book value
	Description		337,181.
			337,101.
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		337,181.
Part X Other Liabilities.			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PENSION LIABLITITY			2,212,533.
(3) PAYCHECK PROTECTION PROGR	AM		25,000.
(4)			
(5)			
(6)			
(7)			

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

Schedule D (Form 990) 2022

2,237,533.

(8)

Schedule D (Form 990) 2022

### **SCHEDULE J** (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

THE CONFERENCE OF PRESIDENTS OF MAJOR AMERICAN JEWISH ORGS FUND

**Employer identification number** 13-3116652

	·		Yes	No
<b>1</b> a	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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X 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	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	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		

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

Schedule J (Form 990) 2022

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 V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) WILLIAM C. DAROFF	(i)	449,246.	0.	0.	7,170.	47,741.	504,157.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHANIE HAUSNER	(i)	219,152.	0.	0.	8,268.	22,352.		
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(3) CAROLYN GREENE	(i)	213,203.	0.	0.	0.	15,525.		0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 AMERICAN JEWISH ORGS FUND	13-3116652	Page 3
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 c	omplete this part for any additional informa	ation.

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

THE CONFERENCE OF PRESIDENTS OF MAJOR

OMB No. 1545-0047

Open To Public

Inspection

Name of the organization THE CONFERENCE OF PRESIDENTS OF MAJOR
AMERICAN JEWISH ORGS FUND

Employer identification number 13-3116652

Part I Excess Bene	fit Transac	<b>ctions</b> (section 50	)1(c)(3	3), sect	ion 501	(c)(4), and se	ectio	on 501(c)(29) orga	anizati	ons o	nly).			
Complete if the o	rganization ar	nswered "Yes" on I	Form 9	990, Pa	art IV, lir	ne 25a or 25h	b, or	r Form 990-EZ, P	art V,	line 40	Db.			
1	(b	) Relationship bety	veen d	disqua	lified		-10	escription of tran	4! .			(d)	Corre	cted?
(a) Name of disqualified po	erson	person and or	ation		(0	isactic	n	Ye	es	No				
<ul><li>2 Enter the amount of tax in section 4958</li><li>3 Enter the amount of tax, i</li></ul>														
Part II Loans to and	l/or From I	Interested Pers	sons											
Complete if the o	rganization ar	nswered "Yes" on I	Form 9	990-EZ	, Part V	, line 38a or I	Forn	m 990, Part IV, lir	ie 26;	or if th	ne orga	anizatio	on	
		990, Part X, line 5, 6			,						VI- V Ani	orovod		
(a) Name of interested person	(b) Relationsh with organizati		fron	an to or n the zation?		Original oal amount	by board o committee		(i) W agree	/ritten ment?				
			То	From						No	Yes	No	Yes	No
Total						\$								
		Benefiting Inter nswered "Yes" on F												
(a) Name of interested p	·	(b) Relationship				Amount of		(d) Type	of		(e	) Purp	ose o	f
		interested pers the organiza	on an			ssistance		assistan			• .	assista		
										_				
								-						
										-+				
										-				
										-+				

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

Schedule L (Form 990) 2022

Complete if the organization answered  (a) Name of interested person	(b) Relationship b	etween in	terested	(c) Amount of	(d) Description of	organiz	aring of zation's
	person and the organization transaction transaction		rever Yes	nues?			
MALCOLM HOENLEIN	EXECUTIVE	VICE	CHAI	317,832.	CONSULTING		Х
Part V Supplemental Information.		a - O - la - d		·			
Provide additional information for responsible SCH L, PART IV, BUSINESS T					ED DEDCONC.		
(A) NAME OF PERSON: MALCOI			VOLVI	NG INIERESI	ED FERSONS:		
(B) RELATIONSHIP BETWEEN I			ON ANI	D ORGANIZAT	TON:		
EXECUTIVE VICE CHAIRMAN.			011 1111	01.01			
(C) AMOUNT OF TRANSACTION	\$ 317,832	•					
(D) DESCRIPTION OF TRANSAC			NG SEI	RVICES.			
(E) SHARING OF ORGANIZATIO							

### SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 the latest information. THE CONFERENCE OF PRESIDENTS OF MAJOR

AMERICAN JEWISH ORGS FUND

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** 13-3116652

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MIDDLE EAST AND TO ELIMINATE ANTI-SEMITISM AND RELIGIOUS BIGOTRY. THE ORGANIZATION ENGAGES IN EDUCATIONAL DIALOGUES THAT FOSTER WORLD PEACE, REGIONAL STABILITY, PROMOTE DEMOCRATIC VALUES, INTERNATIONAL COOPERATION AND HUMAN RIGHTS.

EVERY DAY, THE CONFERENCE OF PRESIDENTS WORKS PUBLICLY AND BEHIND THE SCENES TO ADDRESS VITAL ISSUES INCLUDING ISRAEL'S SECURITY AND VITALITY, THREATS POSED BY A NUCLEAR IRAN, GLOBAL TERRORISM, ANTISEMITISM, AND THE DELEGITIMIZATION CAMPAIGN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VALUES, INTERNATIONAL COOPERATION AND HUMAN RIGHTS.

EVERY DAY, THE CONFERENCE OF PRESIDENTS WORKS PUBLICLY AND BEHIND THE SCENES TO ADDRESS VITAL ISSUES INCLUDING ISRAEL'S SECURITY AND VITALITY, THREATS POSED BY A NUCLEAR IRAN, GLOBAL TERRORISM, ANTISEMITISM, AND THE DELEGITIMIZATION CAMPAIGN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: -PROMOTE THE ADOPTION OF THE INTERNATIONAL HOLOCAUST REMEMBRANCE ALLIANCE'S WORKING DEFINITION OF ANTISEMITISM ON AN INTERNATIONAL, FEDERAL, STATE, AND LOCAL LEVEL; MONITOR THE INTERNATIONAL ARENA FOR INSTANCES OF ANTISEMITISM, AND ENSURE THAT IT IS PROPERLY ADDRESSED IN MEETINGS WITH WORLD LEADERS, FOREIGN DIGNITARIES, AND HEADS OF INTERNATIONAL ORGANIZATIONS;

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization THE CONFERENCE OF PRESIDENTS OF MAJOR

AMERICAN JEWISH ORGS FUND

Employer identification number 13-3116652

-WORK WITH THE SECURE COMMUNITY NETWORK TO ENHANCE SECURITY AT JEWISH

ORGANIZATIONS AND INSTITUTIONS IN THE US;

-CONVENED LEADERSHIP CONSULTATION IN ISRAEL TO EXAMINE GLOBAL EVENTS

AND TRENDS AS THEY IMPACT THE MIDDLE EAST;

-COORDINATE ON THE STATE AND LOCAL LEVEL TO EFFECTIVELY RESPOND TO

EFFORTS TO NORMALIZE ANTISEMITISM IN SCHOOLS;

-PROVIDE CAPACITY BUILDING ASSISTANCE TO OTHER ORGANIZATIONS WHOSE

MISSION ALIGNS WITH OURS;

-PAY SPECIAL ATTENTION TO THE NEEDS AND OCCASIONAL PLIGHT OF JEWISH

COMMUNITIES AROUND THE WORLD BY REMAINING IN CLOSE CONTACT WITH

LEADERS OF THOSE COMMUNITIES AROUND THE WORLD, SENDING DELEGATIONS FOR

ON-THE-GROUND FACTFINDING MISSIONS, AND, AT THE BEHEST OF JEWISH

COMMUNITIES ABROAD, DISCUSSING COMMUNAL CONCERNS WITH AMBASSADORS AND

WORLD LEADERS.

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

THE COMPLETED RETURNS ARE REVIEWED BY EXECUTIVE MANAGEMENT AND SUBMITTED

FOR APPROVAL TO THE GOVERNING BODY.

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

EACH MEMBER OF THE STAFF AND THE GOVERNING BODY IS REQUIRED TO ANNUALLY

SIGN AND UPDATE THE CONFLICT OF INTEREST POLICY. IF DURING THE YEAR ANY

POTENTIAL CONFLICTS ARISE THEY ARE REVIEWED AND DECIDED UPON IN A MANNER

THAT WOULD PRECLUDE ANY VIOLATIONS OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE REVIEWS MARKET ANALYSIS OF SIMILAR

ORGANIZATIONS. SALARY ADJUSTMENTS ARE BASED ON PERFORMANCE AND INCORPORATE

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022	Page 2
Name of the organization THE CONFERENCE OF PRESIDENTS OF MAJOR AMERICAN JEWISH ORGS FUND	Employer identification number 13-3116652
A PERSPECTIVE ON MARKET COMPETITIVENESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST WITHIN THE PRES	CRIBED TIME FRAMES
AS REQUIRED BY LAW.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	_
CONSULTANTS AND CONTRACTORS:	
PROGRAM SERVICE EXPENSES	297,005.
MANAGEMENT AND GENERAL EXPENSES	96,221.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	393,226.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	393,226.
FORM 990 PART XII - LINE 2B AUDITED FINANCIAL STATEMENTS	
THE ORGANIZATION IS IN THE PROCESS OF COMPLETING THE AUD	ITED FINANCIAL
STATEMENTS FOR THE FISCAL YEAR MARCH 2023 AND EXPECTS CO.	MPLETION IN THE
NEAR FUTURE.	
FORM 990. PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Attach to Form 990.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE CONFERENCE OF PRESIDENTS OF MAJOR AMERICAN JEWISH ORGS FUND

Employer identification number 13-3116652

(a)	(b)	(c)	(d)	(e)	)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct o	controlling	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizat	Lion answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	Section 5 contr	
				501(c)(3))			Yes	No
CONFERENCE OF PRESIDENTS OF MAJOR JEWISH ORGANIZATIONS - 13-2500881, 633 3RD AVENUE,								
NEW YORK, NY 10017	MEMBERSHIP	DELAWARE	501(C)(4)		N/A			Х

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

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	10

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion b)(13) rolled tity?
		country)		S. 1.25.y		400010		Yes	No
								igsquare	<u> </u>
								igwdown	<u> </u>
									₩
									<b>├</b> ──
		20							

Schedule R (Form 990) 2022

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or	r more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
-							
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must cor				•		
	(a) (b)  Name of related organization Transact type (a	tion	(c) Amount involved	(d)  Method of determining amount inve	olved		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
3216	63 09-14-22 4	U		Schedule F	R (Forr	n 990)	2022

13-3116652

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related	partners se	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No	p mcome	assets	Yes	No	(F01111 1065)	Yes N	0
										$\vdash$	
										$\sqcup$	
							1				1

Part VII Supplemental Information					
Provide additional information for responses to questions on Schedule R. See instructions.					

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. THE CONFERENCE OF PRESIDENTS OF MAJOR print AMERICAN JEWISH ORGS FUND 13-3116652 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 633 3RD AVE, FL 21 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 10017-8157 NEW YORK, NY Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 THE ORGANIZATION The books are in the care of ► 633 3RD AVE, FL 21 - NEW YORK, NY 10017-8157 Telephone No. ▶ 212-318-6111 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 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. FEBRUARY 15, 2024, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X tax year beginning APR 1, 2022 , and ending MAR 31, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. 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 instructions.

223841 04-01-22

LHA

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

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2022

**Open to Public** Inspection

1.General	Information
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1.General informati		04/04/				0 / 0 4 / /	
For Fiscal Year Beginning	ı (mm/dd/yy	yy) 04/01/	2022 and E	Ending (r	nm/dd/yyyy) $0$	3/31/2	2023
Check if Applicable:  Address Change	Name of Organization: Employer Identification Number (EIN): THE CONFERENCE OF PRESIDENTS OF MAJOR AM 13-3116652						
Name Change Initial Filing	Mailing Address:  633 3RD AVE, NO. FL 21  NY Registration Number: 03-14-93						
Final Filing	City / State / ZIP: Telephone:						
Amended Filing Reg ID Pending		OIII, III	10017 015	,			
neg ib reliaing	Website:   Email:   INFO@CONFERENCEO						INFO@CONFERENCEOFPE
Check your organization's registration category:	7A c	only EPTL	only X DUA	L (7A &	EPTL) EX		Confirm your Registration Category in the Charities Registry at <a href="www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
2. Certification							
See instructions for certifitwo signatories.	cation requ	irements. Imprope	r certification is a v	violation	of law that may	be subject	to penalties. The certification requires
	enalties of r	perium that we revi	ewed this report in	ncludina	all attachments	and to the	e best of our knowledge and belief,
							applicable to this report.
					•		
President or Authorized	Officer:				OFFIC	ER	
		Signature				Print Name	e and Title Date
Chief Financial Officer or	T				OFFIC	FD	
Chief Financial Officer or	rreasurer.	Signature				Print Name	e and Title Date
		Oignature			'	Tille IVallic	band file Bate
3. Annual Reporting	Exempt	ion					
Check the exemption(s) the	nat apply to	your filing. If your	organization is clai	iming an	exemption und	er one cate	egory (7A or EPTL only filers) or both
categories (DUAL filers) th	at apply to	your registration,	complete only part	s 1, 2, a	nd 3, and submi	t the certifi	ied Char500. No fee, schedules, or
additional attachments ar	e required.	lf you cannot clain	n an exemption or a	are a DU	AL filer that clain	ms only on	e exemption, you must file applicable
schedules and attachmen	its and pay	applicable fees.					
							overnment agencies, etc. did not
		ne organization die ne fiscal year.	not engage a pro	ressiona	ıı tuna raiser (PF	R) or tuna	raising counsel (FRC) to solicit
Sommatio	no danng a	io noodi your.					
☐ 3h EDTI f	iling ovomn	tion: Gross rosaint	e did not oveced \$	25 000	and the market v	value of as	sets did not exceed \$25,000 at any time
during the		tion. Gross receipt	s did flot exceed \$	23,000	and the market	alue oi as	sets did flot exceed \$25,000 at any time
	,						
4. Schedules and A	ttachmer	nts					
See the following page							
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer							
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to							
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filir	ng fee:	EPTL filing fee:		Total fee:		
next page to calculate you		-	<b>9</b>				Make a single check or money order
fee(s). Indicate fee(s) you							payable to:
are submitting here:	\$	25.	\$ 250	<u>•</u>	\$ 27	<u>5.</u>	"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

### THE CONFERENCE OF PRESIDENTS OF MAJOR AMERICAN JEWISH ORGS FUND

# CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raiser  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publicable Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$1,000,0 If the fiscal year begins before that date, an Audit Report is required if total report in No Review Report or Audit Report is required because total revenue and support or Audit Report in No Review Report or Audit R	00 and up to \$1,000,000 00 and the fiscal year begins on or after July 1, 2021. evenue and support is greater than \$750,000 port is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you checked the 7A exemption in Part 3a  \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:  7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b  \$25, if the NET WORTH is less than \$50,000  \$50, if the NET WORTH is \$50,000 or more but less than \$250,000  \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000  \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000  \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000  \$1500, if the NET WORTH is \$50,000,000 or more	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.  DUAL filers are registered under both 7A and EPTL.  EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These
	organizations are not required to file annual financial reports but may do so voluntarily.  Confirm your Registration Category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
AND OFF	- IRS Form 990 Part I, line 22
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between

### Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

<sup>268461</sup> 01-24-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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Total Liabilities (Part II, line 23(b)).

Total Assets at Fair Market Value (Part II, line 16(c)) and