

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE AMERICAN JEWISH COMMITTEE</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICAN JEWISH COMMITTEE</u></p> <p><u>165 EAST 56TH STREET</u> <u>NEW YORK, NY 10022</u></p>	<p>1c Effective date of plan <u>01/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>13-5563393</u></p> <p>2c Plan Sponsor's telephone number <u>212-751-4000</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	ELISSA FISHMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	ELISSA FISHMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT PLAN COMMITTEE AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022		3b Administrator's EIN 13-2890170	
		3c Administrator's telephone number 212-751-4000	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	163
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	23
		6a(2)	22
		6b	111
		6c	21
		6d	154
		6e	5
		6f	159
		6g(1)	
		6g(2)	
		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)	
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE AMERICAN JEWISH COMMITTEE</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN JEWISH COMMITTEE</u>	D Employer Identification Number (EIN) <u>13-5563393</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	<u>28284948</u>	
b Actuarial value	2b	<u>29699257</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>117</u>	<u>30196143</u>	<u>30196143</u>
b For terminated vested participants	<u>23</u>	<u>1973024</u>	<u>1973024</u>
c For active participants	<u>23</u>	<u>5409102</u>	<u>5409102</u>
d Total	<u>163</u>	<u>37578269</u>	<u>37578269</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.04 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>359487</u>	
c Target normal cost	6c	<u>359487</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>JACK WARSHAVCHIK, A.S.A, EA, M.A.A.</u> Type or print name of actuary <u>USI CONSULTING GROUP</u> Firm name <u>600 THIRD AVE., 3RD FLOOR</u> <u>NEW YORK, NY 10016</u> Address of the firm	<u>07/24/2025</u> Date <u>23-03597</u> Most recent enrollment number <u>212-878-0461</u> Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.77</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4150
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13</u> %		213
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4363
	d Portion of (c) to be added to prefunding balance		4363
12	Other reductions in balances due to elections or deemed elections		4363
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	79.03 %
15	Adjusted funding target attainment percentage	15	79.03 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/05/2024	300000						
07/12/2024	300000						
10/10/2024	309000						
12/10/2024	309000						
			Totals ▶	18(b)	1218000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1181032

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	359487	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	7879012	816426	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1175913	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	1175913	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1181032	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5119	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE AMERICAN JEWISH COMMITTEE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN JEWISH COMMITTEE	D Employer Identification Number (EIN) 13-5563393	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	75000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BROWN ADVISORY, LLC

26-4560299

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	44264	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

USI CONSULTING GROUP

13-4032401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	31750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GRANT THORNTON

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	27675	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE AMERICAN JEWISH COMMITTEE</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN JEWISH COMMITTEE</p>	<p>D Employer Identification Number (EIN) 13-5563393</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
AMERICAN JEWISH COMMITTEE	EMPLOYER	EXPENSES INAPPROPRIATELY PAID FROM PLAN ASSETS DURING 2024			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		2931			

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE AMERICAN JEWISH COMMITTEE	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN JEWISH COMMITTEE	D Employer Identification Number (EIN) 13-5563393

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	30457	1104037
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	389164	2064993
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	12517108	3148662
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10555442	21895266
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4833960	714496

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	28346131	28927454
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	61153	39996
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	61153	39996
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28284978	28887458

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1218000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1218000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1126	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	10776	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11902
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	646267	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		646267
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11226557	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6674102	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2738240	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		925282
c Other income	2c		-239085
d Total income. Add all income amounts in column (b) and enter total	2d		4376581

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3444397	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3444397
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27675	
(5) Investment advisory and investment management fees	2i(5)	44264	
(6) Bank or trust company trustee/custodial fees	2i(6)	75000	
(7) Actuarial fees	2i(7)	31750	
(8) Legal fees	2i(8)	3502	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	147513	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		329704
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3774101

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		602480
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		2931
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550932.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE AMERICAN JEWISH COMMITTEE</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN JEWISH COMMITTEE</u>	D Employer Identification Number (EIN) <u>13-5563393</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-4994650

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	2
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Financial Statements and Report of
Independent Certified Public
Accountants

**Retirement Plan for the Employees of
American Jewish Committee**

December 31, 2024 and 2023

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for plan benefits	6
Statements of changes in net assets available for plan benefits	7
Notes to financial statements	8
Supplemental Schedules*	
Schedule G, part III – schedule of nonexempt transactions	18
Schedule H, line 4(i) - schedule of assets (held at end of year)	19
Schedule H, line 4(j) - schedule of reportable transactions	20
* Schedules required by Form 5500 that are not applicable have not been included.	

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Employee Benefits Committee
Retirement Plan for the Employees of American Jewish Committee

Opinion

We have audited the financial statements of Retirement Plan for the Employees of American Jewish Committee (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with

respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule G, Part III – schedule of nonexempt transactions for the year ended December 31, 2024, Schedule H, line 4(i) - schedule of assets (held at end of year) as of December 31, 2024 and Schedule H, line 4(j) - schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in

the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grant Thornton LLP

New York, New York
September 18, 2025

Retirement Plan for the Employees of American Jewish Committee

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

**December 31,
(In thousands)**

	2024	2023
ASSETS		
Investments, at fair value		
Cash held for investment	\$ -	\$ 30
Short-term investments	2,065	389
Fixed income	10,869	6,033
Mutual funds	11,026	4,522
Alternative investments	3,863	17,352
Total investments, at fair value (Note 6)	27,823	28,326
Receivables		
Due from broker	1,093	-
Accrued interest income	8	-
Other receivable	3	-
Employer contributions receivable	-	20
Total receivables	1,104	20
Total assets	28,927	28,346
LIABILITIES		
Accrued liabilities	40	61
Total liabilities	40	61
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ 28,887	\$ 28,285

The accompanying notes are an integral part of these financial statements.

Retirement Plan for the Employees of American Jewish Committee

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Years ended December 31,
(In thousands)

	2024	2023
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 2,500	\$ 3,551
Interest and dividends	658	681
	3,158	4,232
Employer contributions (Note 3)	1,218	1,220
	4,376	5,452
Deductions to net assets attributed to		
Benefits paid directly to participants	3,444	15,743
Administrative expenses	330	548
	3,774	16,291
CHANGE IN NET ASSETS	602	(10,839)
Net assets available for plan benefits at beginning of year	28,285	39,124
Net assets available for plan benefits at end of year	\$ 28,887	\$ 28,285

The accompanying notes are an integral part of these financial statements.

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Retirement Plan for the Employees of American Jewish Committee (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a contributory defined benefit pension plan sponsored by the American Jewish Committee (the "Committee," the "Plan Sponsor," or "Plan Administrator") and provides for retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees were eligible to join the Plan on the first day of the month after completion of one year of service. Effective July 17, 2009, the Plan was amended to freeze benefit accruals under the Plan and to provide that no employee will be eligible to commence or recommence participation in the Plan. Effective July 1, 2009, no further employee contributions shall be required or permitted under the Plan with respect to periods beginning on or after July 1, 2009.

The Plan's assets are held in trust by J.P. Morgan Chase (the "Trustee"), as trustee.

Pension Benefits

Employees with five or more years of vesting service are entitled to an annual pension benefit beginning at normal retirement age (65). The normal retirement benefit is based upon an employee's highest average January 1st compensation (limited to \$150,000 up to December 31, 1996, \$160,000 from January 1, 1997 through December 31, 1999, \$170,000 from January 1, 2000 through December 31, 2001, \$200,000 from January 1, 2002 through December 31, 2003, \$205,000 from January 1, 2004 through December 31, 2004, \$210,000 from January 1, 2005 through December 31, 2005, \$220,000 effective January 1, 2006, \$225,000 effective January 1, 2007, \$230,000 effective January 1, 2008, and \$245,000 effective January 1, 2009) for any four consecutive years of credited service until October 31, 1999 and for any three consecutive years of service effective November 1, 1999 through July 17, 2009, determined as follows:

The sum of 2.5% per year for the first 20 years of credited service through July 17, 2009, 1% per year for years 21 through 30 of credited service through July 17, 2009, and 0.5% per year for years 31 through 40 of credited service through July 17, 2009 to a maximum of 65% less 0.32% of the highest three consecutive years' average compensation up to \$27,500 for each of the first 20 years of service through July 17, 2009 to a maximum of \$1,760. Effective January 2, 2003, this stipulation (deducting 0.32%) has been removed.

The Plan permits early retirement at ages 55 - 64 at actuarially reduced amounts. Employees receive their pension benefits in the form of a monthly annuity unless the employee has an actuarial equivalent benefit value not exceeding \$5,000. Employees meeting this threshold may elect to receive a single lump sum payment. The minimum retirement benefit for a member who retires on or after normal retirement date with five years of service, but less than 20 years of service is \$60 per year for each year of credited service. The maximum retirement benefit is the lesser of \$205,000 actuarially reduced for retirement prior to Social Security retirement age, or the average of highest three years' compensation. If employees terminate prior to age 65 and before rendering five years of vesting service, they are entitled to receive a refund of their own contributions plus interest.

Death and Disability Benefits

The Plan provides varied death benefits to employees' beneficiaries for active employees who die before attaining normal retirement age. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement age (65) benefits that they have accumulated as of the time they become disabled, reduced for early payment.

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles ("U.S. GAAP").

Use of Estimates

The preparation of the financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. These estimates and assumptions are based on management's best estimates and judgment. Management evaluates its estimates and assumptions on an ongoing basis using historical experience and other factors, including the current economic environment. Management adjusts such estimates when facts and circumstances dictate. As future events and their effects cannot be determined with precision, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired, terminated, and present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from USI Consulting Group and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date, and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, were:

Rate of interest	6% for 2024 and 2023
Retirement	At normal retirement age (65)
Mortality	2024 and 2023 - Pri-2012 with Scale MP-2021

These actuarial assumptions are based on the presumption that the Plan will continue on a frozen basis. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023 there would be no material differences.

Payments of Benefits

Benefits to participants or their beneficiaries are recorded upon distribution.

Administrative Expenses

Administrative expenses are paid out of the Plan's assets.

NOTE 3 - FUNDING POLICY

The Committee contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants in accordance with Section 302 of ERISA minimum funding requirements, and that will not result in the existence of an "accumulated funding deficiency" within the meaning of Section 412 of the Internal Revenue Code ("IRC"). A contribution of \$1,218,000 and \$1,220,000 in 2024 and 2023, respectively, was made by the Committee for the Plan and met the ERISA minimum funding requirements.

For 2024 and 2023, there were no employee contributions as the Plan is frozen. Accumulated employee contributions are approximately \$449,000 and \$566,000 as of December 31, 2024, and 2023, respectively, subject to interest compounded annually. The interest rates for 2024 and 2023 were 5.25% and 4.62%, respectively. Employees are 100% vested in their employee derived benefit.

Although the Committee has not expressed any intent to do so, it has the right to discontinue its contributions at any time and terminate the Plan in accordance with the Plan provisions and the provisions set forth by ERISA.

NOTE 4 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions, taking into account those paid out before termination.
- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding the Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024, that ceiling is \$6,750 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefit information, as determined by the consulting actuaries as of the end of each year, is as follows (dollars in thousands):

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 28,618	\$ 28,547
Participants entitled to deferred benefits	1,822	1,820
Other participants	4,274	5,070
Total actuarial present value of accumulated plan benefits	\$ 34,714	\$ 35,437
	Years Ended December 31,	
	2024	2023
Changes in accumulated plan benefits were as follows		
Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 35,437	\$ 47,896
Increase (decrease) during the year attributable to		
Changes in benefits accumulated	697	883
Increase for interest due to the decrease in the discount period	2,024	2,401
Benefits paid	(3,444)	(15,743)
Net decrease	(723)	(12,459)
Actuarial present value of accumulated plan benefits at the end of the year	\$ 34,714	\$ 35,437

The actuarial present value of plan benefits reflected in the Plan's financial statements are different than the benefit obligations presented in the Plan Sponsor's financial statements as they are calculated using different methodologies.

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Since the Plan discontinued the accrual of benefits after July 17, 2009, benefits accumulated represents the actuarial experience gain/loss for the year.

In July 2023 the Committee approved a plan to reduce the unfunded liability associated with the defined benefit pension plan. In September 2023, the Committee offered eligible pension plan participants a one-time opportunity to receive lump sum payments that satisfy the liability of the Plan for those participants. The lump sum offer which was completed by December 31, 2023 conformed in all respects to the requirements of the ERISA, and as a result, the benefit obligation was reduced by \$11,660.

NOTE 6 - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. It prioritizes the inputs to the valuation techniques used to measure fair value by giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 - Inputs are quoted prices (unadjusted) or published NAV in active markets for identical assets or liabilities that a reporting entity has the ability to access at the measurement date. Included in Level 1 are interest bearing cash and cash equivalents, fixed income securities and mutual funds. Each of these respective classes of investments are determined by obtaining quoted prices on nationally recognized securities exchanges or active markets traded on a daily basis.
- Level 2 - Inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 - Inputs are unobservable inputs for the asset or liability.

Investments reported at NAV or its equivalent as a practical expedient to estimate fair value are not classified in the fair value hierarchy, except for those with a readily determinable fair value.

The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities. As a practical expedient, the fair value of investments in investment companies for which the investments do not have readily determinable fair values are estimated using NAV per share or its equivalent as reported by the investment managers.

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The following table sets the Plan's investments at fair value as of December 31, 2024 (dollars in thousands):

	Level 1
Short-term investments	
U.S. Treasury securities	\$ 2,065
Fixed income	
Debt fund	10,869
Mutual funds	
Large cap equity funds	11,026
Total Level 1 investments	23,960
Alternative investments reported at NAV	
Multistrategy hedge funds ^(a)	1,476
Long/short equities ^(b)	64
Long only equities ^(c)	838
Private investments ^(d)	1,485
Total investments reported at NAV	3,863
Total investments, at fair value	\$ 27,823

^(a) Multistrategy hedge funds include investments in funds that pursue multiple investment strategies that attempt to diversify risks and reduce volatility. Capital is allocated to each of the strategies, as well as, geographical areas, and varies depending on market opportunities.

^(b) Long/short equities are funds invested in equity securities where long positions are expected to appreciate, and short positions are expected to decline.

^(c) Long only equities are funds invested in equity securities where long positions are expected to appreciate.

^(d) Private investments are funds that invest in non-publicly traded assets, such as private equities, private real estate, private debt, or other assets, in attempt to diversify risks and enhance returns.

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The following table sets the Plan's investments at fair value as of December 31, 2023 (dollars in thousands):

	Level 1
Short-term investments	
U.S. Treasury securities	\$ 389
Fixed income	
Debt fund	6,033
Mutual funds	
Large cap equity funds	4,522
Total Level 1 investments	10,944
Alternative investments reported at NAV	
Multistrategy hedge funds ^(a)	5,711
Long/short equities ^(b)	3,618
Long only equities ^(c)	6,684
Private investments ^(d)	1,339
Total investments reported at NAV	17,352
Cash held for investment	30
Total investments, at fair value	\$ 28,326

(a) Multistrategy hedge funds include investments in funds that pursue multiple investment strategies that attempt to diversify risks and reduce volatility. Capital is allocated to each of the strategies, as well as, geographical areas, and varies depending on market opportunities.

(b) Long/short equities are funds invested in equity securities where long positions are expected to appreciate, and short positions are expected to decline.

(c) Long only equities are funds invested in equity securities where long positions are expected to appreciate.

(d) Private investments are funds that invest in non-publicly traded assets, such as private equities, private real estate, private debt, or other assets, in attempt to diversify risks and enhance returns.

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The limitations and restrictions on the Plan's ability to redeem or sell alternative investments vary by investment. Based on the terms and conditions in effect at December 31, 2024, the Plan's alternative investments can be redeemed or sold as follows (dollars in thousands):

December 31, 2024				
Redemption Period	Number of Funds	Amount	Days Notice for Redemption	Unfunded Commitments
Monthly				
Long only equities	1	\$ 701	60	Not applicable
Quarterly				
Multistrategy hedge funds	2	1,338	60 - 90	Not applicable
Long/short equities	1	59	90	Not applicable
Semi-annually				
Long/short equities	1	5	60	Not applicable
Funds subject to lockup				
Multistrategy hedge funds	6	138	Not applicable	Not applicable
Long only equities	1	137	Not applicable	Not applicable
Private investments	2	<u>1,485</u>	Not applicable	\$ 482
Alternative investments reported at NAV		<u>\$ 3,863</u>		

December 31, 2023				
Redemption Period	Number of Funds	Amount	Days Notice for Redemption	Unfunded Commitments
Monthly				
Long only equities	1	\$ 822	60	Not applicable
Quarterly				
Multistrategy hedge funds	3	5,334	60 - 90	Not applicable
Long/short equities	3	2,688	60 - 90	Not applicable
Long only equities	1	1,468	60	Not applicable
Semi-annually				
Long/short equities	1	9	60	Not applicable
Annually				
Long/short equities	1	860	60	Not applicable
Long only securities	1	4,166	60	Not applicable
Funds subject to lockup				
Multistrategy hedge funds	7	377	Not applicable	Not applicable
Long/short equities	1	61	Not applicable	Not applicable
Long only equities	2	228	Not applicable	Not applicable
Private investments	2	<u>1,339</u>	Not applicable	\$ 692
Alternative investments reported at NAV		<u>\$ 17,352</u>		

Retirement Plan for the Employees of American Jewish Committee

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares in investment funds managed by J.P. Morgan Chase, the trustee of the Plan, or by Brown Advisory, the investment advisors of the Plan. Therefore, these transactions qualify as party-in-interest.

NOTE 8 - TAX STATUS

The Plan was amended and restated as of January 1, 2013. The Internal Revenue Service ("IRS"), by an updated letter dated June 18, 2014, has determined and informed the Plan, that the Plan and related trust are designed in accordance with Section 401(a) of the IRC. Therefore, no provision for income taxes has been included in the financial statements.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

The Plan's investments include a variety of investments that may directly or indirectly invest in securities with contractual cash flows. The value, liquidity, and related income of these securities are sensitive to change in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term, would be material to the financial statements.

NOTE 10 - SUBSEQUENT EVENTS

In connection with the preparation of the financial statements, management evaluated subsequent events from December 31, 2024 through September 18, 2025, the date on which the financial statements were available to be issued, and determined that there were no circumstances that warranted recognition or disclosure in the financial statements as of December 31, 2024.

SUPPLEMENTAL SCHEDULES

Retirement Plan for the Employees of American Jewish Committee
 SCHEDULE G, PART III – SCHEDULE OF NONEXEMPT TRANSACTIONS
 December 31, 2024
 EIN: 13-5563393, PLAN NUMBER: 001

(a) Identity of the Party Involved	(b) Relationship to Plan, Employer or Other Party-In-Interest	(c) Description of Transaction, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Transaction Expenses	(h) Cost of Asset	(i) Current Value of Asset	(j) Net Gain (or Loss) on Each Transaction
American Jewish Committee	Employer	Expenses inappropriately paid from Plan assets during 2024	\$ -	\$ -	\$ -	\$ 2,931	\$ -	\$ -	\$ -

Retirement Plan for the Employees of American Jewish Committee

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 13-5563393, PLAN NUMBER: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Shares/Units Per Value	(d) Cost	(e) Current Value
	Short-term investments:				
*	J.P. Morgan U.S. Treasury Securities	Monthly variable 12/31/2049	2,064,993	\$ 2,064,993	\$ 2,064,993
	Total short-term investments			<u>2,064,993</u>	<u>2,064,993</u>
	Fixed income:				
	Metropolitan West Unconstrained Bond Fund	Debt fund	148,155	1,539,146	1,521,555
	Artisan High Income Fund	Debt fund	131,285	1,183,352	1,194,696
	PIMCO Mortgage Opportunities and Bond Fund	Debt fund	272,150	2,561,858	2,509,225
	Vanguard Intermediate-Term Treasury Fund	Debt fund	202,449	2,025,652	1,969,826
	Voya Intermediate Bond Fund Open-End Fund	Debt fund	426,672	3,740,870	3,673,646
	Total fixed income			<u>11,050,879</u>	<u>10,868,949</u>
	Mutual funds:				
*	Artisan Global Value Fund	Mutual funds	76,174	1,589,727	1,678,113
	Brown Advisory Global Leaders Fund	Mutual funds	97,793	2,513,798	2,622,799
	Fidelity 500 Index Fund	Mutual funds	25,057	4,554,552	5,116,301
	Lazard Global Listed Infrastructure Port Fund	Mutual funds	102,950	1,588,170	1,609,104
	Total mutual funds			<u>10,246,247</u>	<u>11,026,317</u>
	Alternative investments:				
	AG DLI IV Annex LP	Alternative investments	1	744,559	926,744
	Altimeter Offshore Ltd Open-End Fund USD	Alternative investments	28	27,538	5,467
	Braidwell Partners L.P.	Alternative investments	1	86,755	58,763
*	Brown Advisory (Bermuda) Global Managers (Tiger Global Long Opportunities)	Alternative investments	11,023	1,045,008	837,904
	Centerbridge Credit Partners Offshore	Alternative investments	1	-	12,476
	Cerebus International Spv Ltd	Alternative investments	2	1,039	9,006
	Deerpath Capital Advantage Strategies Fund	Alternative investments	1	502,489	558,335
	Diameter Offshore Fund LP	Alternative investments	1	109,935	754,440
	Elliott International Ltd	Alternative investments	252	272,492	583,991
	Eton Park Overseas Fund Ltd	Alternative investments	0	33	307
	Farallon Capital Instil Partners	Alternative investments	334	334	1,008
	TPG-Axon Partners (Offshore) Ltd	Alternative investments	21	22,075	23,545
	Varde Investment Partners (Offshore), LTD	Alternative investments	56	56,507	91,172
	Total alternative investments			<u>2,868,765</u>	<u>3,863,158</u>
	Total investments			<u>\$ 26,230,885</u>	<u>\$ 27,823,417</u>

* Party-in-interest as defined by ERISA.

Retirement Plan for the Employees of American Jewish Committee

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

EIN: 13-5563393, PLAN NUMBER: 001

Identity of Party Involved	Security Description	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Single transactions:					
* Brown Advisory	Brown Advisory Alternate Strategies Fund	\$ -	\$ 4,572,378	\$ 2,985,000	\$ 1,587,378
* Brown Advisory	Brown Advisory Global Leaders Fund/USA Open-End Fund	2,000,000	-	2,000,000	-
Fidelity	Fidelity 500 Index Fund Open-End Fund	3,000,000	-	3,000,000	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	4,572,378	-	4,572,378	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	-	5,502,567	5,502,567	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	-	1,634,094	1,634,094	-
MetWest	Metropolitan West Unconstrained Bond Fund Open-End Fund	-	1,535,258	1,542,320	(7,062)
PIMCO	PIMCO Mortgage Opportunities and Bond Fund Open-End Fund	-	1,537,321	1,549,317	(11,996)
PIMCO	PIMCO Mortgage Opportunities and Bond Fund Open-End Fund	2,000,000	-	2,000,000	-
Vanguard	Vanguard Intermediate-Term Treasury Fund Open-End Fund	1,500,000	-	1,500,000	-
Series of transactions:					
Apollo	Apollo Offshore Credit Strategies Fund LTD Common Stock	-	1,668,596	1,591,767	76,829
* Brown Advisory	Brown Advisory Alternate Strategies Fund	-	4,572,378	2,985,000	1,587,378
* Brown Advisory	Brown Advisory Global Leaders Fund/USA Open-End Fund	2,513,798	-	2,513,798	-
Diameter	Diameter Offshore Fund LP	-	1,522,095	1,522,095	-
Fidelity	Fidelity 500 Index Fund Open-End Fund	3,054,553	-	3,054,553	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	15,354,199	-	15,354,199	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	-	13,678,366	13,678,366	-
MetWest	Metropolitan West Unconstrained Bond Fund Open-End Fund	1,825,545	-	1,825,545	-
MetWest	Metropolitan West Unconstrained Bond Fund Open-End Fund	-	1,535,258	1,542,320	(7,062)
PIMCO	PIMCO Mortgage Opportunities and Bond Fund Open-End Fund	2,853,878	-	2,853,878	-
PIMCO	PIMCO Mortgage Opportunities and Bond Fund Open-End Fund	-	1,537,321	1,549,317	(11,996)
Vanguard	Vanguard Intermediate-Term Treasury Fund Open-End Fund	2,025,652	-	2,025,652	-
Voya	Voya Intermediate Bond Fund Open-End Fund	2,239,307	-	2,239,307	-
Voya	Voya Intermediate Bond Fund Open-End Fund	-	1,000,000	1,004,512	(4,512)

* Party-in-interest as defined by ERISA.

EIN: 13 - 5563393

PN: 001

Plan Name: Retirement Plan For Employees Of The American Jewish Committee

Plan Year: 01/01/2024- 12/31/2024

Schedule SB Part V-Statement of Actuarial Assumptions/Methods

COST METHOD

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rates

Without Adjusted Interest Rates under Funding Relief:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of September 2023.

With Adjusted Interest Rates under Funding Relief:

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Funding Relief.

PBGC Premiums and LDRM:

The Plan Sponsor is using the Standard Method to determine the Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums	LDRM
Segment 1 (0 to 5 years)	3.62%	4.75%	5.01%	
Segment 2 (5 to 20 years)	4.46%	4.96%	5.13%	
Segment 3 (20+ years)	4.52%	5.59%	5.15%	
Effective Rate	4.37%	5.04%	5.12%	5.43%

EIN: 13 - 5563393

PN: 001

Plan Name: Retirement Plan For Employees Of The American Jewish Committee

Plan Year: 01/01/2024- 12/31/2024

**Schedule SB Part V-Statement of Actuarial Assumptions/Methods
continued**

Retirement

Mortality Assumption: IRS 2024 Optional Combined Table provided in IRS Notice 2023-73.

Retirement Age: All employees under age 65 are assumed to retire at age 65. All employees age 65 or over on the valuation date are assumed to retire on the valuation date.

Withdrawal Rates: Costs are discounted by severance rates related to attained age and sex as shown below:

Withdrawal Rates by Quinquennial Ages

Age	Male	Female
20	.07128	.10242
25	.05957	.08550
30	.04932	.07046
35	.03835	.05478
40	.02855	.04078
45	.02074	.02963
50	.01432	.02045
55	0	0
60	0	0

Additional Assumptions

Credit Balances – Excess contributions plus interest for the 2023 plan year in the amount of \$4,363 was elected to be added to the prefunding balance.

The voluntary reduction of the funding standard carryover balance was 0.

The voluntary reduction of the prefunding balance \$4,363.

Expense Load – \$359,487

Benefit Form: Five Years Certain & Life Annuity.

Percent Married: 80% of males and 60% of females were assumed to be married.

Age of Spouse: The female spouse is assumed to be 5 years younger than the male spouse.

Expected Return on Assets for FASB ASC960 and Asset Smoothing- 6.00%

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, and Disability Assumptions were chosen based on reasonable assumptions for Plans of this size and demographic.
3. The Expected Return on Plan Assets assumption was chosen based on guidance from the Investment Advisor and Plan Sponsor, respectively.

EIN: 13 - 5563393

PN: 001

Plan Name: Retirement Plan For Employees Of The American Jewish Committee

Plan Year: 01/01/2024- 12/31/2024

**Schedule SB Part V-Statement of Actuarial Assumptions/Methods
continued**

ASSET VALUATION

Current market value of plan assets as reported by the trustee, plus accrued contributions.

The actuarial value of plan assets is developed as the 3-year average of the plan assets based on the market value of assets as of the valuation date and the "adjusted value" of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up to the current valuation date. In this way, one third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately, and the other two thirds is deferred. Valuation assets are further limited to a 10% corridor around market value.

EIN: 13 - 5563393

PN: 001

Plan Name: The Retirement Plan For The Employees Of The American Jewish Committee

Plan Year: 01/01/2024-12/31/2024

Schedule SB Part V-Summary of Plan Provisions

Original Effective Date: January 1, 1952

Last Major Amendment: Effective Date July 17, 2009

Eligibility:

1) For Membership

An employee is eligible to become a member on the first of the month after completion of one year of service.

2) For Normal Retirement Benefit

First of month coincident with or next following attainment of age 65.

No new participants are included in the plan after July 17, 2009.

Credited Service:

All regular fulltime service from date of membership to Normal Retirement Date, or earlier termination of employment. Credit is given for years and completed months.

All future benefit accruals are frozen as of July 17, 2009.

Contributions:

1) Employee

No Contributions are required after June 30, 2009.

2) Employer

Balance of the cost.

Considered Compensation:

Average of highest 3 consecutive January 1st rates of salary.

Retirement Dates:

1) Normal

First of month coincident with or next following attainment of age 65.

2) Early Retirement

After age 55 and sum of age plus years of Service is at least equal to 65.

3) Disability

At any time on proof of total and permanent disability.

4) Vesting

Full vesting after 5 years of Vesting Service to accrued pension deferred to age 65.

EIN: 13 - 5563393

PN: 001

Plan Name: Retirement Plan For Employees Of The American Jewish Committee

Plan Year: 01/01/2024- 12/31/2024

Schedule SB Part V-Summary of Plan Provisions (cont'd)

Pension Benefits:

1) Normal

The amount determined is 2½% of Considered Compensation for each year of Credited Service up to 20 years,

Plus

1% of Considered Compensation for each year of Credited Service in excess of 20 years (limited to 10 such years),

Plus

1/2% of Considered Compensation for each year of Credited Service in excess of 30 years, (limited to 10 such years).

Effective July 17, 2009, benefit accruals under the Plan were frozen and no future benefits shall accrue after that date.

The standard form of benefit is:

a) For single employees: a 5-year certain and life annuity if single.

b) For married employees: an actuarially reduced Joint and One-Half Survivor Annuity.

2) Deferred Retirement

Benefits begin at actual retirement based on greater of continuing accruals through actual retirement date or actuarial increase in benefit accrued to Normal Retirement Date.

3) Early Retirement

Benefit

Benefit is accrued pension actuarially reduced.

4) Vesting

Actuarially reduced pension is available at age 55 if member had 5 years' service at date of termination. Prior to attaining vesting requirements return of employee contributions with interest.

5) Disability

Accrued pension actuarially reduced.

6) Death

Active Members

If a member dies in active service, the value of the death benefit payable is 100% of the actuarial value of the member's accrued benefit.

EIN: 13 - 5563393

PN: 001

Plan Name: Retirement Plan For Employees Of The American Jewish Committee

Plan Year: 01/01/2024- 12/31/2024

Schedule SB Part V-Summary of Plan Provisions (cont'd)

6) Death

Inactive Member

Qualified Joint and One-Half Survivor Benefit, if married. If not married, return of employee contributions plus interest, except if eligible for early retirement at termination of service, actuarially reduced accrued benefit payable for 60 months to beneficiary

After Retirement

Qualified Joint and One-Half Survivor Benefit if married, unless waived, or optional benefits at election of employee.

Optional Forms:

Joint and Survivor (100%, 75% or 50%), 10 Year Certain and Life, Life Annuity and Social Security Equalization Option.

EIN: 13-5563393

PN #: 001

Plan Name: The Retirement Plan For The Employees Of The American Jewish Committee

Plan Year: 1/1/2024- 12/31/2024

Schedule SB, Line 26a - Schedule of Active Participant Data

----- Schedule of Active Participant Data -----

Years of credited service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained											
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	1	0	0	0	1
45 to 49	0	0	0	0	2	1	1	0	0	0	4
50 to 54	0	0	0	0	2	1	1	0	0	0	4
55 to 59	0	0	0	0	2	2	1	0	0	0	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	1	2	0	0	1	1	5
70 & up	0	0	0	0	0	2	0	1	0	1	4
Total	0	0	0	0	7	8	4	1	1	2	23

EIN: 13-5563393

PN #: 001

Plan Name: The Retirement Plan For The Employees Of The American Jewish Committee

Plan Year: 01/01/2024- 12/31/2024

Schedule SB Line 32 - Schedule of Amortization Bases

SCHEDULE OF AMORTIZATION BASES

Type of Base	Base Establishment Date	Present Value of Remaining Installment	Remaining Installment	Amortization Installment
Shortfall	1/1/2021	6,230,356	12	666,970
Shortfall	1/1/2022	(1,927,651)	13	(194,699)
Shortfall	1/1/2023	3,888,175	14	372,658
Shortfall	1/1/2024	<u>(311,868)</u>	15	<u>(28,503)</u>
Total		7,879,012		816,426

EIN: 13 - 5563393

PN: 001

Plan Name: Retirement Plan For Employees Of The American Jewish Committee

Plan Year: 01/01/2024- 12/31/2024

Schedule SB LINE 22-Description of Weighted Average Retirement Age

100% of participants are assumed to retire at age 65.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE AMERICAN JEWISH COMMITTEE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAN JEWISH COMMITTEE	D Employer Identification Number (EIN) 13-5563393	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	28,284,948
	b Actuarial value	2b	29,699,257
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	117	30,196,143
	b For terminated vested participants	23	1,973,024
	c For active participants	23	5,409,102
	d Total	163	37,578,269
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.04 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	359,487
	c Target normal cost	6c	359,487

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary JACK WARSHAVCHIK, A.S.A., EA, M.A.A. Type or print name of actuary USI Consulting Group Firm name 600 Third Ave., 3rd Floor New York NY 10016 Address of the firm	<u>07/24/2025</u> Date <u>23-03597</u> Most recent enrollment number <u>(212) 878-0461</u> Telephone number (including area code)
------------------	--	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.77%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,150
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13%</u>		213
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4,363
	d Portion of (c) to be added to prefunding balance		4,363
12	Other reductions in balances due to elections or deemed elections		4,363
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	79.03%
15	Adjusted funding target attainment percentage	15	79.03%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.29%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls				
18	Contributions made to the plan for the plan year by employer(s) and employees:				
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)
	04/05/2024	300,000			
	07/12/2024	300,000			
	10/10/2024	309,000			
	12/10/2024	309,000			
	Totals ▶			18(b)	1,218,000
				18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a		
	b Contributions made to avoid restrictions adjusted to valuation date	19b		
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	1,181,032		
20	Quarterly contributions and liquidity shortfalls:			
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	c If line 20a is "Yes," see instructions and complete the following table as applicable:			
	Liquidity shortfall as of end of quarter of this plan year			
	(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 359,487
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	7,879,012		816,426	
b Waiver amortization installment				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 1,175,913
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 1,175,913
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 1,181,032
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 5,119
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Retirement Plan for the Employees of American Jewish Committee

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 13-5563393, PLAN NUMBER: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Shares/Units Per Value	(d) Cost	(e) Current Value
	Short-term investments:				
*	J.P. Morgan U.S. Treasury Securities	Monthly variable 12/31/2049	2,064,993	\$ 2,064,993	\$ 2,064,993
	Total short-term investments			<u>2,064,993</u>	<u>2,064,993</u>
	Fixed income:				
	Metropolitan West Unconstrained Bond Fund	Debt fund	148,155	1,539,146	1,521,555
	Artisan High Income Fund	Debt fund	131,285	1,183,352	1,194,696
	PIMCO Mortgage Opportunities and Bond Fund	Debt fund	272,150	2,561,858	2,509,225
	Vanguard Intermediate-Term Treasury Fund	Debt fund	202,449	2,025,652	1,969,826
	Voya Intermediate Bond Fund Open-End Fund	Debt fund	426,672	3,740,870	3,673,646
	Total fixed income			<u>11,050,879</u>	<u>10,868,949</u>
	Mutual funds:				
*	Artisan Global Value Fund	Mutual funds	76,174	1,589,727	1,678,113
	Brown Advisory Global Leaders Fund	Mutual funds	97,793	2,513,798	2,622,799
	Fidelity 500 Index Fund	Mutual funds	25,057	4,554,552	5,116,301
	Lazard Global Listed Infrastructure Port Fund	Mutual funds	102,950	1,588,170	1,609,104
	Total mutual funds			<u>10,246,247</u>	<u>11,026,317</u>
	Alternative investments:				
	AG DLI IV Annex LP	Alternative investments	1	744,559	926,744
	Altimeter Offshore Ltd Open-End Fund USD	Alternative investments	28	27,538	5,467
	Braidwell Partners L.P.	Alternative investments	1	86,755	58,763
*	Brown Advisory (Bermuda) Global Managers (Tiger Global Long Opportunities)	Alternative investments	11,023	1,045,008	837,904
	Centerbridge Credit Partners Offshore	Alternative investments	1	-	12,476
	Cerebus International Spv Ltd	Alternative investments	2	1,039	9,006
	Deerpath Capital Advantage Strategies Fund	Alternative investments	1	502,489	558,335
	Diameter Offshore Fund LP	Alternative investments	1	109,935	754,440
	Elliott International Ltd	Alternative investments	252	272,492	583,991
	Eton Park Overseas Fund Ltd	Alternative investments	0	33	307
	Farallon Capital Instil Partners	Alternative investments	334	334	1,008
	TPG-Axon Partners (Offshore) Ltd	Alternative investments	21	22,075	23,545
	Varde Investment Partners (Offshore), LTD	Alternative investments	56	56,507	91,172
	Total alternative investments			<u>2,868,765</u>	<u>3,863,158</u>
	Total investments			<u>\$ 26,230,885</u>	<u>\$ 27,823,417</u>

* Party-in-interest as defined by ERISA.

Retirement Plan for the Employees of American Jewish Committee

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

EIN: 13-5563393, PLAN NUMBER: 001

Identity of Party Involved	Security Description	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Single transactions:					
* Brown Advisory	Brown Advisory Alternate Strategies Fund	\$ -	\$ 4,572,378	\$ 2,985,000	\$ 1,587,378
* Brown Advisory	Brown Advisory Global Leaders Fund/USA Open-End Fund	2,000,000	-	2,000,000	-
Fidelity	Fidelity 500 Index Fund Open-End Fund	3,000,000	-	3,000,000	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	4,572,378	-	4,572,378	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	-	5,502,567	5,502,567	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	-	1,634,094	1,634,094	-
MetWest	Metropolitan West Unconstrained Bond Fund Open-End Fund	-	1,535,258	1,542,320	(7,062)
PIMCO	PIMCO Mortgage Opportunities and Bond Fund Open-End Fund	-	1,537,321	1,549,317	(11,996)
PIMCO	PIMCO Mortgage Opportunities and Bond Fund Open-End Fund	2,000,000	-	2,000,000	-
Vanguard	Vanguard Intermediate-Term Treasury Fund Open-End Fund	1,500,000	-	1,500,000	-
Series of transactions:					
Apollo	Apollo Offshore Credit Strategies Fund LTD Common Stock	-	1,668,596	1,591,767	76,829
* Brown Advisory	Brown Advisory Alternate Strategies Fund	-	4,572,378	2,985,000	1,587,378
* Brown Advisory	Brown Advisory Global Leaders Fund/USA Open-End Fund	2,513,798	-	2,513,798	-
Diameter	Diameter Offshore Fund LP	-	1,522,095	1,522,095	-
Fidelity	Fidelity 500 Index Fund Open-End Fund	3,054,553	-	3,054,553	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	15,354,199	-	15,354,199	-
* JPMorgan Chase	J.P. Morgan 100% US Treasury Sec MMKT Inst	-	13,678,366	13,678,366	-
MetWest	Metropolitan West Unconstrained Bond Fund Open-End Fund	1,825,545	-	1,825,545	-
MetWest	Metropolitan West Unconstrained Bond Fund Open-End Fund	-	1,535,258	1,542,320	(7,062)
PIMCO	PIMCO Mortgage Opportunities and Bond Fund Open-End Fund	2,853,878	-	2,853,878	-
PIMCO	PIMCO Mortgage Opportunities and Bond Fund Open-End Fund	-	1,537,321	1,549,317	(11,996)
Vanguard	Vanguard Intermediate-Term Treasury Fund Open-End Fund	2,025,652	-	2,025,652	-
Voya	Voya Intermediate Bond Fund Open-End Fund	2,239,307	-	2,239,307	-
Voya	Voya Intermediate Bond Fund Open-End Fund	-	1,000,000	1,004,512	(4,512)

* Party-in-interest as defined by ERISA.