** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service A Fautha 0040 ant

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Open to Public Inspection

A	Or th	e 20 to Calendar year, or tax year beginning and	enaing		
B	Check if applicab	C Name of organization		D Employer identifi	ication number
	Addre chang Name	e O STREET			
L	lchang	e 📗 Doing business as		26-1	507828
	Initial relurn Final return	DO BOY 66073	Room/suite	E Telephone number	er 596-5207
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,562,028.
	Amen return	WASHINGTON, DC 20035		H(a) Is this a group r	
	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	F-5-11-1-2
1 1	Гах-ех	empt status:	or 527	1 ' '	list. (see instructions)
_		te: > WWW.JSTREET.ORG	01 027	H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
		organization: X Corporation Trust Association Other	1 Vear		M State of legal domicile: DC
	art I	Summary	L Teal	or formation. 2007	VI State of legal dominicile. DC
	1	Briefly describe the organization's mission or most significant activities: SEE	рарт т	TT LINE 1	
Activities & Governance	'	briefly describe the organization's mission or most significant activities:	LUIL I	TI, DINE I.	
nar	١	Chook this boy			
Ver		Check this box if the organization discontinued its operations or dispositive and vertical processing to the continued of the continued in the desired of the continued of the c		1	ssets.
ဗိ		Number of voting members of the governing body (Part VI, line 1a)	********	<u>3</u>	18
60 01	"	Number of independent voting members of the governing body (Part VI, line 1b)	*******	5	78
ţie	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	***********		400
ξį	6	Total number of volunteers (estimate if necessary)	************	6	
A	/ a	Total unrelated business revenue from Part VIII, column (C), line 12	•••••	7a	0.
_	D	Net unrelated business taxable income from Form 990-T, line 38	***********		13,034.
Revenue	_	Operation to the control of the cont	_	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		2,528,985.	2,558,798.
		Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17.	19.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,425.	1,186.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,522,577.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	25,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	1 060 076
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,710,703.	1,862,276.
eus	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 364,4		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)	09.	774 004	0.00
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	********	771,224.	
		Total expenses. Add lines 13-17 (must équal Part IX, column (A), line 25)		2,481,927.	
מו		Revenue less expenses. Subtract line 18 from line 12	1.6177.73.11.	40,650.	-203,806.
Net Assets or Fund Balances		8	Be	ginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)		3,114,433.	3,013,403.
et ndA	21	Total liabilities (Part X, line 26)		590,584.	
		Net assets or fund balances. Subtract line 21 from line 20		2,523,849.	2,320,043.
1340,000	ırt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		H 121	19
Sigr				Date	18
Here	е	JEREMY BEN-AMI, PRESIDENT Type or print name and title			
			77	lata I	II DTIN
n		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		RICHARD J. LOCASTRO, CPA Record Jr. Locast	No !	10/25/19 self-employ	
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 🛌	52-1392008
use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			04% 054 0005
100	2 00	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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

Total program service expenses ► 2,176,540.

including grants of \$

90 (2018) J STREET 26-1507828 Page 3

Form 990 (2018) J STREET Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>	,	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		1
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.15		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

832003 12-31-18

26-1507828 Page 4

Form 990 (2018)

J STREET

D 11/	Checklist of Required Schedules (continued)
Dart IV	I I TOOCKIICT OF WOOHINGO SCHOOLIIGE (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadula I Bad I	25b		x
06		230		1 22
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			225	

832004 12-31-18

26-1507828 Page **5**

Form 990 (2018) J STREET Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 78 1 If all least one is reported on line 2a, did the organization file all required (ederal employment tax returns? Note. If the sum of interest and 2a is greater than 250, you may be required to 6-th (ece instructions) 3a X X Note, If the sum of interest and 2a is greater than 250, you may be required to 6-th (ece instructions) 3b If the organization have unrelated business gross is income of \$1,000 or more during the year? 3b If Yes, 'has till ad Enry 190-T for this year? If 'No' To line 80, provide an explanation in Schedule 0				Yes	No
field for the calendar year ending with or within the year covered by this return Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Diff Yes, if and \$1,000 or more during the year? 4c Al and you during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account if your a signature or other authority over, a financial account if year and an advantage of the sea of the foreign country. If year, yea	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a dis greater than 250, you may be required to the files einstructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Such as a bank account, securities account, or other financial account (in a foreign country). At 2 In 17 Ver. (in the sum of the trengin country). By the financial account in a foreign country such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization or party to a prohibited tax shelter transaction? 5b Was the organization or party to a prohibited tax shelter transaction? 5c Vision of the organization file organization that it was or is a party to a prohibited tax shelter transaction? 5c Vision if Yes's to did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Vision if Yes's did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or abstrable contributions? 6c Vision if Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or abstrables contributions? 6c Vision if Yes, did the organization include with every solicitation and party for goods and services provided to the payor? 7c Viganization statement of the value of the goods or services provided? 7c Vision in the organization receive a party mark payor as contribution on did party for goods and services provided to the payor? 7d Vision organization services a party mark payor as contribution of the payor and the payor and the file organ					
38 Dit the organization have unrelated business gross income of \$1,000 or more during the year? b) if "Yes," has it filed a Form 990 or for the year if "No" to file ab, provide an explanation in Schedule 0 b) if Yes, and it filed a Form 990 or for the year if "No" to file ab, provide an explanation in Schedule 0 b) if Yes, and the the hame of the foreign country, such as a bank account, securities account, or other financial accounts (PAP). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAP). So was the organization in foreign country for Foreign Bank and Financial Accounts (PBAP). 5a Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the sound of the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the organization that was not tax deductible orbital to the organization and party for goods and services provided to the payor? 7c Organizations that many receive deductible contributions under section 170(c). 7d Organizations that many receive deductible contributions under section 170(c). 7d If "Yes," indicate the number of Forms 822? filed during the year 7d University of the organization receive any payment in excess of \$75 made party as a contribution and party for goods and services provided? 7d If the organization receive any payment in excess of \$75 made party as a contribution of any payment in paym	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b if "Yes," in a fined a Form 990-T for this yea? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 5b If "Yes," enter the name of the foreign country; 5c Seci instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any toxable party nority the organization file Form 8888 17. 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Different than any receive deductible contribution an express statement that such contributions or gifts were no tax deductible as charitable contributions. 6c Different than any receive deductible contributions under section 170(c). 8c Different than any receive deductible contributions under section 170(c). 8c Different than any receive deductible contributions under section 170(c). 8c Different than any receive deductible contributions under section 170(c). 8c Different than any receive deductible contribution of party to grow and any torganization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided 7 8c Different than any receive deductible contribution of contribution of party to a prohibit party of the organization receive a payment in excess of \$5 made party as a contribution of contribution of the payment of the organization received an contribution of care, boats, singlanes, or other vehicles, did the organization file a Form 1088-C? 8c Did the organization received an contribution of care, boats, singlanes, or other vehicles,		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
48 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 58 If Yes, "enter the name of the foreign country; in the securities account, securities account, or other financial accounts (FBAR). 59 Was the organization and party to a prohibited tax shelter transaction? 50 Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 If Yes to line 5 or 5b, did the organization the fire fire 888-87? 61 Bose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 62 If Yes to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 63 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 64 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 65 If Yes, and the organization were presented to the payor? 66 If Yes, and the organization with the did not organization and party is goods or services provided? 67 If Yes, indicate the number of Forms 8282 filed during the year 68 If Yes, indicate the number of Forms 8282 filed during the year 69 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1990. 79 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1990. 79 If the organization received a contribution of a pushfield transport to the special property. If Yes, if the organization file a Form 1990. 79 If the organization received a contribution of any organization such as a payor to the payor organizat	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So C If "Yes" to line Sa or Sb, did the organization file form 8986-17? Bo Dess the organization and anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? Bif "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? To granization set any application set as a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To Unit the organization notify the donor of the value of the goods or services provided? To Unit the organization notify the donor of the value of the goods or services provided? To Unit the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Unit the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Unit the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 Byonsoring organization have excess business holdings at any time during the year? N/A 9a Sophosoring organization have excess business holdings at any time during the year? N/A 10a Bodithe sponsoring organization make any taxable distributions under section 49667 Section 501(c)172 organizations. Enter: In Initiation f	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in If "Yes" to live \$a ro \$b, did the organization the organization the Organization the Organization for the organization for See See See See See See See See See Se	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 C If "Yes" to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 C If "Yes" to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 Does the organization shall were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7 Organizations that many receive deductible contributions under section 170(c). 8 If "Yes," did the organization netwer apament in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization receive apament in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization receive apament in excess of \$5 made party as a contribution of the value of the goods or services provided? 7 Did the organization receive and promess and property for which it was required to file form 8282? 7 Did the organization received and party for goods and services provided to the payor? 7 Did the organization received and promess and property for which it was required to file form 8282? 7 Did the organization received and promess and property for which it was required to file form 8282? 7 Did the organization received and promess and party form 8293 as required? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1099-C7 8 Deposoring organizations and party form 100 and party form 600 and party form 8293 are equired? 8 Did the sponsoring organization should be property or should be property org			4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X X X X X X X X X	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6	_		_		v
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15c Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15c If "Yes," see instructions and file Form 4720, Schedule N. 15c Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16c Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16c Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16c Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16c Is the organization and educational institution subject to the section 4968 excise tax on net investment income?	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X 19 Yes," complete Form 4720, Schedule O.			14a		Х
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			14b		
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					
Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.			
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	_	000	(0040)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	27	Х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		22
160				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed ►CA , IL , MA , NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	, , , , , , , , , , , , , , , , ,	aruit	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
•	DANNY YU - (202)204-8001			
	PO BOX 66073, WASHINGTON, DC 20036			

832006 12-31-18 Form **990** (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JEREMY BEN-AMI PRESIDENT	13.00	X		Х				296,041.	0.	25,020.
(2) MORTON HALPERIN	3.00							-		-
CHAIR	3.00	Х		Х				0.	0.	0.
(3) ALEXANDRA STANTON	3.00									
VICE CHAIR & SECRETARY	3.00	Х		Х				0.	0.	0.
(4) KENNETH BOB	3.00									
TREASURER	3.00	Х		Х				0.	0.	0.
(5) CAROL WINOGRAD	3.00									
DIRECTOR	3.00	Х		Х				0.	0.	0.
(6) NANCY BERNSTEIN	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) PETER FREY	3.00								_	_
DIRECTOR	0.00	X						0.	0.	0.
(8) JOANNA GOODWIN FRIEDMAN	3.00	ļ								
DIRECTOR	0.00	X						0.	0.	0.
(9) VIRGINIA GORDON	3.00	١							_	
DIRECTOR	0.00	X						0.	0.	0.
(10) HOWARD GOTTLIEB	3.00	Į.,							0	_
DIRECTOR	3.00	Α.						0.	0.	0.
(11) SYLVIA KAPLAN DIRECTOR	0.00	Į						0.	0.	0.
(12) CHARLES KREMER	3.00	^						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(13) VICTOR A. KOVNER	3.00							•	•	•
DIRECTOR	3.00	x						0.	0.	0.
(14) PHYLLIS SNYDER	3.00	 								
DIRECTOR	0.00	Х						0.	0.	0.
(15) ALAN SOLOMONT	3.00									
DIRECTOR	0.00							0.	0.	0.
(16) ROBERT STEIN	3.00									
DIRECTOR	0.00							0.	0.	0.
(17) JUDITH STEINBERG	3.00									
DIRECTOR	0.00	X						0.	0.	0.

832007 12-31-18

Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	 	es (continued)	—			
(A)	(B)			_ (0	-			(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable			timate	
	hours per	box, unless person is bot officer and a director/trus			is bot	h an	compensation	compensation			nount	of	
	week				1	174443	1	from	from related			other	
	hours for	irecto						the	organizations (W-2/1099-MIS			pensa om the	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(88-2/1099-18115)	⁽⁾		anizati	
	organizations	ruste	Institutional trustee		ee Ge	mben		(** 27 1000 141100)			·	d relat	
	below	dualt	utiona	_	oldu	st co	l la					anizatio	
	(list any hours for related organizations below line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Form.						
(18) MARILYN KATZ	3.00				_					\neg			
DIRECTOR	0.00	Х						0.		0.			0.
(19) AARON RICE	3.00												
DIRECTOR	0.00	Х						0.		0.			0.
(20) DANIEL YU	13.00												
VP, FINANCE & ADMINISTRATION	27.00			Х				123,885.		0.		8,9	32.
(21) JESSICA SMITH	13.00												
CHIEF OPERATING OFFICER	27.00				Х			187,648.		0.	2	4,4	20.
(22) ADEE TELEM	13.00												
VP, DEVELOPMENT	27.00					Х		142,675.		0.	2	5,1	05.
(23) DYLAN WILLIAMS	40.00												
SVP, GOVERNMENT AFFAIRS	0.00					Х		141,626.		0.	2	5,1	44.
(24) RACHEL LERNER	0.00												
SVP, COMMUNITY RELATIONS	40.00					Х		120,461.		0.	2	1,3	<u>91.</u>
(25) AARON DAVIS	40.00												
NATIONAL POLITICAL DIRECTOR	0.00					Х		119,594.		0.		3,7	<u>87.</u>
(26) JESSICA ROSENBLUM	13.00					l		120 152					
SVP, PUBLIC ENGAGEMENT	27.00					Х	L	132,153.		0.		6,2	
1b Sub-total								1,264,083.		0.	14	0,0	
c Total from continuation sheets to Part VI								0.		0.	1 /		0.
d Total (add lines 1b and 1c)								1,264,083.			14	0,0	00.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wr	าo r	eceived more than \$100	0,000 of reportable)			12
compensation from the organization											$\overline{}$	Yes	No
3 Did the organization list any former officer,	director or tru	ıcto	o ko	w or	nnlo		or	highest componented o	mployoo on	ſ		103	110
line 1a? If "Yes," complete Schedule J for s				•	•	•					3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	· · · · · · · · · · · · · · · · · · ·		-					•	ine organization		4	х	
5 Did any person listed on line 1a receive or a			•						idual for services				
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	,												
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	=	-											
(A)								(B)			(C		
Name and business	address	N	INC	3				Description of s	ervices	С	omper	nsatio	n
							_						
							\dashv						
									+				
2 Total number of independent contractors (i	ncludina hut n	ot li	mite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organi				0		0							
, , , , , , , , , , , , , , , , , , ,	· F										Form 9	990 (2018)

832008 12-31-18

Form	990 ((2018) J STR	EET				26-150	7828 Page 9
	rt VII		nue					
		Check if Schedule O cont		or note to any lin	e in this Part VIII			
		Check ii Conedale C Cone	anie a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f		1b 1c 1d 1d 1e 1s, and 1f 2, 1a-1f: \$	Business Code	2,558,798.			
	' '	Total. Add lines 2a-2f						
	3	Investment income (including						
	4 5	other similar amounts) Income from investment of tax Royalties	k-exempt bond p	proceeds	19.			19
			(i) Real	(ii) Personal				
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		>				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
		Gain or (loss)						
venue		Net gain or (loss)	g events (not of	>				
Other Revenue		Part IV, line 18 Less: direct expenses Net income or (loss) from func	a					
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See a					
	С	Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities returns	3,211.				
	b	Less: cost of goods sold		2,025.				
		Net income or (loss) from sale	s of inventory		1,186.			1,186
		Miscellaneous Revenu	е	Business Code				

832009 12-31-18

2,560,003.

0.

d All other revenue

12 Total revenue. See instructions

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

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

Do :	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	05 000	05 000		
	and domestic governments. See Part IV, line 21	25,000.	25,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	210 762	125 067	70 124	12 772
_	trustees, and key employees	219,763.	135,867.	70,124.	13,772
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,367,471.	1,153,090.	65,852.	148,529
7	Other salaries and wages	1,301,411.	1,133,030.	03,034.	140,349
8	Pension plan accruals and contributions (include	33,650.	28,618.	1,746.	3,286
0	section 401(k) and 403(b) employer contributions)	118,336.	102,513.	5,036.	10,787
9	Other employee benefits	123,056.	101,560.	10,206.	11,290
0	Payroll taxes	123,030•	101,300.	10,200•	11,290
1	Fees for services (non-employees):				
	Management	11,804.		11,804.	
	Legal	22,067.		22,067.	
	Accounting	22,007.		22,007.	
	Lobbying Professional fundraising services. See Part IV, line 17				
_	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	248,078.	229,957.	205.	17,916
^	· ·	240,070.	225,557.	203.	17,310
2	Advertising and promotion	54,781.	42,827.	6,895.	5,059
13 14	Office expenses	568.	463.	47.	58
	Information technology	300.	403.	±7.	
5 6	Royalties	255,625.	208,114.	21,226.	26,285
7	Occupancy Travel	20,892.	18,339.	66.	2,487
8	Payments of travel or entertainment expenses	20,0320	20,333.		27107
0					
9	for any federal, state, or local public officials Conferences, conventions, and meetings	82,820.	80,857.	1,093.	870
9		02,0200	00,007	2,0300	0.0
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	41,661.	33,918.	3,459.	4,284
3	Insurance	10,402.	8,468.	864.	1,070
ა 4	Other expenses. Itemize expenses not covered	_0, _020	0,200	3321	=,5,5
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT MAIL	69,093.			69,093
h	MERCHANT FEES	49,133.		+	49,133
c	PAYROLL PROCESSING	4,568.	3,719.	379.	470
d	TEMPORARY HELP	2,802.	2,802.	3,33	
	All other expenses	2,239.	428.	1,791.	20
5	Total functional expenses. Add lines 1 through 24e	2,763,809.	2,176,540.	222,860.	364,409
<u>ა</u> 6	Joint costs. Complete this line only if the organization	=,:00,000	_,,,	===, 555	
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 TOHOWING OOT 90-2 (AGO 906-720)	L			Form 990 (201)

26-1507828 Page **11** Form 990 (2018)
Part X Balance Sheet J STREET

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			628,168.	1	399,496.
	2	Savings and temporary cash investments	56,955.	2	56,974.		
	3	Pledges and grants receivable, net			196,201.	3	134,031.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec		-			
δi		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			65,321.	9	75,944.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	461,750.			
	b	Less: accumulated depreciation		59,021.	444,391.	10c	402,729.
	11	Investments - publicly traded securities			-	11	-
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,723,397.	15	1,944,229.		
	16	Total assets. Add lines 1 through 15 (must equ			3,114,433.	16	3,013,403.
	17	Accounts payable and accrued expenses			94,073.	17	81,791.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officer				
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			496,511.	25	611,569.
	26	Total liabilities. Add lines 17 through 25			590,584.	26	693,360.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 ar					
Š	27	Unrestricted net assets			2,523,849.	27	2,320,043.
Fund Balances	28	Temporarily restricted net assets				28	
JQ E	29	Permanently restricted net assets				29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			2,523,849.	33	2,320,043.
	34	Total liabilities and net assets/fund balances			3,114,433.	34	3,013,403.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3	2,56 2,76 -20 2,52	0,0 3,8 3,8	09. 06.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				42	
Do	column (B))	10	2,32	0,0	45.	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		163		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Separate basis Consolidated basis Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37	
	Act and OMB Circular A-133?		3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990	(2018)	
			Form	33U ((∠U I 8)	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

	J STREET	26-1507828		
Organization type (che	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	$oxed{X}$ 501(c)($oxed{4}$) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Note: Only a section 50 General Rule	ion is covered by the General Rule or a Special Rule . 21(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S 22 cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution			
J	nany one contributor. Complete Parts I and II. See instructions for determining a co			
Special Rules				
sections 509(a any one contri	tation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line ibutor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of 10-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that received from		
year, total con	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receintributions of more than \$1,000 exclusively for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead	y, or educational purposes, or for the		
year, contribut is checked, en purpose. Don'	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receivations exclusively for religious, charitable, etc., purposes, but no such contributions there here the total contributions that were received during the year for an exclusively to complete any of the parts unless the General Rule applies to this organization be itable, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box y religious, charitable, etc., ecause it received <i>nonexclusively</i>		
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sche o" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ o neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

J STREET

26-1507828

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>81,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$35,928.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 35,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	Nume, dudicoo, and En 11	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 10	Name, address, and ZIP + 4	\$ 25,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		\$ 9,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	
Name of organization	Employer identification number
J STREET	26-1507828

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
25		\$ 6,225. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
26		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
27	ranic, address, and 2n + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
28	Name, audiess, and ZIF + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
30		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
J STREET	26-1507828

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
31		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
32		\$ 5,356. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
33		\$ 5,225. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
34	rame, address, and 2n + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
35		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
36		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
40		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42		Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
43		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
44		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
45		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
46		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
47		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
48		\$ 5,000. Person X Payroll Noncash (Complete Part II for popeash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
49		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
50		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
51	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
52	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
53		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of o	organization	Employ	yer identification number			
J STR	J STREET					
Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	′	(d) Date received		

Part I		(See Instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

STRE	ET		26-1507828
rt III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
lo. n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax, (occ ocparate metractione), then				
• Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		F	lavan ialandidia akian mumban
Name of organization	um.		Emp	loyer identification number
J STREE Part I-A Complete if the org	ar ganization is exempt und	or postion 501/a) a	r is a section 527	26-1507828
Part I-A Complete II the or	ganization is exempt und	er section 50 f(c) c		organization.
 Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa 	tures		>	472,210.
Part I-B Complete if the or	ganization is exempt und	er section 501(c)(3	3)_	
1 Enter the amount of any excise tax 2 Enter the amount of any excise tax 3 If the organization incurred a section 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization of the organization incurred a section made?	incurred by the organization und incurred by organization manage on 4955 tax, did it file Form 4720	er section 4955 ers under section 4955 for this year?	> 9	Yes No
•	<u> </u>	. ,,	<u> </u>	. , ,
 Enter the amount directly expende Enter the amount of the filing organ exempt function activities Total exempt function expenditure line 17b Did the filing organization file Form Enter the names, addresses and e made payments. For each organization contributions received that were propolitical action committee (PAC). If 	nization's funds contributed to other. s. Add lines 1 and 2. Enter here and a 1120-POL for this year? Imployer identification number (Ellation listed, enter the amount paid romptly and directly delivered to a	ner organizations for second on Form 1120-POL, N) of all section 527 politions the filing organizate separate political organ	tical organizations to whition's funds. Also enter thication, such as a separ	25,000. 25,000. Yes X No ch the filing organization he amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filling organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
CITIZENS FOR A BETTER ILLINOIS	WASHINGTON, DC 20005	82-4397116	25,000	. 0.
		1		

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

SEE PART IV FOR CONTINUATION

Part II-A Complete if the org section 501(h)).	anization	is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under
	tion belongs	to an aff	iliated group (and list in	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	e of excess	lobbying	expenditures).			
B Check ▶ ☐ if the filing organizat	tion checke	d box A a	nd "limited control" pro	ovisions apply.		
	s on Lobby litures" me		nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public	opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legis	slative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and	1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditures	s (add lines	1c and 1	d)			
f Lobbying nontaxable amount. Ente	r the amou	nt from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en				i		
h Subtract line 1g from line 1a. If zero	•					
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer	_					
reporting section 4911 tax for this y				0 " 504"		Yes No
(Some organizations th	nat made a	section 5	eraging Period Under 601(h) election do not ate instructions for li	have to complete all	of the five columns	below.
	Lobby	ing Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)15	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
(
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or se	ction	
501(c)(6).	. , ,			
			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		Σ
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				Σ
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'No," OR	(b) Part	t III-A, lir	ne 3,
answered "Yes." 1 Dues, assessments and similar amounts from members			t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	al	1	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	al	1	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	al	1 2a 2b	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year C Total	al	2a 2b 2c	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	al	2a 2b 2c	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	al ess	2a 2b 2c	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and positions.	al ess	2a 2b 2c 3	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and preexpenditure next year?	al ess	2a 2b 2c 3	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	al ess	2a 2b 2c 3	t III-A, lir	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	al ess olitical	2a 2b 2c 3		ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	al ess olitical	2a 2b 2c 3		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	ess Ditical ist); Part II-A	2a 2b 2c 3 3 4 5	and 2 (see	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	ess olitical iist); Part II-4	2a 2b 2c 3 4 5 A, lines 1 a	and 2 (see	A
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyper expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	ess olitical iist); Part II-4	2a 2b 2c 3 4 5 A, lines 1 a	and 2 (see	A
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedate the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: THE ORGANIZATION PAID THE ADMINISTRATIVE AND FUNDRAIS THE ORGA	ess olitical iist); Part II-4	2a 2b 2c 3 4 5 A, lines 1 a	and 2 (see	A

832043 11-08-18

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

J STREET

Employer identification number 26-1507828

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located ▶	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ablic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		► \$

832051 10-29-18

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

Schedule D (Form 990) 2018

	t III Organizations Maintaining C	collections of A	rt, Historic	cal Tr	easures, o	r Oth	er Sin	nilar Asse	ets(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the	following that	t are a	significa	ınt use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	I 🔲 Loan	or exc	hange progra	ıms				
b	Scholarly research	е	Othe	r						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they fu	urther t	the organization	on's exe	empt pu	ırpose in Pa	rt XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								, line 9, or	
	reported an amount on Form 990, Pai	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for cont	ribution	ns or other as:	sets no	t includ	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	-	·	•						Amount	
С	Beginning balance						10	С		
	Additions during the year							d		
е	Distributions during the year							е		
f	Ending balance							f		
2a	Did the organization include an amount on Fe								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•			
Pai										
	·	(a) Current year	(b) Prior y	ear	(c) Two years	s back	(d) Thr	ee years back	(e) Four y	ears back
1a	Beginning of year balance	•								
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end baland	e (line 1a. ca	lumn (a)) held as:		<u>I</u>			
а	Board designated or quasi-endowment	,	%	(,,					
b	Permanent endowment ▶	%	—							
	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	·								
За	Are there endowment funds not in the posse		ation that are	held a	and administer	red for	the ora	anization		
	by:	3					3		T	'es No
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		D. Part IV. line	11a. S	See Form 990	. Part X	(. line 10).		
	Description of property	(a) Cost or o			t or other		Accumu		(d) Book	value
	2 coonplication of property	basis (investr		•	(other)		preciat		(4, 200	
	Land	,	- 		. ,					
b	Buildings									
	Leasehold improvements			46	1,750.		59.	021.	402	,729.
d	Equipment				•		- /			<u> </u>
	Other									
	- Add lines 1a through 1e (Column (d) must e		Y column (F	l) line	100.)				402	,729.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 J STREET			26-	1507828	Page
Part VII Investments - Other Securities.					. a.g.c
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-c	f-year market va	lue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990. Part IV	Line 11c. See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end-c	f-year market val	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 000 Part IV	line 11d See Form 900	Dart V lina 15		
	Description	, iiile 11d. See 1 Oilli 330,	Tart X, line 15.	(b) Book valu	
DIE EDOM DELAMED DADMY	Decomption			1,853,	
.,,				90,	
				,	725
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	- 15)			1,944,2	220
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			>	1,744,	<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		C11 FCA			
(2) DEFERRED RENT		611,569.			
(3)					
(4)					
(5)					
(6)					
(7)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(8)

611,569.

OOH	Sadio 2 (1 0111 000) 2010			errre ruge
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	•	Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a		0.560.000
1			1	2,562,028
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	• • • • • • • • • • • • • • • • • • • •			
b				
С	1 7 3	2c	_	
d	/	2d 2,025.	-	2 025
е	J		2e	2,025
3	Subtract line 2e from line 1		3	2,560,003
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	, , , ,	***	_	
b	7	·	-	0
_C			4c	2,560,003
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		1.1	2,765,834
1	Total expenses and losses per audited financial statements		1	4,705,834
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a			_	
b	• • • • • • • • • • • • • • • • • • • •		_	
C				
d	, , , , , , , , , , , , , , , , , , , ,		-	2 025
	Add lines 2a through 2d		2e	2,025 2,763,809
3	Subtract line 2e from line 1		3	4,103,009
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	, , , ,		_	
b	,	•	_	0
	Add lines 4a and 4b		4c	2,763,809
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	2,103,009
		and IV lines of he and Oh. Doub V lines	4. David	V line O. Dest VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III		4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional information.		
DΔI	RT X, LINE 2:			
1 7 3 1	NI A, DING 2.			
F∩I	R THE YEAR ENDED DECEMBER 31, 2018, J STR	EET HAS DOCUMENTE	יד מי	тg
	THE THE HADED DECEMBER 31, 2010, 6 DIR	DET THIS BOCOMENTS		10
COI	NSIDERATION OF FASB ASC 740-10, INCOME TA	XES. THAT PROVIDE	S G	ITDANCE FOR
		11111 11101111		ordinion for
REI	PORTING UNCERTAINTY IN INCOME TAXES AND H	AS DETERMINED THA	AT NO	O MATERIAL
	10111110 0110111111111 111 11100111 111111			
IJŊ	CERTAIN TAX POSITIONS QUALIFY FOR EITHER	RECOGNITION OR DI	SCL	OSURE IN
	OULTINE TO THE TOTAL TOTAL DESIGNATION & COLUMN TO THE TENT OF THE	11200011111011 011 21	-50-	
тні	E FINANCIAL STATEMENTS.			
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:			
CO:	ST OF GOODS SOLD REPORTED AS EXPENSES IN	FINANCIAL		2,025
				2,023
ST	ATEMENTS AND NETTED AGAINST REVENUE ON FO	RM 990.		
		1		
ו ג כו	RT VIII LINE 10B.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

J STREET							26-1507828
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr 	istance?					sistance, and the selec	tion X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	_						•
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
arminus non 1 nomeno 111 1101							
CITIZENS FOR A BETTER ILLINOIS							ODGANIZA WYONA
1032 15TH STREET NW WASHINGTON DC 20005	82-4397116	OTHER	25,000.	0.			ORGANIZATIONAL CONTRIBUTION
WASHINGTON, DC 20003	02-4397110	OTHER	23,000.	٠.			CONTRIBUTION
2 Enter total number of section 501(c)(3) a			he line 1 table				> 0.
3 Enter total number of other organization	is listed in the line	1 table					> 1.

Schedule I (Form 990) (2018) J STREET 26-1507828 Page 2

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.				

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 26-1507828 J STREET **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

J STREET

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other	other deferred	benefits	(B)(i)-(D)	
(1) JEREMY BEN-AMI	_		compensation	reportable compensation	compensation			in column (B) reported as deferred on prior Form 990
· - · · ·	(i)	296,041.	0.	0.	6,300.	18,720.	321,061.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JESSICA SMITH	(i)	187,648.	0.	0.	5,700.	18,720.	212,068.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ADEE TELEM	(i)	142,675.	0.	0.	6,750.	18,355.	167,780.	0.
VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DYLAN WILLIAMS	(i)	141,626.	0.	0.	6,525.	18,619.	166,770.	0.
SVP, GOVERNMENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Employer identification number 26-1507828

Inspection

Name of the organization

J STREET

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ARE ENTITLED TO VOTE FOR AT LEAST ONE (1) MEMBER OF THE BOARD OF DIRECTORS.

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

THE FORM 990 WAS PREPARED BY THE INDEPENDENT ACCOUNTANTS AND REVIEWED BY THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, AND THE AUDIT COMMITTEE OF THE BOARD. A COPY OF THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE BOARD BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY ALL BOARD MEMBERS AT A FULL BOARD MEETING. IF A POTENTIAL OR REAL CONFLICT ARISES, RESOLVED BY NON-INTERESTED BOARD MEMBERS IN THE BEST INTERESTS OF THE ORGANIZATION. UPON BEING HIRED, ALL EMPLOYEES ARE REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY INCLUDED IN THE EMPLOYEE'S MANUAL. IN THE EVENT AN EMPLOYEE BELIEVES A CONFLICT OF INTEREST MAY EXIST, THE EMPLOYEE MUST INFORM THE PRESIDENT OF J STREET. THE PRESIDENT WILL DECIDE WHAT STEPS TO TAKE TO EVALUATE THE SITUATION AND TO INVESTIGATE ALTERNATIVES TO ANY TRANSACTION OR ARRANGEMENT THAT APPEARS TO PRESENT A CONFLICT.

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

THE PRESIDENT'S COMPENSATION IS DETERMINED BY A COMPENSATION COMMITTEE THAT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization J STREET	Employer identification number 26-1507828
USES COMPARABLE DATA AND IS APPROVED BY THE BOARD AS PART	OF THE OVERALL
ANNUAL BUDGET REVIEW. THE MOST RECENT COMPENSATION REVIEW	WAS COMPLETED IN
MARCH 2019.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND	FINANCIAL
STATEMENTS ARE NOT GENERALLY AVAILABLE TO THE PUBLIC; IND	IVIDUAL REQUESTS
ARE CONSIDERED ON THEIR MERITS.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service **Related Organizations and Unrelated Partnerships**

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

➤ Attach to Form 990.

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

2018

Open to Public Inspection

OMB No. 1545-0047

Name of the organization J STREET					E	Employer identific 26-15078	cation no 328	umber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year	asset	ts Direct c	(f) ontrolling ntity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or mo	ore related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dir	(f) rect controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
J STREET EDUCATION FUND - 20-2777557								
P.O. BOX 66073							l	
WASHINGTON, DC 20035	ADVOCACY AND EDUCATION	NEW YORK	501(C)(3)	LINE 7	J STR	REET	X	
J STREET PAC - 26-1471822								
P.O. BOX 33106							l	
WASHINGTON, DC 20035	POLITICAL ACTION	DISTRICT OF COLUMBIA	527	N/A	J STR	REET	X	
		 					+	

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

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
									1
									l
									i
	1								i
									l
									i
									1
									l
									1
	1								1
	1								1
	I	12							

Page 3

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

							_					
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
	During the tax year, did the organization engage in any of the following transaction						X					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity											
b	b Gift, grant, or capital contribution to related organization(s)											
С	Gift, grant, or capital contribution from related organization(s)											
d	Loans or loan guarantees to or for related organization(s)				1d		Х					
е	Loans or loan guarantees by related organization(s)				1e		Х					
							X					
f	f Dividends from related organization(s)											
g	g Sale of assets to related organization(s)											
h	h Purchase of assets from related organization(s)											
i	Exchange of assets with related organization(s)				1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X					
- 1	Performance of services or membership or fundraising solicitations for related organization(s)											
							Х					
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
	o Sharing of paid employees with related organization(s)											
р	Reimbursement paid to related organization(s) for expenses				1р		Х					
q	Reimbursement paid by related organization(s) for expenses				1q	X						
_	•											
r	Other transfer of cash or property to related organization(s)				1r		Х					
					1s		Х					
	(a)	(b)	(c)	(d)								
	c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organizations for related organization or fundraising solicitations for related organization or fundraising solicitations by related organization or fundraising of facilities, equipment, mailing lists, or other assets with related organization o	Transaction	Amount involved	Method of determining amount in	volved							
		type (a-s)										
(1)	STREET EDUCATION FUND	N	101,223.	PERCENTAGE OF LABOR HOU	RS							
(2)	STREET EDUCATION FUND	0	3,562,523.	PERCENTAGE OF LABOR HOU	RS							
(3)	STREET EDUCATION FUND	Q	13,605.	PERCENTAGE OF LABOR HOU	RS							
(4)												
(5)												
(6)												

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c	all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or Paging ner?	(k) Percentage ownership
	_	country	Sections 5 (2-5 (4)	Yes	No	income	433013	Yes	No	(F01111 1005)	Yes	NO	
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	-												
	-												
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	-												
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