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** PUBLIC DISCLOSURE COPY **

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.

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OMB No. 1545-0047

	partment of the Treasury ernal Revenue Service	
Α	For the 2020 calenda	2

or tox yoor beginning

АГ		and endar year, or tax year beginning and endar year beginning	naing		
B C	heck if	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang	e Doing business as		26-15078	28
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	r
	Final return	PO BOX 66073		202-596-	5207
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,613,655.
	Amen return			H(a) Is this a group re	eturn
				for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
<u>і</u> т	ax-ex	empt status: 501(c)(3) X 501(c) (4) ◄ (insert no.) 4947(a)(1) or	527		list. See instructions
		te: WWW.JSTREET.ORG		H(c) Group exemption	
-		organization: X Corporation Trust Association Other	I Year (State of legal domicile: DC
_	rt I	Summary			o lato or logal donnolor
		Briefly describe the organization's mission or most significant activities: SEE P.	ART I	II. LINE 1.	
Governance					
nai	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ente
ver	3			3	25
g		Number of independent voting members of the governing body (rait vi, interva)			24
s &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			73
Activities &				1060	
tiv		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac					0.
	0	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,670,056.	2,602,752.
Revenue	9			0.	0.
Ievel				4,074.	6,185.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,431.	366.
	12			2,668,699.	2,609,303.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
				2,012,323.	2,109,778.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
nəc			8	••	••
EXI		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		818,299.	675,453.
				2,830,622.	2,785,231.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-161,923.	-175,928.
or ces	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets c ance		Tatel accests (Dart V. line 10)		2,886,416.	2,697,773.
et Assets (Id Balanc		Total assets (Part X, line 16)		728,296.	715,581.
let ∕ und		Total liabilities (Part X, line 26)		2,158,120.	1,982,192.
2 <u>1</u>		Net assets or fund balances. Subtract line 21 from line 20		Δ,130,120.	1,304,194.
		•	and at-t		demonstration and to the first the
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	y knowledge and belief, it is

Sign Here	Signature of officer JEREMY BEN-AMI, PRESIDENT Type or print name and title	Date 11/12/21
Paid Preparer	CELMAN DOCENDEDC C EDEEMAN	08/21 ^{theck} PTIN ^{ff} _{self-employed} P00288314 Firm's EIN ► 52-1392008
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the I	RS discuss this return with the preparer shown above? See instructions	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	J STREET	26-1507828 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO PROMOTE MEANINGFUL AMERICAN LEADERSHIP TO ADVANCE	TEWICH AND
	DEMOCRATIC VALUES AND TO PROMOTE A PEACEFUL, VIABLE A	
	RESOLUTION TO THE ISRAELI-PALESTINIAN CONFLICT THROW	
	COALITION BUILDING, MOBILIZING PUBLIC OPINION ONLINE	
2	Did the organization undertake any significant program services during the year which were not listed on	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program served	vices?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,217,102. including grants of \$) PROMOTED MEANINGFUL AMERICAN LEADERSHIP TO ADVANCE JI	(Revenue \$
	DEMOCRATIC VALUES AND TO REACH A PEACEFUL, VIABLE AND	
	TO THE ISRAELI-PALESTINIAN CONFLICT THROUGH THE USE (
	BUILDING, MOBILIZING PUBLIC OPINION ONLINE, ENGAGING	
	AMERICANS AND AMPLIFYING THE PUBLIC'S VOICE.	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 2,217,102.	Form 990 (2020
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			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		v	
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		N/	7
_	during the tax year? If "Yes," complete Schedule C, Part II	4	11/	<u>~</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
e 4	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules

Form 990 (2020)	J	STREET	
Part IV	Checklist	of Requ	uired Schedules (continued)	1

J STREET

			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		X
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		v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
Ь	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	2.14		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054	x	
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	- 23	
30	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		x
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	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	,		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
00005	(gambling) winnings to prize winners?	1c		(2020)
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Form	990 (2020) J STREET 26-1507	828	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a 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?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		<u></u>	
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c). N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g b				
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
U	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? $____N/A$	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		

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	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below, and for	a "No" i		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (D. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 2	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
;	Did the organization have members or stockholders?		6	X	
а	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:			
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
			_	Yes	No
)a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c	X	
3	Did the organization have a written whistleblower policy?		13	Х	
1	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization				X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure		100		
7	List the states with which a copy of this Form 990 is required to be filed CA , IL , MA , NY				
B	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)	(3)s only	/) avai	lahle
	for public inspection. Indicate how you made these available. Check all that apply.			/) avai	abic
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		and fina	ncial	
-	statements available to the public during the tax year.		anu iiid	noial	
0	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
	DANIEL YU - (202)204-8001				
	PO BOX 66073, WASHINGTON, DC 20036				
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.000	5 12-23-20 6		1011		12020
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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.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week					17103		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	se or c	stee			nsated		(W-2/1099-MISC)	(1033-10100)	organization
	organizations	truste	al trus		yee	mper		()		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ler			organizations
	line)	Indiv	In sti	Officer	Key (Highest compensated employee	Former			
(1) JEREMY BEN-AMI	13.00								_	
PRESIDENT	27.00	Х		Х				314,154.	0.	22,637.
(2) JESSICA SMITH	13.00								_	
CHIEF OPERATING OFFICER	27.00				Х			201,436.	0.	22,637.
(3) ADEE TELEM	13.00									
VP, DEVELOPMENT	27.00					Х		160,502.	0.	22,237.
(4) DYLAN WILLIAMS	40.00									
SVP, POLICY AND STRATEGY	0.00					Х		150,696.	0.	22,371.
(5) KATE PRESS	13.00								_	
VP, ENGAGEMENT AND PROGRAMS	27.00					Х		140,074.	0.	22,311.
(6) DANIEL YU	13.00								_	
VP, FINANCE & ADMINISTRATION	27.00			Х				130,342.	0.	21,466.
(7) GAL PELEG	13.00									
NATIONAL DIRECTOR, REGIONAL OPER.	27.00					х		132,007.	0.	7,523.
(8) SHAINA WASSERMAN	0.00									
VP, COMMUNAL RELATIONS	40.00					х		114,388.	0.	8,373.
(9) ALEXANDRA STANTON	3.00									
CHAIR	3.00	X		Х				0.	0.	0.
(10) ALAN SOLOMONT	3.00									
VICE CHAIR AND CHAIR ELECT	0.00	X		Х				0.	0.	0.
(11) KENNETH BOB	3.00									•
TREASURER	3.00	X		Х				0.	0.	0.
(12) NANCY BERNSTEIN	3.00								0	0
DIRECTOR	0.00	X						0.	0.	0.
(13) NANCY BUCK	3.00	37							0	0
DIRECTOR	0.00	Х						0.	0.	0.
(14) PETER FREY	3.00	37							0	0
DIRECTOR	0.00							0.	0.	0.
(15) VIRGINIA GORDON	3.00								0	0
DIRECTOR	0.00	Λ						0.	0.	0.
(16) MORTON HALPERIN	3.00	37							^	0
CHAIR EMERITUS	3.00	^						0.	0.	0.
(17) SYLVIA KAPLAN	3.00	v							0.	0
DIRECTOR	0.00	Δ						0.	υ.	0 .
032007 12-23-20						-				Form 990 (2020)

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	990 (2020) J STREET									26-150	782	<u>З ғ</u>	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	-		
	(A) Name and title	(B) Average hours per		not c	Pos check	more	1 than is bot		(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount	
		(list any hours for related organizations below line)	tee or director ig			lirecto	Highest compensated signal signal	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	CO OI a	other mpensa from th rganiza nd rela ganizat	ation ne tion ted
(18) DIRE	MARILYN KATZ CTOR	3.00	x	_		×			0.	0			0.
	JONATHAN KOPP	3.00							0.	0			0.
	VICTOR A. KOVNER	3.00							0.	0			0.
	CHARLES KREMER	3.00							0.	0			0.
(22)	JUDSON MINER	3.00											
DIRE (23)	CTOR NANCY REICHMAN	0.00 3.00							0.	0			0.
$\frac{\text{DIRE}}{(24)}$	CTOR AARON RICE	0.00	X						0.	0	•		0.
DIRE (25)	CTOR DIANA SHAW CLARK	0.00	X						0.	0	•		0.
$\frac{\text{DIRE}}{(26)}$	CTOR WILLIAM SINGER	0.00	x						0.	0	•		0.
J ST	REET POLITICAL COMMITTEE CHAIR	0.00							0.	0		49,5	0.
с	Subtotal Total from continuation sheets to Part V	I, Section A							0.	0	•		0.
-	Total (add lines 1b and 1c) Total number of individuals (including but n								1,343,599. eceived more than \$100	0,000 of reportable	• ⊥'	49,5	
	compensation from the organization											Yes	11 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	,	,	,	•			C	phest compensated emp	,	3	-	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	-	le co	omp	ensa	atior	n and	d ot	her compensation from		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue compe	nsat	ion	from	any	/ unr	elat	ed organization or indiv		5		x
Sect	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for										satior	i from	
	(A) Name and business	address	N	ONI	E				(B) Description of s	services		(C) ensatio	on
	Total number of independent contractors (i \$100,000 of compensation from the organi	zation 🕨				(0			nore than			
032008	SEE PART VII, SECTION 12-23-20	N A CON	ι. ΤΙ	NUZ	A'1']	LOI	N S	5H.	EETS		Forn	n 990 ((2020)

Part VII Section A. Officers, Directors,	Trustees, Key E	mple	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ľ	-		C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c	hecł				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensatio
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	npens				and related organization
	below	dual ti	tiona	Ι.	nploy	st cor	<u> </u>			organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PHYLLIS SNYDER	3.00	_	_	-	-	_	_			
DIRECTOR	0.00	x						0.	Ο.	(
(28) ROBERT STEIN	3.00									
DIRECTOR	0.00	x						0.	0.	(
(29) JUDITH STEINBERG	3.00									
DIRECTOR	0.00	x						0.	0.	(
(30) CAROL WINOGRAD	3.00									
DIRECTOR	3.00	X						0.	0.	(
(31) MICHAEL YOUNG	3.00									
DIRECTOR		X						0.	0.	
(32) MICHAEL ZIVIN	3.00									
DIRECTOR	0.00	X						0.	0.	(
			<u> </u>				<u> </u>			
		1	1	1	1					

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	<u>1 990</u> rt V	U (2020) J STREET	26-15	07828 Page 9
Га	rt v		on in this Part VIII	
		Check if Schedule O contains a response or note to any lin	(A) (B) (C) Total revenue Related or exempt Unrelated function revenue business reve	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	Business Code	2,602,752.	
Proć	1	ef All other program service revenue g Total. Add lines 2a-2f >		
	3 4 5	Investment income (including dividends, interest, and other similar amounts).	6,185.	6,185.
	1	a Gross rents 6a (ii) Personal b Less: rental expenses 6b		
venue	7	a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b 7b		
		c Gain or (loss) 7c d Net gain or (loss) ▶		
Other Re	8	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Bb		
		c Net income or (loss) from fundraising events		
	9 ;	a Gross income from gaming activities. See Part IV, line 19 9a		
		b Less: direct expenses 9b		
	10 :	 c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a 4,718. 10b 4,352. 		
		c Net income or (loss) from sales of inventory	366.	366.
liscellaneous Revenue		a Business Code		
Misc		d All other revenue		
		e Total. Add lines 11a-11d	2,609,303. 0.	0. 6,551.
03200	12	· · · · · · · · · · · · · · · · · · ·		Form 990 (2020)

J STREET

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

	Check if Schedule O contains a respons		0	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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		expenses	general expenses	experiede
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	235,182.	142,897.	77,837.	14,448.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,586,306.	1,370,114.	63,608.	152,584.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	26,340.	23,512.	635.	2,193.
9	Other employee benefits	166,535.	144,607.	5,255.	16,673.
10	Payroll taxes	95,415.	72,184.	10,268.	12,963.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	50,961.		50,961.	
с	Accounting	32,299.		32,299.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	S F				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	149,092.	142,384.	110.	6,598.
12	Advertising and promotion				
13	Office expenses	29,349.	23,613.	3,157.	2,579.
14	Information technology	6,088.	5,080.	446.	562.
15	Royalties			11 000	
16	Occupancy	163,657.	136,573.	11,982.	15,102.
17	Travel	2,833.	2,533.		300.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		104 482		405
19	Conferences, conventions, and meetings	104,744.	104,476.	81.	187.
20	Interest				
21	Payments to affiliates	41 660		2 0 5 0	2 045
22	Depreciation, depletion, and amortization	41,662.	34,767.	3,050.	3,845.
23	Insurance	11,579.	9,662.	848.	1,069.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				44 005
а	DIRECT MAIL	44,805.			44,805.
b	MERCHANT FEES	26,388.		F 0.01	26,388.
С	PAYROLL PROCESSING FEES	5,891.	0 0 4 0	5,891.	
d	TAXES	2,807.	2,342.	206.	259.
	All other expenses	3,298.	2,358.	677.	263.
25	Total functional expenses. Add lines 1 through 24e	2,785,231.	2,217,102.	267,311.	300,818.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				– – – – – – – – – –

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Form **990** (2020)

J STREET

		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			237,019.	1	640,923.
	2	Savings and temporary cash investments			1,102,459.	2	1,107,549.
	3	Pledges and grants receivable, net			107,224.	3	127,535
	4	Accounts receivable, net			•	4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual				-	
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				94,907.	9	53,717
		Land, buildings, and equipment: cost or other	 I I		5275070	5	
		basis. Complete Part VI of Schedule D	102	461,750.			
	r	Less: accumulated depreciation		142,345.	361,067.	10c	319,405
	11				501,007.	11	515,4050
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
						13	
	14	Intangible assets			983,740.	14	448,644
	15	Other assets. See Part IV, line 11			2,886,416.	16	2,697,773
	16 17	Total assets. Add lines 1 through 15 (must equ			109,421.	17	134,800
	18	Accounts payable and accrued expenses			105,421.	18	154,000
	19	Grants payable			2,250.	19	2,643
		Deferred revenue			2,250.	20	2,015
	20 21			f Sahadula D		20	
		Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
bili		trustee, key employee, creator or founder, subs				- 00	
Lia		controlled entity or family member of any of the				22 23	
	23	Secured mortgages and notes payable to unrel					
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line of Schedule D	5 17-24).	Complete Part X	616,625.	05	578,138.
	06				728,296.		715,581
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cho			, 20, 250.	20	,15,501
es		and complete lines 27, 28, 32, and 33.	eur nere				
anc	27				2,158,120.	27	1,982,192.
Sala	27	Net assets without donor restrictions			2,130,120.	27	1,502,152
ΒĘ	28	Net assets with donor restrictions				20	
Fur		Organizations that do not follow FASB ASC s	500, CNE				
P	00	and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2,158,120.	31	1,982,192.
Ž	32	Total net assets or fund balances			2,158,120.	32 33	2,697,773.
	33	Total liabilities and net assets/fund balances			2,000,410.	বর	Form 990 (2020

Form **990** (2020)

032011 12-23-20

Form	1 990 (2020) J STREET	26-150	7828	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,609		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,785		
3	Revenue less expenses. Subtract line 2 from line 1	3	-175		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,158	3,1	20.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,982	2,1	92.
Pa	rt XII 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
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			
	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2020)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Na

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

nlover identification mber

Name of the organization		Employer Identification nul
J	STREET	26-1507828
Organization type (check	one):	
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2020)	
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J STREET

Employer identification number

26 - 1507828

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$165,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$52,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$49,234.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>27,610.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (202	20)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$ <u></u> 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14		- \$ <u>18,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>18</u>		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020))
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$12,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22		\$10,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$10,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (202	20)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$7,759.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
023452 11-25	D-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020))
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
<u> </u>	Name, address, and ZIP + 4	Total contributions \$ 6,210.	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32		\$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33		\$ <u>5,675.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34		\$ <u>5,356.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35		\$5,273.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36		\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
023452 11-25	j-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)		

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020	J)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37		\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B	(Form 990,	990-EZ, or	990-PF)	(2020)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
43		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
45		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
46		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
47		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF)	(2020)
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate)

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art III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional sp	hrough (e) and the following line en aritable, etc., contributions of \$1,000 o	thy For organiz	ations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
 		(e) Transfer of gi		
-	Transferee's name, address, and	1 ZIP + 4	Relatio	nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gi		nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gi		nship of transferor to transferee
a) No. from	(b) Purpose of gift			(d) Description of how gift is held
Part I				
-	Transferee's name, address, and	(e) Transfer of gi 1 ZIP + 4		nship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization			E	mployer identification nu	mber
	J STREE	IT.			26-1507828	
Pa	art I-A Complete if the or	ganization is exempt unde	r section 501(c) o	or is a section 52	7 organization.	
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures			► \$ <u>513,8</u> 2,3	<u>37.</u> 00.
Pa	art I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).		
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	-	\$	0.
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955		►\$	0.
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes	No
4a	Was a correction made?				🗆 Yes 🗌	No
k	If "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	•		_
	Enter the amount directly expende				\$	0.
2	Enter the amount of the filing organ		-			•
	exempt function activities				\$	0.
3	Total exempt function expenditure					
	line 17b			 	►\$	
4	Did the filing organization file Form					_ No
5	Enter the names, addresses and e made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organiza separate political orga	ation's funds. Also ent nization, such as a se	er the amount of political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's contributions received	d and tly rate on.

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 J					1507828 Page 2
Part II-A Complete if the orga section 501(h)).	anization is e	xempt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
	on belongs to an	affiliated group (and list	in Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	of excess lobby	ng expenditures).			
B Check ▶ ☐ if the filing organizati	on checked box	A and "limited control" p	rovisions apply.		
	s on Lobbying Ex tures" means a	openditures nounts paid or incurrec	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opini	on (grassroots lobbying)			
b Total lobbying expenditures to influe	ence a legislative	body (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures	3				
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter			r i i i i i i i i i i i i i i i i i i i		
If the amount on line 1e, column (a) or	(b) is: The	lobbying nontaxable ar	nount is:		
Not over \$500,000	20%	of the amount on line 1	e.		
Over \$500,000 but not over \$1,000	000 \$10),000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50		5,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,0	00,000 \$22	5,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero			Г		
i Subtract line 1f from line 1c. If zero			F		
j If there is an amount other than zero					•
reporting section 4911 tax for this y	ear?				🗌 Yes 🗌 No
		Averaging Period Unde			
(Some organizations the		n 501(h) election do no parate instructions for l	-	of the five columns	below.
	Lobbying Ex	penditures During 4-Ye	ear Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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					
		-		Sahadula C (Ear	m 990 or 990-E7) 202

Schedule C (Form 990 or 990-EZ) 2020

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)	
f 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)? a Modia advartigements? 				
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		ł		
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), sect 501(c)(6).	ion 501(c)(5)	, or se	ction	
<u> </u>			Yes	No
		1	X	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 				x
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree. 		3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No" OR (I	o) Part		e 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit	ical			
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		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information		5		
			10/0	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou Instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ip list); Part II-A,	lines i a	ina 2 (See	
PART $I-A$, LINE 1:				
	SING EXP	ENSE	OF A	

RELATE TO THE ADMINISTRATIVE SUPPORT OF THE 527.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Name of the organization

J STREET

Employer identification number 26-1507828

Par			er Similar Fund	s or Acco	ounts.Complete if the)
	organization answered "Yes" on Form 990, Part IV, lin	ie o. (a) Donor adv	ised funds	(b) F	unds and other accour	its
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 v		s held in donor advi	sed funds		
-	are the organization's property, subject to the organization's	-			Yes	
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?			· ·		No No
Par						
1	Purpose(s) of conservation easements held by the organizati	-		,		
	Preservation of land for public use (for example, recrea			f a historica	Illy important land area	
	Protection of natural habitat	, 			historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conse	ervation easement on th	e last
_	day of the tax year.				Held at the End of the	
а	Total number of conservation easements			28		
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					<u> </u>
	Number of conservation easements included in (c) acquired a				,	
u	listed in the National Register	,			4	
3	Number of conservation easements modified, transferred, rel					
5	year	leased, extil iguisiled,	or terminated by th	e organizat	ion during the tax	
4	Number of states where property subject to conservation east	comont is located				
4 5	Does the organization have a written policy regarding the per					
5	violations, and enforcement of the conservation easements if				Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
U		nanuling of violations	, and enforcing con		asements during the ye	Jai
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations and	l onforcing conson	ation opeon	onte during the year	
'	Amount of expenses incurred in monitoring, inspecting, mance	and the second		allon easen	nents duning the year	
8	Does each conservation easement reported on line $2(d)$ above	a satisfy the requirer	nonte of soction 170)(h)(4)(B)(i)		
0	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservati					
9	balance sheet, and include, if applicable, the text of the footr		•			
		iote to the organization	SI S III AICAI SLALEII			
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art. Historical	Treasures, or C	ther Sin	nilar Assets	
1 41	Complete if the organization answered "Yes" on Form	•				
10	If the organization elected, as permitted under FASB ASC 95		rovopuo statomont	and halana	a aboat works	<u> </u>
Id		•				
	of art, historical treasures, or other similar assets held for put					
I 4	service, provide in Part XIII the text of the footnote to its finar				a a truculuar a f	
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education	i, or research in furt	nerance of	public service,	
	provide the following amounts relating to these items:			•	٨	
	(i) Revenue included on Form 990, Part VIII, line 1				• \$	
c	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of art, historical tre			ai gain, prov	viae	
	the following amounts required to be reported under FASB A	-			•	
	Revenue included on Form 990, Part VIII, line 1				► \$	
	Assets included in Form 990, Part X			🕨	► \$ 	
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 9	990) 2020
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-	dule D (Form 990) 2020 J STREE						26-15			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historica	I Treasures, o	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any c	f the following tha	it make si	ignificant (use of its			
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research	e	e 🛄 Other_							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how they furt	her the organizati	on's exen	npt purpo	se in Par	t XIII.		
5										
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organ	zation answered '	"Yes" on	Form 990	, Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							1	_	٦
	on Form 990, Part X?						L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					•		
								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII] D
Par										
		(a) Current year	(b) Prior yea				ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourient your					Suro Suon	(0) 1 001	youro	buon
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1g, colu	mn (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are h	eld and administe	ered for th	ne organiz	ation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedu	e R?				3b		
4	Describe in Part XIII the intended uses of the		owment funds.							
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 990								
	Description of property	(a) Cost or o basis (investr		Cost or other asis (other)	. ,	cumulate preciation	d	(d) Boo	k valu	e
1a	Land									
	Buildings				-	1.0				
с	Leasehold improvements			461,750.	1	.42,34	£5.	31	9,4	05.
d	Equipment									
	Other							~ 4	<u> </u>	<u>~ -</u>
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B),	line 10c.)				31	9,4	05.

Schedule D (Form 990) 2020

Part VII I	Investments -	Other S	Securities.
------------	---------------	---------	-------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Forn	1 990, Part X, line 15.
(a) Description	(b) Book value
(1) DUE FROM RELATED PARTY	360,502.
(2) SECURITY DEPOSITS	88,142.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 448,644.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. Se	e Form 990, Part X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	578,138.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 J STREET		20	6-1	507828 Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With R	evenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	<u>_</u>		
1	Total revenue, gains, and other support per audited financial statements			1	2,613,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,352.		
е	Add lines 2a through 2d			2e	4,352.
3	Subtract line 2e from line 1			3	2,609,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			ŀc	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,609,303.
	rt XII Reconciliation of Expenses per Audited Financial St			etur	
	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With E	xpenses per R	etur	'n.
	rt XII Reconciliation of Expenses per Audited Financial St	atements With E	xpenses per R	etur	
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With E	xpenses per R		'n.
P a 1	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	atements With E	xpenses per R		'n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	atements With E ne 12a.	xpenses per R		'n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	atements With E ne 12a.	xpenses per R		'n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	atements With E ne 12a.	xpenses per R		n. 2,789,583.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	4,352.		n. 2,789,583. 4,352.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	4,352.	1	n. 2,789,583.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	4,352.	1 2e	n. 2,789,583. 4,352.
Pa 1 2 a b c d 3	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	4,352.	1 2e	n. 2,789,583. 4,352.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, Iir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	4,352.	1 2e	n. 2,789,583. 4,352.
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, Iir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	4,352. 4	1 2e	n. 2,789,583. 4,352. 2,785,231. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	4,352. 4	1 2e 3	n. 2,789,583. 4,352.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2020, J STREET HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED AS EXPENSES IN FINANCIAL

4,352.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,

PART VIII, LINE 10B.

032054 12-01-20

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Schedule D (Form 990) 2020 J STREET	26-1507828 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD REPORTED AS EXPENSES IN FINANCIAL	4,352.
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,	
PART VIII, LINE 10B.	
	Schedule D (Form 990) 2020

032055 12-01-20

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	20	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Denar	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			mber
		J STREET	26-1	L50782	8	
Ра	rt I Question	s Regarding Compensation				
	o , , , ,				Yes	No
a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments I Health or social club dues or initiation fee spending account Personal services (such as maid, chauffer				
			ir, chei)			
h	If any of the hoves	on line 1a are checked, did the organization follow a written policy regarding payment or				
, N	,	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-		ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	deces, and emet					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization?	s			
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	X Form 990 of c		ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	ce payment or change-of-control payment?		4a		X
b		ceive payment from a supplemental nonqualified retirement plan?				X
С	Participate in or red	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
	contingent on the			_		v
						X X
b		ration?		5b		
~		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	on			
-	contingent on the	0		6.		x
a b		ration?				X
a		ration? or 6b, describe in Part III.		6b		
7			e			
'		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
0		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
Ũ		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2020
			001100			,

Schedule J (Form 990) 2020

26-1507828

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(l)-(U)	reported as deferred on prior Form 990
(1) JEREMY BEN-AMI	(i)	314,154.	0.	0.	3,413.	19,224.	336,791.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JESSICA SMITH	(i)	201,436.	0.	0.	3,413.	19,224.	224,073.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ADEE TELEM	(i)	160,502.	0.	0.	3,656.	18,581.	182,739.	0.
VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DYLAN WILLIAMS	(i)	150,696.	0.	0.	3,790.	18,581.	173,067.	0.
SVP, POLICY AND STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATE PRESS	(i)	140,074.	0.	0.	3,588.	18,723.	162,385.	0.
VP, ENGAGEMENT AND PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL YU	(i)	130,342.	0.	0.	2,259.	19,207.	151,808.	0.
VP, FINANCE & ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.

Supplemental Information to Form 990 or 990-EZ



26-1507828

J STREET

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JEWISH AMERICANS AND AMPLIFYING THE PUBLIC'S VOICE.

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, IT IS 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.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
J STREET	26-1507828

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

THE PRESIDENT'S COMPENSATION IS DETERMINED BY A COMPENSATION COMMITTEE THAT

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; INDIVIDUAL REQUESTS

ARE CONSIDERED ON THEIR MERITS.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service			AB No. 1544 202 pen to P Inspecti	O ublic					
Name of the organiza	ution J STREET	► Go to www.irs.gov/Form990				Em	nployer identifi 26-15078	cation n	
Part I Identifica	tion of Disregarded Entities. Compl	ete if the organization answered "Ye	s" 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 c foreign country)	(d) Total inco	(e) End-of-year a	assets	Direct o	(f) controlling ntity)
		-							
		-							
	tion of Related Tax-Exempt Organi ons during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	because it had one	or more	e related tax-exe	empt	
	(a) me, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f) ct controlling entity	cont	g) 512(b)(13) rolled ity? No
J STREET EDUCATI P.O. BOX 66073 WASHINGTON, DC	ON FUND - 20-2777557 20035	ADVOCACY AND EDUCATION	NEW YORK	501(C)(3)	LINE 7 J	U STRE	ET	X	NO
J STREET PAC - 2 P.O. BOX 33106 WASHINGTON, DC		POLITICAL ACTION	DISTRICT OF COLUMBIA	527	N/A J	STRE	ET	x	
		_							

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

Schedule R (Form 990) 2020

	(-)	()->	(-)	(_n	1	(-)		(6)		(m)	/				(3		•
		(b) Primary activity	(C) Legal	(d) Direct controlling		(e) nant income		(f) e of total		(g) are of	(h) Disproportio		(i) Code V-U	IRI	(j) General or	(k) Percer	ntane
of related organization		T finally activity	domicile (state or	entity	(related.	unrelated.	income		end-of-year		ar allocation		a mount in h		managing partner?	owner	rship
			foreign country)		sections	om tax under 512-514)			as	sets	Yes	No	K-1 (Form 1	065)			
		-															
		-															
		-															
		-															
		-															
		-															
Part IV	dentification of Related Or organizations treated as a co	ganizations Taxable	as a Corpo	oration or Trust. Co	omplete if t	he organizati	ion ansv	vered "Yes	s" on Fo	rm 990 P	art IV	lina 3/	1 hacquea it	had c	one or m	ore rela	ated
		rporation or trust duri	ng the tax	year.	-				5 01110	1111 000, 1	artry,		+, because it	nuu u			
	-	orporation or trust duri	ng the tax	-		-		-)
	(a) Name, address, and E	IN		(b)	(c)	(d) Direct cont	trolling	(e) Type of) entity	(f Share d) of total		(g) Share of	Per	(h) centage) ion)(13)
	(a)	IN		(b)	(C) egal domicile (state or foreign	(d)	trolling	(e) Type of (C corp, S) entity S corp,	(f) of total		(g)	Per	(h)	(i) Secti 512(b) contro entit	
	(a) Name, address, and E	IN		(b)	(c) Legal domicile (state or	(d) Direct cont	trolling	(e) Type of) entity S corp,	(f Share d) of total		(g) Share of end-of-year	Per	(h) centage	(i) Secti 512(b) contro entit) ion (13) olled ty? No
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	(a) Name, address, and E	IN		(b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f Share d) of total		(g) Share of end-of-year	Per	(h) centage	(i) Secti 512(b) contro entit	
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	(a) Name, address, and E	IN		(b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f Share d) of total		(g) Share of end-of-year	Per	(h) centage	(i) Secti 512(b) contro entit	
	(a) Name, address, and E	IN		(b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f Share d) of total		(g) Share of end-of-year	Per	(h) centage	(i) Secti 512(b) contro entit	
	(a) Name, address, and E	IN		(b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f Share d) of total		(g) Share of end-of-year	Per	(h) centage	(i) Secti 512(b) contro entit	
	(a) Name, address, and E	IN		(b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f Share d) of total		(g) Share of end-of-year	Per	(h) centage	(i) Secti 512(b) contro entit	
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	(a) Name, address, and E	IN		(b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f Share d) of total		(g) Share of end-of-year	Per	(h) centage	(i) Secti 512(b) contro entit	
	(a) Name, address, and E	IN		(b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f Share d) of total		(g) Share of end-of-year	Per	(h) centage	(i) Secti 512(b) contro entit	

Schedule R (Form 990) 2020 J STREET

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
	Gift, grant, or capital contribution to related organization(s)	1b		X		
	Gift, grant, or capital contribution from related organization(s)	1c		X		
	Loans or loan guarantees to or for related organization(s)	1d		X		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p	1	X		
q	Reimbursement paid by related organization(s) for expenses	1q	X			
r	Other transfer of cash or property to related organization(s)	1r		X		
s	Other transfer of cash or property from related organization(s)	1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) J STREET EDUCATION FUND	N	118,209.	PERCENTAGE OF LABOR HOURS
(2) J STREET EDUCATION FUND	0	3,615,555.	PERCENTAGE OF LABOR HOURS
(3) J STREET EDUCATION FUND	Q	127,782.	PERCENTAGE OF LABOR HOURS
(4)			
(5)			
(6)	40		0.4.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.

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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)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	(F Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partn	al or F ging er?	(k) Percentage ownership
		oodinity)	Sections 312-314)	Yes I	No			Yes	No	(101111003)	Yes	NO	

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

032165 10-28-20