

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2021

Deserved (see	
Prepared for	J STREET PO BOX 66073 WASHINGTON, DC 20035
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form	g	9	0
Form	\mathbf{v}	J	v

** 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)



Dep Inte	partment o ernal Reve	of the Treasury nue Service	Arice Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection			
Α	For the	e 2021 calend	ar year, or tax year beginning and	d ending				
В	Check if applicab	le: C Name of	organization		D Employer identificati	on number		
	Addre	je J ST	REET					
	Name	e Doing b	usiness as		26-1507828			
	Initial return Final return	, PO B		Room/suite		07		
	termir ated Amen return	City or to ded אס כט		•	G Gross receipts \$ H(a) Is this a group return	2,893,412.		
	Applic tion pendi	F Name a			for subordinates?	Yes X No		
ī	Tax-ex	empt status:	501(c)(3) X $501(c)(4) < (insert no.)$ 4947(a)(1)) or 52 ⁻				
			JSTREET.ORG	/				
_				L Yea				
_	Part I					Ū		
-	1	Briefly describ	e the organization's mission or most significant activities: SEE	PART	III, LINE 1.			
D C		-						
Activities & Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispo	osed of mor	re than 25% of its net asset	S.		
0 Ve	3	Number of vot	ting members of the governing body (Part VI, line 1a)			24		
ڻ م	4					23		
se	5					81		
viti	6					1100		
\cti	7a					0.		
	b					0.		
					Prior Year	Current Year		
Ð	8	Contributions	and grants (Part VIII, line 1h)		2,602,752.	2,887,474.		
enu	9		© Inservice Co to www.irs.gov/Form990 for instructions and the latest information. Inspection 021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number J STREET Doing business as 26-1507828 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 66073 City or town, state or province, country, and ZIP or foreign postal code G cross receipts 3 2,893,412. WASHINGTON, DC 20035 H(a) Is this a group return for subordinates included? Yes No P Name and address of principal officer:JEREMY BEN-AMI SAME AS C ABOVE H(b) Are all subordinates included? Yes No MWW.JSTREET.ORG mstart.org H(c) Group exemption number Mo MWW.JSTREET.ORG H(c) Group exemption number Mo Maintary Association Other L Year of formation: 2007 M State of legal domicile: DC Mummary if the organization is significant activities: SEE PART IIII, LINE 1. 4 where of voting members of the governing body (Part VI, line 1a) 3 24 umber of independent voting members of the governing body (Part VI, line 2a) 5					
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		-			
Π	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,609,303.	2,890,512.		
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	• •		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10))	2,109,778.	2,199,538.		
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.		
ăx	b		ng expenses (Part IX, column (D), line 25) 🕨 390 , C					
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		675,453.	639,410.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,785,231.	2,838,948.		
	19	Revenue less	expenses. Subtract line 18 from line 12		-175,928.	51,564.		
Net Assets or	ICE			В	eginning of Current Year	End of Year		
set	20	Total assets (F			2,697,773.	2,688,067.		
tAS	ⁿ 21	Total liabilities	(Part X, line 26)		715,581.	654,311.		
N ²	22	Net assets or	fund balances. Subtract line 21 from line 20		1,982,192.	2,033,756.		

art II | Signature Block

Τ.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JEREMY BEN-AMI, PRESIDENT	Date
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	RICHARD J. LOCASTRO, CPA Rectord b. Locastro.	11/14/22 if self-employed P00288314
Preparer	Firm's name 🕒 GELMAN, ROSENBERG & FREEDMAN	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 If	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	19-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

	990 (2021) J STREET 26-150	7828	Page
Par	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Σ
1	Briefly describe the organization's mission:		
	TO PROMOTE MEANINGFUL AMERICAN LEADERSHIP TO ADVANCE JEWISH AN		<u></u>
	DEMOCRATIC VALUES AT HOME AND ABROAD AND TO PROMOTE A PEACEFUL		
	AND JUST RESOLUTION TO THE ISRAELI - PALESTINIAN CONFLICT THRC		
	USE OF COALITION BUILDING, MOBILIZING PUBLIC OPINION ONLINE, E	NGAGI	NG
2	Did the organization undertake any significant program services during the year which were not listed on the		XN
	prior Form 990 or 990-EZ?	⊥ Yes	
•	If "Yes," describe these new services on Schedule O.		XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of the section 501(c)(4) organizations are required to report the amount of grants are required to report the amount of		
	revenue, if any, for each program service reported.	sxpenses,	anu
4a	(Code:) (Expenses \$ 2,176,984. including grants of \$) (Revenue \$		
та	PROMOTED MEANINGFUL AMERICAN LEADERSHIP TO ADVANCE JEWISH AND		
	DEMOCRATIC VALUES AND TO REACH A PEACEFUL, VIABLE AND JUST RES	OLUTI	ON
	TO THE ISRAELI -PALESTINIAN CONFLICT THROUGH THE USE OF COALIT		
	BUILDING, MOBILIZING PUBLIC OPINION ONLINE, ENGAGING YOUNGER J		
	AMERICANS AND AMPLIFYING THE PUBLIC'S VOICE.		
4b	(Code:) (Expenses \$) (Revenue \$)		
4c			
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,176,984.		
		Form 9	90 (20
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	2		
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Form 990 (2021) J STREET
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	А
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," 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			v
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	л	
iza	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		X
	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	4.4%		x
1E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign 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	13		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? <i>If</i> "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	Form 990 (2	2021)	J	STREET
ĺ	Part IV	Checklist	of Requ	iired Schedules (continued)

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 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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			v
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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	r T		
		4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	x	
10000	(gambling) winnings to prize winners?	1 c		l (2021)
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2021)	J	STREET		2
Sta	atements Rega	arding Other IRS	S 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 81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 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		
0	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{12b}$	12a		
ы 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <u>N/A</u> If "Yes," complete Form 6069.	17		
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Form 990 (2021)

Part V

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ra	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	h		7828		Pac
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	-		a "No"	respo	ons
						[
	Check if Schedule O contains a response or note to any line in this Part VI					
ec	tion A. Governing Body and Management					-
			24	1	Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	24	<u>+</u>		
	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.		0.1			
b	5 , , , 1	1b	23	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with a	iny other			
	officer, director, trustee, or key employee?			2		1
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision			I
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	s filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Ι
6	Did the organization have members or stockholders?			6	Х	T
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					1
	more members of the governing body?			7a	x	
b				1.4	- <u>-</u>	┫
D.				7b		
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hy tha	following	10		+
8				•	x	l
	The governing body?			8a	X	╉
b	Each committee with authority to act on behalf of the governing body?			8b		┦
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)			_
					Yes	_
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	e filing the form?	11a	X	Ι
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
						Ī
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
l2a b	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to confl	icts?			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>	e to confl ⁄es," des	icts? sc <i>ribe</i>	12b	X	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yoon Schedule O how this was done	e to confl ⁄es, " des	icts? scribe	12b 12c	X X	
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b c 3 4 5 6a b 6a b jec 7	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risus Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filled CA , IL , MA , NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explair</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be DANIEL YU - (202)204 -8001	e to confl /es, " des al by inc al by inc ment wi ate its pa nization and 990- on Sch onflict o	icts? scribe dependent th a articipation 's T (section 501(c)(nedule O) f interest policy, a	12b 12c 13 14 15a 15b 16a 16a 3)s only	X X X X X	
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Part VII	Compensation of Officers,	Directors , Trustee	s, Key Employees,	Highest Compensated
	Employees, and Independe	ent 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 X

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C		npei	iout	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per					than is bot		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			en sat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ul trus	nal tr		loyee	duo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	Officer	Key	Hig em I	For			
(1) JEREMY BEN-AMI	40.00									
PRESIDENT		Х		Х				333,011.	0.	26,643.
(2) ADEE TELEM	40.00									
SVP, DEVELOPMENT						Х		162,070.	0.	28,746.
(3) DYLAN WILLIAMS	40.00									
SVP, POLICY AND STRATEGY						Х		154,835.	0.	27,956.
(4) KATE PRESS	40.00									
VP, ENGAGEMENT AND PROGRAMS		1				Х		148,740.	0.	27,379.
(5) GAL PELEG	40.00									
NATIONAL DIRECTOR OF ENGAGEMENT		1				Х		148,469.	0.	10,542.
(6) DANIEL YU	40.00									
VP, FINANCE & ADMINISTRATION				Х				131,387.	0.	24,110.
(7) SHAINA WASSERMAN	40.00									
VP, COMMUNAL RELATIONS						Х		117,616.	0.	10,005.
(8) ALAN SOLOMONT	3.00									
CHAIR		Х		Х				0.	0.	0.
(9) PETER FREY	3.00									
VICE CHAIR AND CHAIR ELECT		Х		Х				0.	0.	0.
(10) KENNETH BOB	3.00								_	_
TREASURER		Х		Х				0.	0.	0.
(11) ALEXANDRA STANTON	3.00								_	_
CHAIR EMERITUS		х						0.	0.	0.
(12) NANCY BECKER	3.00								0	•
DIRECTOR		X						0.	0.	0.
(13) NANCY BERNSTEIN	3.00									•
DIRECTOR		х						0.	0.	0.
(14) NANCY BUCK	3.00									
DIRECTOR		х						0.	0.	0.
(15) LARRY GELLMAN	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(16) VIRGINIA GORDON	3.00								_	_
DIRECTOR		х						0.	0.	0.
(17) KERI HAUSNER	3.00							_	_	-
DIRECTOR		Х						0.	0.	0.
132007 12-09-21						7				Form 990 (2021)

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	STREET									26-15	07	828	P	age 8
Part VII Section A. Officers, Di	irectors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title		(B) Average hours per week	box offi	not c , unle	(C Posi theck r ss per nd a di	i tion more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	I	an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	5/	fr org and	pensa om th anizat d relat anizati	e tion ted
(18) SYLVIA KAPLAN DIRECTOR		3.00	x						0.		ο.			0.
(19) JONATHAN KOPP DIRECTOR		3.00	x						0.		ο.			0.
(20) CHARLES KREMER DIRECTOR		3.00	x						0.		ο.			0.
(21) BEN LINDER DIRECTOR		3.00	x						0.		0.			0.
(22) JUDSON MINER		3.00	x						0.		0.			0.
DIRECTOR (23) NANCY REICHMAN		3.00												
DIRECTOR (24) DIANA SHAW CLARK		3.00	X						0.		0.			0.
DIRECTOR (25) WILLIAM SINGER		3.00	X						0.		0.			0.
DIRECTOR (26) PHYLLIS SNYDER		3.00	X						0.		0.			0.
DIRECTOR 1b Subtotal			X						0.		0.	15	5,3	0. 81.
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VI	I, Section A							0.1,196,128.		0.	15	5,3	0.
2 Total number of individuals (in compensation from the organ	ncluding but n													10
- · · ·	·	-1											Yes	No
3 Did the organization list any f line 1a? If "Yes," complete Sc	hedule J for s	uch individual								-		3		х
4 For any individual listed on lin and related organizations gre		-		-						the organization		4	X	
5 Did any person listed on line rendered to the organization?		-				-						5		x
Section B. Independent Contract 1 Complete this table for your f		mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comp	pens	ation f	rom	
the organization. Report com	pensation for								n the organization's tax					
Name	(A) and business	address	N	ONI	Ξ				(B) Description of s	ervices	С	(C ompei		'n
2 Total number of independent \$100,000 of compensation from	om the organi	zation 🕨				(0			nore than				
SEE PART VII, 132008 12-09-21			ΓII	NUZ	ATI	101	N S	SHI	EETS			Form	990 (2021)

Part VII Section A. Officers, Director	rs, Trustees, Key E	mple	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ľ		((D)	(E)	(F)
Name and title	Average			Pos		I		Reportable	Reportable	Estimated
	hours	(c	hecł				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensatio
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	or di	ee			sated		(W-2/1099-MISC)		organization
	organizations	rustee	l trust		ee	npen:				and related organizations
	below	d ual t	itiona		nploy	st cor	-			organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) ROBERT STEIN	3.00	-	_		_	-	-			
DIRECTOR		x						0.	0.	(
28) JUDITH STEINBERG	3.00							•••		
DIRECTOR		x						0.	0.	(
29) MICHAEL YOUNG	3.00	<u> </u>								`
DIRECTOR		x						0.	0.	(
30) MARK ZIVIN	3.00									
DIRECTOR		x						0.	0.	(
		<u> </u>								
		1								
		1								
		1								
		1								
		1								
	1	-								

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		(2021) J STREET			26-1507	828 Page 9
Pa	rt VI					
		Check if Schedule O contains a response or note to any lir	ne in this Part VIII (A)	(B)	(C)	[]
			Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1 a	a Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b]			
ts, Arr	c	o	-			
Gif	c	Related organizations 11	-			
Sir	e	3 ()	-			
her	Т	All other contributions, gifts, grants, and similar amounts not included above 1f 2,887,474.				
i d li		Image: Similar amounts not included above Image: Similar amounts not included in lines 1a-1f Image: Similar amounts not included in lines 1a-1f Image: Similar amounts not included in lines 1a-1f				
anc	-	Total. Add lines 1a-1f	2,887,474.			
		Business Code				
e	2 8	a				
ervi	k	·				
m S ven	C					
Program Service Revenue	C					
Pro	e f					
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	3,541.			3,541.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties (i) Real (ii) Personal				
	6.		-			
	U Z					
	c					
	c	Net rental income or (loss)				
	7 a	a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a	4			
ø	k	• Less: cost or other basis				
venue		and sales expenses 7b 7c 7c	-			
۵U		Net gain or (loss)				
Other R		a Gross income from fundraising events (not				
₹		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18	-			
		Less: direct expenses Net income or (loss) from fundraising events				
	ن م	a Gross income from gaming activities. See				
		Part IV, line 19 9a				
	k	b Less: direct expenses 9b				
	c	Net income or (loss) from gaming activities				
	10 a	a Gross sales of inventory, less returns				
		and allowances 10a 2,397. Less: cost of goods sold 10b 2,900.	-			
		J	-503.			-503.
		Net income or (loss) from sales of inventory Business Code	505.			505.
Miscellaneous Revenue	11 a					
ane	k					
Sevel 1	c	;				
Mis	c					
		Total. Add lines 11a-11d	2,890,512.	0.	0.	3,038.
13200	12	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,			Form 990 (2021)

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	990 (2021) J STREET	~~		26-15	07828 Page 10
	t IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	omolete column (A)	
.011	Check if Schedule O contains a respon		-		
	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	expenses
•	and domestic governments. See Part IV, line 21				
<u>^</u>	Grants and other assistance to domestic				
2					
~	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,	170 000	02 000	62 102	22 222
_	trustees, and key employees	170,000.	83,080.	63,183.	23,737.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			04 472	100 040
7	Other salaries and wages	1,653,273.	1,385,958.	84,473.	182,842.
8	Pension plan accruals and contributions (include	4 - 0 4 0	20 205	1 7 0 0	4 000
_	section 401(k) and 403(b) employer contributions)	45,948.	39,305. 152,021.	1,723. 5,712.	4,920. 21,027.
9	Other employee benefits	178,760.	152,021.	5,712.	21,027.
0	Payroll taxes	151,557.	124,368.	10,844.	16,345.
1	Fees for services (nonemployees):				
а	Management				
b	Legal	43,755.		43,755.	
С	Accounting	34,828.		34,828.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	168,368.	155,541.	23.	12,804.
2	Advertising and promotion				
3	Office expenses	18,982.	15,580.	2,556.	846.
4	Information technology	10,056.	8,143.	773.	1,140.
5	Royalties				
6	Occupancy	146,546.	118,670.	11,261.	16,615.
7	Travel	1,206.	1,135.	15.	56.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,263.	3,420.	226.	1,617.
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	41,662.	33,737.	3,201.	4,724.
3	Insurance	12,271.	9,937.	943.	1,391.
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DIRECT MAIL	79,281.			79,281.
b	DGTL LIST BUILD/SOCIAL	42,306.	42,306.		
с	MERCHANT FEES	22,147.			22,147.
d	PAYROLL PROCESSING FEES	6,890.		6,890.	
е	All other expenses	5,849.	3,783.	1,526.	540.
25	Total functional expenses. Add lines 1 through 24e	2,838,948.	2,176,984.	271,932.	390,032.
26	Joint costs. Complete this line only if the organization				

Total functional expenses. Add lines 1 through 24e 25 26 $\ensuremath{\textit{Joint costs}}$. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. _____ if following SOP 98-2 (ASC 958-720) Check here

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		Check if Schedule O contains a response or not	e to anv lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	4	Cash pap interact bearing			640,923.	1	897,106.
	1	Cash - non-interest-bearing			1,107,549.	2	859,595.
	2	Savings and temporary cash investments			127,535.		215,831
	3	Pledges and grants receivable, net			127,333.	3	213,031
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst				_	
	•	controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
	_	under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			53,717.	8	
`	9	Prepaid expenses and deferred charges			55,/1/.	9	96,650.
	10a	Land, buildings, and equipment: cost or other		461 750			
		basis. Complete Part VI of Schedule D		461,750.	210 405		
		Less: accumulated depreciation		184,006.	319,405.	10c	277,744.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			110 611	14	
	15	Other assets. See Part IV, line 11			448,644.	15	341,141
	16	Total assets. Add lines 1 through 15 (must equa			2,697,773.	16	2,688,067
	17	Accounts payable and accrued expenses		······ _	134,800.	17	122,553
	18	Grants payable		·····		18	
	19	Deferred revenue			2,643.	19	0 .
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	Schedule D		21	
es	22	Loans and other payables to any current or form	ner officer,	director,			
Ē		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons	;		22	
-	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to r	related third			
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
		of Schedule D			578,138.		531,758.
	26	Total liabilities. Add lines 17 through 25			715,581.	26	654,311.
		Organizations that follow FASB ASC 958, che	ck here 🕽	X			
š		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,982,192.	27	2,033,756.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9					
ĩ		and complete lines 29 through 33.					
ō s	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,982,192.	32	2,033,756.
-	33	Total liabilities and net assets/fund balances			2,697,773.		2,688,067.
	-				- •		Form 990 (202 ⁻

Form **990** (2021)

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Form	1 990 (2021) 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	2,890		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,838	3,9	<u>48.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,982	2,1	92.
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	2,033	3,7	56.
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 on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	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 Sc				
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		3 b		

Form **990** (2021)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

26-1507828

(⊦orm	990)	

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

J STREET

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), 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* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
J STR	EET		26-1507828
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
1		\$800,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
2		\$170,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
3		\$70,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
4		\$50,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
5		\$46,5	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
<u> </u>	1.21	\$35,0	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Page 2

Schedule E Name of or	3 (Form 990) (2021) rganization	Emplo	Page 2 yer identification number
J STRI	-		-1507828
Part I	Contributors (see instructions). Use duplicate copies of Part I if a		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,000.	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		\$27,500.	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
9	Name, audress, and ZiF + 4	\$\$	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
		\$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
11		\$22,750.	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
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021) rganization	En En	Page 2 Pag
J STR		•	26-1507828
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	i	()
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$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		\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions \$15,000	Type of contribution 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		\$13,200	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
17		\$12,000	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
18		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Schedule E Name of or	3 (Form 990) (2021)	Employ	Page 2 rer identification number
	-		
J STRI Part I	Contributors (see instructions). Use duplicate copies of Part I if ac		-1507828
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			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
20			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
		\$10,000.	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			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
			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			Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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	B (Form 990) (2021) rganization	Emp	Page 2 loyer identification number
J STR	Contributors (see instructions). Use duplicate copies of Part I if		6-1507828
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,000.	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		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule E Name of or	B (Form 990) (2021)		Page 2
	-		
J STR			26-1507828
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad (b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributio	
		\$5,2	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
32		\$5,(Person X Payroll
(a) No.	(b)	(c) Total contributio	(d) Type of contribution
33	Name, address, and ZIP + 4		Person X Payroll Image: Second and a contribution OOO. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Dns Type of contribution
34		\$5,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Dns Type of contribution
35		\$5,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
36		\$5,0	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

	B (Form 990) (2021) rganization	l Fi	Page 2 nployer identification number
		L.	
J STR			26-1507828
Part I	Contributors (see instructions). Use duplicate copies of Part I if a		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$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
38		\$5,000	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
39	Name, address, and ZIP + 4	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u>		\$5,000	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
1		\$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
<u>42</u> 123452 11-11	1.21	\$5,000) - Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021) rganization	IF	Page 2 Employer identification number	
J STR	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	26-1507828	
(a) No.	(b) Name, address, and ZIP + 4	.,		
<u>43</u>		\$5,00	0. 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		\$5,00	0. 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		\$5,00	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>46</u>		\$5,00	0. 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	
		\$5,00	0. 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	
<u>48</u> 123452 11-11	1.21	\$5,00	0 . Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)	

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	B (Form 990) (2021)		Page
Name of or	rganization		Employer identification number
J STRI	EET		26-1507828
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	d.
(a) No. from Part I	(b) FMV (o Description of noncash property given (See in		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

Schedule B (Form 990) (2021)

Name of o	organization			Employer identification number
J STR	EET			26-1507828
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional copies of Part III if additiII if additiII if additional	a) through (e) and the following line , charitable, etc., contributions of \$1,000	entry For or	D1(c)(7), (8), or (10) that total more than \$1,000 for the year ganizations e year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
<u></u>				
		(e) Transfer of		
	Transferee's name, address, a			lationship of transferor to transferee
(a) No. from				(a) Decoviation of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	and ZIP + 4	Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	and ZIP + 4	Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferrazio nome address	(e) Transfer of		lationship of transforms to transforms
	Transferee's name, address, a		<u>ne</u>	lationship of transferor to transferee
123454 11-1	1-21			Schedule B (Form 990) (2021)

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SCHEDULE C	Po	olitical Campaign a	and Lobbyir	ng Activities		OMB No. 1545-0047
(Form 990)	 (Form 990) 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. 				2021	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i			30-LZ.	Open to Public Inspection
		n Form 990, Part IV, line 3, or Fo			aign Ag	· · · ·
-		nplete Parts I-A and B. Do not con				cuvities), then
	•	01(c)(3)) organizations: Complete	•	v. Do not complete Par	t I-B.	
 Section 527 organiz 						
-	-	n Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, I	line 47 (Lobbying Acti	vities),	then
-		have filed Form 5768 (election un				
 Section 501(c)(3) or 	ganizations that	have NOT filed Form 5768 (election	on under section 501	(h)): Complete Part II-B	. Do not	t complete Part II-A.
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 5 (Proxy	r Tax) (See separate	instructions) or Form	n 990-E	Z, Part V, line 35c (Proxy
Tax) (See separate ins	tructions), then					
	i), or (6) organiza	tions: Complete Part III.				
Name of organization					Employ	er identification number
	J STREE					26-1507828
Part I-A Compl	ete if the org	ganization is exempt unde	er section 501(c)	or is a section 5	27 org	janization.
		zation's direct and indirect politica				FFF 160
2 Political campaign						555,162.
3 Volunteer hours for	r political campa	ign activities				0.
Part I-B Compl	ata if the or	ganization is exempt unde	r section 501(c)	(3)		
		incurred by the organization under			▶\$	0.
		incurred by organization manager				
		on 4955 tax, did it file Form 4720 f				
b If "Yes," describe i						
Part I-C Compl	ete if the org	ganization is exempt unde	er section 501(c)	, except section	501(c)	(3).
1 Enter the amount of	directly expende	d by the filing organization for sec	tion 527 exempt func	ction activities	▶\$	0.
2 Enter the amount of	of the filing organ	nization's funds contributed to oth	er organizations for s	section 527		
exempt function ac	ctivities				▶\$_	0.
3 Total exempt funct	ion expenditures	s. Add lines 1 and 2. Enter here an	id on Form 1120-POL	-,		
line 17b					▶\$_	
						Yes X No
		mployer identification number (EIN				
	-	ation listed, enter the amount paid				
		omptly and directly delivered to a additional space is needed, provide			eparate	segregated fund of a
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid fi filing organization		(e) Amount of political ontributions received and
				funds. If none, ente		promptly and directly
						delivered to a separate political organization.
						lf none, enter -0
						,

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 132041 11-03-21

Schedule C (Form 990) 2021

19041114 745960 20600

	STREET				507828 Page 2
Part II-A Complete if the organ	nization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).					
A Check ► if the filing organization	-	• • •	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share of B Check ► □ if the filing organization	, ,	• •	wisions apply		
	T CHECKEU DOX A a	na innited control pro	ovisions apply.	(a) Filing	(b) Affiliated group
	on Lobbying Expe ures" means amo	nditures unts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influer	nce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influer					
c Total lobbying expenditures (add line	s 1a and 1b)				
e Total exempt purpose expenditures (
f_Lobbying nontaxable amount. Enter t					
If the amount on line 1e, column (a) or (l		bying nontaxable am			
Not over \$500,000	-	the amount on line 1e.			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce			
Over \$17,000,000	\$1,000	•			
	φ1,000	,000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero c	, ,				+
i Subtract line 1f from line 1c. If zero o					
j If there is an amount other than zero reporting section 4911 tax for this year]	Yes No
		eraging Period Under	Section 501(h)	I	
(Some organizations that	made a section §		have to complete all	of the five columns b	pelow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

132042 11-03-21

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 e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount	
1	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?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities? Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5). or se	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				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 political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical				
	expenditure next year?		4			
-	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II	A, lines 1 a	and 2 (See		
	Ictions); and Part II-B, line 1. Also, complete this part for any additional information. TI-A, LINE 1:					
THE	E ORGANIZATION PAID THE ADMINISTRATIVE AND FUNDRAIS	ING EX	PENSE	OF A		
FEI	DERALLY REGISTERED, CONNECTED PAC, WHICH ARE NON-TA	XABLE	BECAU	SE THE	ΞY	

RELATED TO THE ADMINISTRATIVE SUPPORT OF THE 527.

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Schedule C (Form 990) 2021

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization J STREET Employer identification number 26-1507828

Par			s or A	.ccounts.Complete if t	ne
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(k	b) Funds and other account of the second se second second sec	unts
1	Total number at end of year				
	Aggregate value of contributions to (during year)				
	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	-			
	are the organization's property, subject to the organization's				└── No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferr	-	—
Par					└── No
		-	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organizat		a hiata	vicelly important land are	
	Preservation of land for public use (for example, recreation of natural habitat			prically important land are fied historic structure	а
	Preservation of open space		a certii	ned historic structure	
2	Complete lines 2a through 2d if the organization held a quali	fied concernation contribution in the form	of a aa	propriation apparent on	the last
2	day of the tax year.			Held at the End of t	
а	Total number of conservation easements			2a	
				2b	
c	Number of conservation easements on a certified historic str			2c	
	Number of conservation easements included in (c) acquired				
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re			ization during the tax	
	year 🕨		Ũ	0	
4	Number of states where property subject to conservation ea	sement is located ►			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements i	t holds?		Yes	🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,				year
	►				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion ea	sements during the year	
	▶\$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				└── No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents th	at describes the	
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or O	thor 9	Similar Assots	
1 41	Complete if the organization answered "Yes" on Form			ommar Assets.	
10	If the organization elected, as permitted under FASB ASC 95		and hal	anco shoot works	
ia	of art, historical treasures, or other similar assets held for pul				
	service, provide in Part XIII the text of the footnote to its final				
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:		lorarioe		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A		- /1		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form	990) 2021
132051	10-28-21				
		28			

	dule D (Form 990) 2021 J STREE			.		5-1507828 Page 2
	t III Organizations Maintaining C					
3	Using the organization's acquisition, access	ion, and other record	ds, check any of t	he following that	make significant us	e of its
	collection items (check all that apply):					
а	Public exhibition	C		exchange program		
b	Scholarly research	e	e L Other			
c	Preservation for future generations					
4	Provide a description of the organization's c					e in Part XIII.
5	During the year, did the organization solicit o					
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran					
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the organiza	ation answered "Y	es" on Form 990, F	Part IV, line 9, or
			diene feu eentuiken			
1a	Is the organization an agent, trustee, custod					Yes No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					Yes II No
a	In res, explain the arrangement in Part XIII	and complete the lo	nowing table.			Amount
•	Paginning balance				10	/ inount
	Beginning balance					
	Additions during the year					
f	Ending balance					
	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII					
Pa						
		(a) Current year	(b) Prior year			rs back (e) Four years back
1a	Beginning of year balance					
	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, colum	n (a)) held as:		
а	Board designated or quasi-endowment 🕨		_%			
b	Permanent endowment	%				
с	Term endowment	<u>%</u>				
	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 hel	d and administere	ed for the organizat	
	by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organization			R?		
4	Describe in Part XIII the intended uses of the		owment funds.			
Pa	t VI Land, Buildings, and Equipn			0	Devit V line 10	
	Complete if the organization answere					
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
с	Leasehold improvements			461,750.	184,000	5. 277,744.
d	Equipment					
	Other					
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), lir	ne 10c.)		▶ 277,744.

Schedule D (Form 990) 2021

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Part VII Investments - Other 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.

(a) Description	(b) Book value
(1) DUE FROM JSEF	259,271.
(2) SECURITY DEPOSITS	81,870.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 341,141.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	531,758.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	531,758.

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) 2021

132053 10-28-21

_	dule D (Form 990) 2021 J STREET				120/878	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	ı.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,893,	412.
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	2,900.			
е	Add lines 2a through 2d			2e		900.
3	Subtract line 2e from line 1			3	2,890,	512.
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			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,890,	512.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,841,	848.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)		2,900.			
е	Add lines 2a through 2d			2e	2, 2,838,	900.
3					0 0 0 0	010
	Subtract line 2e from line 1			3	2,838,	940.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,838,	940.
4 a	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			3	2,838,	940.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3	2,838,	940.
a	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	4a 4b		3 4c		0.
a b c 5	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 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	4a 4b			2,838,	0.
a b c 5	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	4a 4b		4c		0.

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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, 2021, 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

2,900.

#### STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,

PART VIII, LINE 10B.

132054 10-28-21

06 1505000

| Schedule D (Form 990) 2021 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 | 2,900.                     |
| STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,   |                            |
| PART VIII, LINE 10B.                                 |                            |
|                                                      |                            |
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|                                                      |                            |
|                                                      | Schedule D (Form 990) 2021 |

132055 10-28-21

19041114 745960 20600

| SCHED          | DULE J            | Compensation Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I           | OMB No. 1   | 1545-00 | 47       |
|----------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|---------|----------|
| (Form §        | 990)              | For certain Officers, Directors, Trustees, Key Employees, and Highest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 20          | 21      |          |
| -              | -                 | Compensated Employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | Ľυ          |         | 1        |
| Department     | of the Treasury   | <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | Open to     | Publ    | ic       |
| Internal Reve  | enue Service      | ► Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | Inspe       |         |          |
| Name of        | the organization  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employer id |             |         | mber     |
| Devit          |                   | J STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 26-1        | 50782       | 8       |          |
| Part I         | Question          | s Regarding Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |             |         | <u> </u> |
|                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             | Yes     | No       |
|                |                   | ate box(es) if the organization provided any of the following to or for a person listed on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 990,        |             |         |          |
| Part           |                   | line 1a. Complete Part III to provide any relevant information regarding these items.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |             |         |          |
|                | First-class or c  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |         |          |
|                | Travel for com    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |         |          |
|                |                   | ation and gross-up payments<br>spending account<br>Health or social club dues or initiation fees<br>Personal services (such as maid, chauffeu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |             |         |          |
|                | Discretionary     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ir, criei)  |             |         |          |
| <b>h</b> If an | w of the boxes    | on line 1a are checked, did the organization follow a written policy regarding payment or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |             |         |          |
|                | •                 | provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 1b          |         |          |
|                |                   | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |             |         |          |
|                | •                 | rs, including the CEO/Executive Director, regarding the items checked on line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | 2           |         |          |
|                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |         |          |
| 3 India        | cate which, if ar | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |             |         |          |
|                | Compensatior      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |         |          |
|                | Independent o     | compensation consultant Compensation survey or study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |         |          |
| X              |                   | ther organizations X Approval by the board or compensation of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ommittee    |             |         |          |
|                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |         |          |
| 4 Duri         | ng the year, dic  | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |             |         |          |
| orga           | anization or a re | lated organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |             |         |          |
| a Rece         | eive a severanc   | e payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 4a          |         | X        |
|                |                   | eive payment from a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |             |         | X        |
| <b>c</b> Part  | icipate in or rec | eive payment from an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | <b>4c</b>   |         | X        |
| lf "Y          | es" to any of lir | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |             |         |          |
|                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |         |          |
| -              |                   | ;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |             |         |          |
| -              | -                 | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on          |             |         |          |
|                | tingent on the r  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | -           |         | v        |
|                |                   | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |             |         | X<br>X   |
|                |                   | ation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 5b          |         |          |
|                |                   | or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |             |         |          |
|                |                   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o | חכ          |             |         |          |
|                | tingent on the n  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 6-          |         | x        |
|                |                   | ation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             |         | X        |
|                |                   | ation?<br>or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             |         |          |
|                |                   | 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        |
|                |                   | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |             |         |          |
|                |                   | prion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 8           |         | x        |
|                |                   | id the organization also follow the rebuttable presumption procedure described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |             |         | _        |
|                |                   | n 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 9           |         |          |
|                |                   | eduction Act Notice, see the Instructions for Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | ule J (Forn | n 990   | ) 2021   |
|                | -                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | •           |         |          |

19041114 745960 20600

Schedule J (Form 990) 2021

#### 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-MIS<br>compensation       | C and/or 1099-NEC                         | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|---------------------------------|------|--------------------------|-------------------------------------------|-------------------------------------------|----------------|-------------------------|------------------------------------|-------------------------------------------|
| (A) Name and Title              |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) JEREMY BEN-AMI              | (i)  | 333,011.                 | 0.                                        | 0.                                        | 6,300.         | 20,343.                 | 359,654.                           | 0.                                        |
| PRESIDENT                       | (ii) | 0.                       | 0.                                        | 0.                                        | 0.             | 0.                      | 0.                                 | 0.                                        |
| (2) ADEE TELEM                  | (i)  | 162,070.                 | 0.                                        | 0.                                        | 7,990.         | 20,756.                 | 190,816.                           | 0.                                        |
| SVP, DEVELOPMENT                | (ii) | 0.                       | 0.                                        | 0.                                        | 0.             | 0.                      | 0.                                 | 0.                                        |
| (3) DYLAN WILLIAMS              | (i)  | 154,835.                 | 0.                                        | 0.                                        | 7,200.         | 20,756.                 | 182,791.                           | 0.                                        |
| SVP, POLICY AND STRATEGY        | (ii) | 0.                       | 0.                                        | 0.                                        | 0.             | 0.                      |                                    | 0.                                        |
| (4) KATE PRESS                  | (i)  | 148,740.                 | 0.                                        | 0.                                        | 6,624.         | 20,755.                 |                                    | 0.                                        |
| VP, ENGAGEMENT AND PROGRAMS     | (ii) | 0.                       | 0.                                        | 0.                                        | 0.             | 0.                      |                                    | 0.                                        |
| (5) GAL PELEG                   | (i)  | 148,469.                 | 0.                                        | 0.                                        | 4,050.         | 6,492.                  |                                    | 0.                                        |
| NATIONAL DIRECTOR OF ENGAGEMENT | (ii) | 0.                       | 0.                                        | 0.                                        | 0.             | 0.                      |                                    | 0.                                        |
| (6) DANIEL YU                   | (i)  | 131,387.                 | 0.                                        | 0.                                        | 4,428.         | 19,682.                 | 155,497.                           | 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) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number 26 - 1507828

J STREET

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

YOUNGER 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. 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.

FORM 990, PART VII, SECTION A: PAYROLL REPORTING

J STREET EDUCATION FUND IS A NONPROFIT CORPORATION EXEMPT FROM FEDERAL

INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3); J

STREET IS A NONPROFIT CORPORATION EXEMPT UNDER IRC SECTION 501(C)(4).

THE TWO ORGANIZATIONS DO NOT MEET THE REQUIREMENTS TO BE REPORTED AS

"RELATED ORGANIZATIONS" PURSUANT TO FORM 990 REPORTING.

J STREET SHARES STAFF AND CERTAIN OTHER EXPENSES WITH THE EDUCATION FUND PURSUANT TO A WRITTEN COST-SHARING AGREEMENT. J STREET SERVES AS THE PAYROLL REPORTING AGENT FOR THE TWO ENTITIES, WITH ALL EMPLOYEES PAID BY J STREET. UNDER THE COST-SHARING AGREEMENT, J STREET EMPLOYEES CONDUCT ACTIVITIES ON BEHALF OF THE EDUCATION FUND, AND THE EDUCATION FUND PROMPTLY REIMBURSES J STREET FOR ALL ASSOCIATED EXPENSES, INCLUDING THE ALLOCABLE SHARE OF EMPLOYMENT TAXES.

 THE COMPENSATION REPORTED IN FORM 990, PART VII, SECTION A IS TOTAL

 132212 11-11-21
 Schedule O (Form 990) 2021

| Schedule O (Form 990) 2021        |                                   | Page <b>2</b>                             |
|-----------------------------------|-----------------------------------|-------------------------------------------|
| Name of the organization J STREET |                                   | Employer identification number 26-1507828 |
| REPORTABLE COMPENSATION,          | AS ISSUED BY THE 501(C)(4). THE F | PORTION OF                                |

OFFICER COMPENSATION REIMBURSED BY THE 501(C)(3) TO THE 501(C)(4) FOR

TIME SPENT ON 501(C)(3) ACTIVITY IS AS FOLLOWS:

|                  | HOURS/ | WEEK   | ALLOCATED  | COMPENSATIO | ON & BENEFI | ITS       |
|------------------|--------|--------|------------|-------------|-------------|-----------|
| NAME             | (C)(3) | (C)(4) | (C)(3)COMP | (C)(4)COMP  | (C)(3)BEN   | (C)(4)BEN |
| JEREMY BEN-AMI   | 27     | 13     | 223,117    | 109,894     | 17,851      | 8,792     |
| ADEE TELEM       | 27     | 13     | 108,587    | 53,483      | 19,260      | 9,486     |
| DYLAN WILLIAMS   | 24     | 16     | 92,901     | 61,934      | 16,774      | 11,182    |
| KATE PRESS       | 27     | 13     | 99,656     | 49,084      | 18,344      | 9,035     |
| GAL PELEG        | 27     | 13     | 99,474     | 48,995      | 7,063       | 3,479     |
| DANIEL YU        | 27     | 13     | 88,029     | 43,358      | 16,154      | 7,956     |
| SHAINA WASSERMAN | N 40   | 0      | 117,616    | 0           | 10,005      | 0         |

19041114 745960 20600

| SCHEDULE R<br>(Form 990)<br>Department of the Treasur<br>Internal Revenue Service |                                      | Related Organization<br>plete if the organization answere<br>A<br>Go to www.irs.gov/Form99 |                                                            | AB No. 1545<br><b>202</b><br>pen to Pi<br>Inspecti | <b>1</b><br>ublic                                         |         |                                        |                                    |       |
|-----------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|---------|----------------------------------------|------------------------------------|-------|
| Name of the organiz                                                               | zation<br>J STREET                   | · •                                                                                        |                                                            |                                                    |                                                           |         | nployer identifi<br>26-15078           |                                    | umber |
| Part I Identific                                                                  | ation of Disregarded Entities. Compl | ete if the organization answered "Y                                                        | es" on Form 990, Part IV, line 3                           | 3.                                                 |                                                           |         |                                        |                                    |       |
| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity     |                                      | (b)<br>Primary activity                                                                    | (c)<br>Legal domicile (state c<br>foreign country)         | or (d)<br>Total inco                               | (e)<br>me End-of-year a                                   | assets  | Direct o                               | <b>(f)</b><br>controlling<br>ntity | )     |
|                                                                                   |                                      | -                                                                                          |                                                            |                                                    |                                                           |         |                                        |                                    |       |
|                                                                                   |                                      |                                                                                            |                                                            |                                                    |                                                           |         |                                        |                                    |       |
|                                                                                   | ation of Related Tax-Exempt Organi   | zations. Complete if the organization                                                      | on answered "Yes" on Form 990                              | 0, Part IV, line 34, l                             | because it had one                                        | or more | e related tax-exe                      | empt                               |       |
| (a)<br>Name, address, and EIN<br>of related organization                          |                                      | <b>(b)</b><br>Primary activity                                                             | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section                      | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | Direc   | <b>(f)</b><br>ct controlling<br>entity | entity?                            |       |
| J STREET PAC -<br>P.O. BOX 33106<br>WASHINGTON, DC                                | 26-1471822<br>20035                  | POLITICAL ACTION                                                                           | DISTRICT OF COLUMBIA                                       | 527                                                |                                                           | STRE    | ET                                     | X                                  | No    |
|                                                                                   |                                      | -                                                                                          |                                                            |                                                    |                                                           |         |                                        |                                    |       |
|                                                                                   |                                      | -                                                                                          |                                                            |                                                    |                                                           |         |                                        |                                    |       |
|                                                                                   |                                      | _                                                                                          |                                                            |                                                    |                                                           |         |                                        |                                    |       |

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

Schedule R (Form 990) 2021

## Schedule R (Form 990) 2021 J STREET

| Part III Identification of Related Or organizations treated as a part of the second se |     |                          | ership. Complete i | f the organi                                                                                      | zation answe | ered "Ye | es" on Forr                        | n 990, F        | art IV, line                                    | e 34, b  | ecaus                     | e it had one o                                | or mor                                                         | re relate                                 | d             |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|--------------------|---------------------------------------------------------------------------------------------------|--------------|----------|------------------------------------|-----------------|-------------------------------------------------|----------|---------------------------|-----------------------------------------------|----------------------------------------------------------------|-------------------------------------------|---------------|------|
| (a) (b)<br>Name, address, and EIN<br>of related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | (state or entity foreign |                    | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) |              | Share    | (f)<br>Share of total<br>income    |                 | <b>(g)</b><br>Share of<br>end-of-year<br>assets |          | h)<br>ortionate<br>tions? | (i)<br>Code V-U<br>amount in I<br>20 of Scheo | UBI <sup>Ger</sup><br>box <sup>ma</sup><br>edule <sup>pa</sup> | (j)<br>General or<br>managing<br>partner? | owners        | tage |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | country)                 |                    | Sections                                                                                          | 5 5 12-5 14) |          |                                    |                 |                                                 | Yes      | No                        | K-1 (Form 1                                   | 065)                                                           | Yes No                                    |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
| Part IV Identification of Related Or organizations treated as a co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                          |                    | omplete if t                                                                                      | he organizat | ion ans  | wered "Yes                         | s" on Fo        | rm 990, P                                       | art IV,  | line 34                   | 4, because it                                 | had o                                                          | ne or m                                   | ore relat     | ted  |
| (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | (b)                      |                    | (c)                                                                                               | (d)          |          | (e)                                | )               | (f                                              | )        |                           | (g)                                           | (h)                                                            | (h)                                       | (i)<br>Sectio |      |
| Name, address, and E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EIN | Primary activity         |                    | Legal domicile                                                                                    | Direct cont  |          | Type of entity<br>(C corp, S corp, |                 | Share o                                         | of total |                           | Share of                                      | Perc                                                           | centage                                   | e 512(b)(13)  |      |
| of related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on  |                          |                    | (state or<br>foreign                                                                              | entity       | entity   |                                    | 5 corp,<br>ist) | inco                                            | me       |                           | end-of-year<br>assets                         | owr                                                            | nership                                   |               | ?    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    | country)                                                                                          |              |          |                                    | ,               |                                                 |          | _                         |                                               | _                                                              |                                           | Yes           | No   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          | _                         |                                               | _                                                              |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                          |                    |                                                                                                   |              |          |                                    |                 |                                                 |          |                           |                                               |                                                                |                                           |               |      |

### Schedule R (Form 990) 2021 J STREET

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

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                                                                                        |    | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 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  |
| b   | Gift, grant, or capital contribution to related organization(s)                                                                                                              | 1b |     | X  |
| с   | Gift, grant, or capital contribution from related organization(s)                                                                                                            | 1c |     | Х  |
|     | Loans or loan guarantees to or for related organization(s)                                                                                                                   | 1d |     | Х  |
|     | Loans or loan guarantees by related organization(s)                                                                                                                          | 1e |     | X  |
|     |                                                                                                                                                                              |    |     |    |
| f   | Dividends from related organization(s)                                                                                                                                       | 1f |     | X  |
| g   |                                                                                                                                                                              | 1g |     | Х  |
| 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 |     | Х  |
|     |                                                                                                                                                                              |    |     |    |
| k   | Lease of facilities, equipment, or other assets from related organization(s)                                                                                                 | 1k |     | X  |
| 1   | Performance of services or membership or fundraising solicitations for related organization(s)                                                                               | 11 |     | X  |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)                                                                                | 1m |     | Х  |
|     | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                                | 1n |     | Х  |
|     | Sharing of paid employees with related organization(s)                                                                                                                       | 10 |     | Х  |
|     |                                                                                                                                                                              |    |     |    |
| р   | Reimbursement paid to related organization(s) for expenses                                                                                                                   | 1p |     | X  |
| q   | Reimbursement paid by related organization(s) for expenses                                                                                                                   | 1q |     | X  |
|     |                                                                                                                                                                              |    |     |    |
| r   | Other transfer of cash or property to related organization(s)                                                                                                                | 1r |     | X  |
| s   | Other transfer of cash or property from related organization(s)                                                                                                              | 1s |     | Х  |
|     | 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)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-----------------------------------------|-------------------------------|----------------------------------------------|
| (1)                                 |                                         |                               |                                              |
| (2)                                 |                                         |                               |                                              |
| <u>(3)</u>                          |                                         |                               |                                              |
| <u>(</u> 4)                         |                                         |                               |                                              |
|                                     |                                         |                               |                                              |
| <u>(6)</u>                          | 11                                      |                               |                                              |

### Schedule R (Form 990) 2021 J STREET

#### 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)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are a<br>partners<br>501(c)<br>orgs. | II<br>sec.<br>(3)<br>? | <b>(f)</b><br>Share of<br>total<br>income | <b>(H</b><br>Dispr<br>tior<br>alloca | n)<br>opor-<br>iate<br>tions? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>Genera<br>manag<br>partne | al or F<br>ging<br>er? | <b>(k)</b><br>Percentage<br>ownership |
|--------------------------------------------|--------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------|-------------------------------------------|--------------------------------------|-------------------------------|-------------------------------------------------------------------------|----------------------------------|------------------------|---------------------------------------|
|                                            |                                | oodinity)                                                     | Sections 312-314)                                                                                 | Yes I                                       | No                     |                                           | Yes                                  | No                            | (101111003)                                                             | Yes I                            | NO                     |                                       |
|                                            |                                |                                                               |                                                                                                   |                                             |                        |                                           |                                      |                               |                                                                         |                                  |                        |                                       |
|                                            |                                |                                                               |                                                                                                   |                                             |                        |                                           |                                      |                               |                                                                         |                                  |                        |                                       |
|                                            |                                |                                                               |                                                                                                   |                                             |                        |                                           |                                      |                               |                                                                         |                                  |                        |                                       |
|                                            |                                |                                                               |                                                                                                   |                                             |                        |                                           |                                      |                               |                                                                         |                                  |                        |                                       |
|                                            |                                |                                                               |                                                                                                   |                                             |                        |                                           |                                      |                               |                                                                         |                                  |                        |                                       |
|                                            |                                |                                                               |                                                                                                   |                                             |                        |                                           |                                      |                               |                                                                         |                                  |                        |                                       |
|                                            |                                |                                                               |                                                                                                   |                                             |                        |                                           |                                      |                               |                                                                         |                                  |                        |                                       |
|                                            |                                |                                                               |                                                                                                   |                                             |                        |                                           |                                      |                               |                                                                         |                                  |                        |                                       |

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Part VII Supplemental Information

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

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