

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form sections B through M: B Check if applicable, C Name of organization (JEWISH FEDERATION OF GREATER SEATTLE), D Employer identification number (91-0575950), E Telephone number (206-443-5400), F Name and address of principal officer (NANCY B. GREER), G Gross receipts \$ (15,006,738), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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.

Signature and Preparer information: Sign Here (Signature of officer: NANCY B. GREER, PRESIDENT & CEO), Preparer (Name: SARAH B. HUANG, Date: 05/03/23, PTIN: P00745974), Firm's name (CLARK NUBER, P.S.), Firm's address (10900 NE 4TH STREET, SUITE 1400, BELLEVUE, WA 98004).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FEDERATION LEADS A STRONG JEWISH PUGET SOUND BY SERVING AS A COMMUNITY VOICE, STRENGTHENING CONNECTIONS TO ISRAEL AND WORLD JEWRY, AND MAKING INVESTMENTS IN JEWISH LIFE, FOR TODAY AND THE NEXT GENERATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,763,961. including grants of \$ 2,649,271.) (Revenue \$ 74,217.) COMMUNITY SERVICES: THE FEDERATION PROVIDES PROGRAMS AND SERVICES THAT SUPPORT LOCAL ORGANIZATIONS AND THE COMMUNITY AT LARGE. THE FEDERATION THROUGH ADVOCACY AND COALITION BUILDING, ADVOCATES FOR MORE EFFECTIVE POLICIES. THE GOVERNMENT AND COMMUNITY AFFAIRS TEAM EDUCATES LEGISLATORS ABOUT TOP PRIORITIES AND SUPPORTS THE NEEDS AND WORK OF OUR LOCAL JEWISH AGENCIES. THE JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) OF THE FEDERATION BRINGS TOGETHER AND MOBILIZES THE LOCAL JEWISH COMMUNITY ON CRITICAL ISSUES AMPLIFYING OUR COLLECTIVE VOICE FOR INSTITUTIONAL MEMBERS AND INDIVIDUAL LEADERS. THE JCRC FOSTERS MEANINGFUL RELATIONSHIPS AMONG DIVERSE ETHNIC, RACIAL, RELIGIOUS, AND INTEREST GROUPS; BUILDS COALITIONS BASED ON MUTUAL AREAS FOR ANTISEMITISM, RACISM, AND CIVIL RIGHTS; AND EDUCATES AND ADVOCATES TO ADVANCE JEWISH

4b (Code:) (Expenses \$ 2,031,410. including grants of \$ 825,449.) (Revenue \$ 149,056.) INVESTMENTS IN JEWISH LIFE: THE FEDERATION OFFERS PROGRAMMING TO INDIVIDUALS AND FAMILIES, PROVIDING EASY ENTRY POINTS TO JEWISH LIFE, AS WELL AS LEADERSHIP DEVELOPMENT. THE FEDERATION DOES THIS THROUGH PROGRAMS AND EXPERIENCES THAT PROVIDE OPPORTUNITIES WHERE COMMUNITY MEMBERS CAN MAKE PERSON-TO-PERSON CONNECTIONS WITHIN THEIR LOCAL COMMUNITIES. THESE PROGRAM INVESTMENTS INCLUDE: - PJ LIBRARY AND PJ OUR WAY, IN PARTNERSHIP WITH THE HAROLD GRINSPOON FOUNDATION, PROVIDE YOUNG FAMILIES BOOKS FREE OF CHARGE TO FOSTER JEWISH INVOLVEMENT AND CONNECTION. THROUGH PJ PROGRAMMING, FAMILIES CAN MEET ONE ANOTHER TO FORM CONNECTIONS THROUGH FUN AND WELCOMING IN-PERSON AND VIRTUAL EXPERIENCES.

4c (Code:) (Expenses \$ 1,044,526. including grants of \$ 712,054.) (Revenue \$ 33,000.) ISRAEL AND WORLD JEWRY: THE PROJECTS THE FEDERATION FUNDS OVERSEAS PROVIDE EDUCATION, FOOD FOR THE HUNGRY, HEALTH CARE FOR THE SICK, AND SUPPORT FOR ISRAELI IMMIGRANTS IN CRISIS. THROUGH FUNDING OF THE JEWISH AGENCY FOR ISRAEL (JAFI), THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC), AMERICAN FRIENDS OF LEKET ISRAEL, THE ETHIOPIAN NATIONAL PROJECT (ENP), TECH-CAREER, SHAHARIT, YEMEN ORDE/IMPACT ISRAEL, AND SELAH, THE FEDERATION SUPPORTS THE GLOBAL JEWISH COMMUNITY. THE FEDERATION HELPS AREA COMMUNITY MEMBERS MAKE MEANINGFUL CONNECTIONS TO ISRAEL THROUGH ITS ISRAELI EMISSARIES PROGRAM, TEEN ISRAEL SCHOLARSHIPS, THE HONEYMOON ISRAEL SEATTLE PROGRAM, AND LECTURES ON ISRAEL AND AMERICAN JEWRY IN THE PUGET SOUND REGION.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,839,897.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		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>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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 "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JEAN CALLAHAN - 206-443-5400
300 LENORA STREET, PMB 6074, SEATTLE, WA 98121

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY GREER PRESIDENT & CEO	60.00 1.00			X				249,869.	0.	41,408.
(2) SAMUEL KLEIN DIRECTOR OF JEWISH ENGAGEMENT	40.00					X		112,396.	0.	54,345.
(3) JEAN CALLAHAN DIRECTOR OF FINANCE	40.00					X		117,371.	0.	8,646.
(4) MAXIMA PATASHNIK DIRECTOR OF JCRC & GOV AFFAIRS	40.00					X		104,208.	0.	8,223.
(5) DAVID ISENBERG BOARD CHAIR	5.00	X		X				0.	0.	0.
(6) CARL BIANCO VICE CHAIR/PERSONNEL COMMITTEE	2.00	X		X				0.	0.	0.
(7) LISA BRASHEM VICE CHAIR/JEWISH PUGET SOUND CHAIR	2.00	X		X				0.	0.	0.
(8) ROBERT SPITZER VICE CHAIR	1.00	X		X				0.	0.	0.
(9) DAVID STIEFEL VICE CHAIR/FOUNDATION CHAIR	2.00	X		X				0.	0.	0.
(10) KEN RUDEE AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(11) LINDA CLIFTON AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(12) SARAH BODEN IMMEDIATE PAST BOARD CHAIR/NOM COMM	2.00	X		X				0.	0.	0.
(13) HART COLE SECRETARY	1.00	X		X				0.	0.	0.
(14) ALLIX DEGRAFF AT-LARGE BOARD MEMBER/SIF CHAIR	2.00	X						0.	0.	0.
(15) JONATHAN DUNN AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(16) MARLA DUNN AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(17) JOCELYN ISAACS AT-LARGE BOARD MEMBER/AUDIT CHAIR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM MOWAT JCRC CHAIR	5.00	X						0.	0.	0.
(19) PAUL NACAMULI TREASURER/ FISCAL MANAGEMENT CHAIR	2.00	X		X				0.	0.	0.
(20) GABRIEL SCHERZER ISRAEL & OVERSEAS CHAIR	2.00	X						0.	0.	0.
(21) BRAD SMITH AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(22) DANIEL STEIN AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(23) CAROL STOCKTON AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(24) CANTOR DAVID SERKIN-POOLE AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(25) JEFF SLOTNICK AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								583,844.	0.	112,622.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								583,844.	0.	112,622.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEI ONE FREEDOM DR, OAKS, PA 19456 REN, 8910 PURDUE RD, STE 500, INDIANAPOLIS, IN 46268	INVESTMENT MANAGEMENT	167,872.
	ENDOWMENT PLATFORM SERVICE	156,520.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	98,234.				
	d Related organizations	1d	529,830.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,450,789.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 575,267.				
	h Total. Add lines 1a-1f			5,078,853.			
Program Service Revenue	2 a DESIGNATED PRGM REV.	Business Code	900099	192,680.	192,680.		
	b FOUNDATION ADMIN FEES		900099	63,593.	63,593.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			256,273.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,850,794.		10,901.	1,839,893.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,815,249.			
			(ii) Other				
				711,733.	2,980.		
				7,103,516.	-2,980.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)			7,100,536.			7,100,536.	
8 a Gross income from fundraising events (not including \$ 98,234. of contributions reported on line 1c). See Part IV, line 18	8a						
			0.				
			18,802.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-18,802.			-18,802.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a TAX REFUND (990T)	Business Code	900099	5,338.		5,338.	
	b MISC. REVENUE		900099	231.		231.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			5,569.			
12 Total revenue. See instructions			14,273,223.	256,273.	10,901.	8,927,196.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,491,542.	2,491,542.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	341,581.	341,581.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,353,651.	1,353,651.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	298,560.	149,280.	44,784.	104,496.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,696,114.	1,205,483.	145,763.	344,868.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,712.	51,762.	5,798.	11,152.
9 Other employee benefits	176,688.	106,243.	31,266.	39,179.
10 Payroll taxes	133,665.	90,861.	12,918.	29,886.
11 Fees for services (nonemployees):				
a Management				
b Legal	749.	466.	273.	10.
c Accounting	75,542.	46,968.	27,540.	1,034.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	166,014.	166,014.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	96,055.	59,722.	35,018.	1,315.
12 Advertising and promotion	4,544.	2,381.	2,113.	50.
13 Office expenses	98,559.	35,733.	20,925.	41,901.
14 Information technology	87,514.	60,540.	9,974.	17,000.
15 Royalties				
16 Occupancy	173,501.	117,981.	19,085.	36,435.
17 Travel	91,042.	83,068.	4,057.	3,917.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	157,428.	139,459.	13,630.	4,339.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,363.	13,167.	2,130.	4,066.
23 Insurance	25,124.	12,002.	9,091.	4,031.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ENDOWMENT ADMIN FEES	138,307.	138,307.		
b DUES & SUBSCRIPTIONS	106,947.	104,078.	2,809.	60.
c TAXES & LICENSES	11,424.	7,808.	1,282.	2,334.
d _____				
e All other expenses _____	69,559.	61,800.	7,759.	
25 Total functional expenses. Add lines 1 through 24e	7,882,185.	6,839,897.	396,215.	646,073.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,748,019.	1	2,577,965.
	2 Savings and temporary cash investments	4,950,294.	2	5,459,122.
	3 Pledges and grants receivable, net	1,017,617.	3	834,175.
	4 Accounts receivable, net	58,421.	4	41,684.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	185,036.	9	84,974.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 595,475.		
	b Less: accumulated depreciation	10b 378,348.	234,847.	10c 217,127.
	11 Investments - publicly traded securities	77,959,554.	11	67,505,851.
	12 Investments - other securities. See Part IV, line 11	173,179.	12	139,821.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,597,195.	15	4,334,509.
16 Total assets. Add lines 1 through 15 (must equal line 33)	93,924,162.	16	81,195,228.	
Liabilities	17 Accounts payable and accrued expenses	254,500.	17	289,446.
	18 Grants payable	1,082,944.	18	1,312,073.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	6,874,951.	21	5,931,113.
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,297,922.	25	1,005,365.
	26 Total liabilities. Add lines 17 through 25	9,510,317.	26	8,537,997.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	62,065,220.	27	52,574,382.
	28 Net assets with donor restrictions	22,348,625.	28	20,082,849.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	84,413,845.	32	72,657,231.
33 Total liabilities and net assets/fund balances	93,924,162.	33	81,195,228.	

Part 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	14,273,223.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,882,185.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,391,038.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,413,845.
5	Net unrealized gains (losses) on investments	5	-18,356,916.
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	209,264.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,657,231.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,425,100.	4,206,644.	8,086,094.	4,831,979.	5,078,853.	35,628,670.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,425,100.	4,206,644.	8,086,094.	4,831,979.	5,078,853.	35,628,670.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,704,635.
6 Public support. Subtract line 5 from line 4.						25,924,035.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	13,425,100.	4,206,644.	8,086,094.	4,831,979.	5,078,853.	35,628,670.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,947,113.	3,888,529.	3,036,533.	2,438,635.	1,839,893.	14,150,703.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	435,394.		2,768.			438,162.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,039.	1,429.	713.		5,569.	11,750.
11 Total support. Add lines 7 through 10						50,229,285.
12 Gross receipts from related activities, etc. (see instructions)					12	1,374,737.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	51.61 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	50.20 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REFUNDS & REIMBURSEMENTS

2017 AMOUNT: \$ 3,914.

2018 AMOUNT: \$ 1,429.

2019 AMOUNT: \$ 713.

2021 AMOUNT: \$ 5,338.

OTHER INCOME

2017 AMOUNT: \$ 125.

2021 AMOUNT: \$ 231.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

JEWISH FEDERATION OF GREATER SEATTLE

Employer identification number

91-0575950

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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

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 ▶ \$ _____

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).

Name of organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 581,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 478,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 162,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 150,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 143,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 122,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 122,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 132,657.	07/27/21
6	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 150,200.	12/16/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">JEWISH FEDERATION OF GREATER SEATTLE</p>	Employer identification number <p style="text-align: center;">91-0575950</p>
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year 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					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		4,489.
e Publications, or published or broadcast statements?	X		712.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		92,225.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		2,449.
i Other activities?		X	
j Total. Add lines 1c through 1i			99,875.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ADVOCATE ON POLICY ISSUES OF TOP CONCERN TO THE JEWISH COMMUNITY,

INCLUDING HUMAN AND CIVIL RIGHTS, SOCIAL SERVICES, AND COMBATING

ANTI-SEMITISM AS WELL AS ON BEHALF OF LOCAL JEWISH AGENCIES. WE

ADVOCATE PRIMARILY AT THE STATE LEVEL AND DO NOT ADVOCATE FOR OR

AGAINST CANDIDATES - ONLY ISSUES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: JEWISH FEDERATION OF GREATER SEATTLE; Employer identification number: 91-0575950

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,920,845.	7,792,893.	7,917,279.	7,728,483.	6,839,975.
b Contributions	82,271.	172,615.	103,333.	136,839.	623,756.
c Net investment earnings, gains, and losses	-1,362,810.	2,335,672.	128,612.	394,555.	581,163.
d Grants or scholarships	418,324.	380,335.	356,331.	342,598.	316,411.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,221,982.	9,920,845.	7,792,893.	7,917,279.	7,728,483.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 95.0700 %
 - b** Permanent endowment 3.9230 %
 - c** Term endowment 1.0070 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		167,144.	167,144.	0.
d Equipment		236,331.	211,204.	25,127.
e Other		192,000.		192,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				217,127.

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) BENEFICIAL INTEREST IN CHARITABLE LEAD ANNUITY TRUST	4,334,509.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,334,509.

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) LIABILITY UNDER SPLIT INTEREST AGREEMENT	1,005,365.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,005,365.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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 IV, LINE 2B:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) REQUIRE THAT IF A NOT-FOR-PROFIT ORGANIZATION ESTABLISHES A DESIGNATED FUND AT A FEDERATED FUNDRAISING ORGANIZATION WITH ITS OWN FUNDS AND SPECIFIES ITSELF OR ITS AFFILIATE AS THE BENEFICIARY OF THAT DESIGNATED FUND, THE FEDERATED FUNDRAISING ORGANIZATION MUST ACCOUNT FOR THE TRANSFER OF SUCH ASSETS AS IF IT IS HOLDING THE FUNDS AS AN AGENT OF THE DONOR. ACCORDINGLY, THE TRANSFER IS INCLUDED IN THE FEDERATION'S ASSETS AND AN OFFSETTING LIABILITY IS CREATED IN AN AMOUNT EQUAL TO THE PRESENT VALUE OF FUTURE PAYMENTS EXPECTED TO BE MADE TO THE DESIGNATED BENEFICIARY.

PART V, LINE 4:

Part XIII Supplemental Information *(continued)*

WE INTEND TO USE THE FUNDS TO MAKE GRANTS FOR FUTURE NEEDS OF THE JEWISH

FEDERATION OF GREATER SEATTLE AND OTHER CHARITABLE, RELIGIOUS AND

EDUCATIONAL ORGANIZATIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	HONEYMOON ISRAEL SENDS PUGET SOUND YOUNG ADULT COUPLES TO TRAVEL TO ISRAEL IN ORDER TO	70,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	GRANTS TO RECIPIENTS IN THE REGION	872,636.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS	GRANTS TO RECIPIENTS IN THE REGION	475,515.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN THE REGION	GRANTS TO RECIPIENTS IN THE REGION	5,500.
3 a Subtotal	0	0			1,423,651.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,423,651.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	132,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	12,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	5,500.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	80,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	655,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **6**

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

JEWISH FEDERATION OF GREATER SEATTLE (JFGS) VERIFIES THAT ALL ORGANIZATIONS APPLYING FOR GRANTS HAVE A CURRENT 501(C)(3) STATUS WITH THE IRS. IN CERTAIN CASES, JFGS REQUIRES PERIODIC REPORTING FROM THE GRANTEE ON THE PROGRESS OF ESSENTIAL PROGRAMS AND PROJECTS.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR EXPENDITURES.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: HONEYMOON ISRAEL SENDS PUGET SOUND YOUNG ADULT COUPLES TO TRAVEL TO ISRAEL IN ORDER TO DEEPEN THEIR JEWISH IDENTITY.

PART III, COLUMN (A):

REGION: MIDDLE EAST AND NORTH AFRICA (A) TYPE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR JEWISH EDUCATION, INTERNATIONAL CAMPS, PROFESSIONAL DEVELOPMENT AWARDS AND PROGRAMS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		CONNECTIONS 2022 (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	98,234.			98,234.
	2 Less: Contributions	98,234.			98,234.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	3,600.			3,600.
	9 Other direct expenses	15,202.			15,202.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				18,802.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-18,802.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **JEWISH FEDERATION OF GREATER SEATTLE** Employer identification number **91-0575950**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICA GIVES P.O. BOX 3263 WASHINGTON, DC 20010	26-3383926	501(C)(3)	20,000.	0.			OPERATIONS SUPPORT
AMERICAN FRIENDS OF ITIM C/O KJ TECHNOLOGY, 247 WEST 36TH STREET, 5TH FLOOR - NEW YORK, NY 10018-7837	26-2249073	501(C)(3)	25,000.	0.			OPERATIONS SUPPORT
AMERICAN FRIENDS OF LEKET ISRAEL INC. - P.O. BOX 2090 - TEANECK, NJ 07666-1490	20-8202424	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H ST NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	58,840.	0.			OPERATIONS SUPPORT
AMERICAN JEWISH COMMITTEE MAIL CODE: 6760 P.O. BOX 7247 PHILADELPHIA, PA 19170-0001	13-5563393	501(C)(3)	5,690.	0.			OPERATIONS SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC - 220 E 42ND ST, STE 400 - NEW YORK, NY 10017	13-1656634	501(C)(3)	134,084.	0.			OPERATIONS SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	6,500.	0.			OPERATIONS SUPPORT
AMERICAN SOCIETY FOR TECHNION ISRAEL INSTITUTE OF TECHNOLOGY - 55 EAST 59TH ST - NEW YORK, NY 10022-1112	13-0434195	501(C)(3)	98,740.	0.			OPERATIONS SUPPORT
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158-3650	13-1818723	501(C)(3)	28,000.	0.			OPERATIONS SUPPORT
BROTHERS FOR LIFE 270 SOUTH HANFORD ST, #207 SEATTLE, WA 98134	91-2105756	501(C)(3)	6,800.	0.			OPERATIONS SUPPORT
CANCER LIFELINE OF KING COUNTY 6522 FREMONT AVE N SEATTLE, WA 98103-5358	91-6182951	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
CHABAD-LUBAVITCH OF GREATER SEATTLE - 3327 NE 125TH ST SUITE 101 - SEATTLE, WA 98125-4587	23-7416988	501(C)(3)	22,000.	0.			OPERATIONS SUPPORT
CHILDREN AND YOUTH JUSTICE CENTER 300 ELLIOTT AVE W, SUITE 360 SEATTLE, WA 98119	20-4457248	501(C)(3)	6,000.	0.			OPERATIONS SUPPORT
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL SUITE 200 BELLEVUE, WA 98007-6347	91-2036088	501(C)(3)	7,400.	0.			OPERATIONS SUPPORT
CONGREGATION BETH SHALOM 6800 35TH AVE NE SEATTLE, WA 98115	91-0830546	501(C)(3)	16,700.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION BIKUR CHOLIM MACHZIKAY HADATH - 5145 S MORGAN ST - SEATTLE, WA 98118-2901	91-0570858	501(C)(3)	7,053.	0.			OPERATIONS SUPPORT
CONGREGATION EZRA BESSAROTH 5412 WILSON AVE S SEATTLE, WA 98118-2522	91-0246244	501(C)(3)	31,186.	0.			OPERATIONS SUPPORT
DESERT CANCER FOUNDATION 74091 LARREA STREET PALM DESERT, CA 92260-4466	33-0648823	501(C)(3)	8,766.	0.			OPERATIONS SUPPORT
DOCTORS WITHOUT BORDERS USA INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	6,000.	0.			OPERATIONS SUPPORT
DOWN SYNDROME COMMUNITY 4746 11TH AVE NE, SUITE 102 SEATTLE, WA 98105	91-1565600	501(C)(3)	8,500.	0.			OPERATIONS SUPPORT
DREAMCOAT INITIATIVE 23128 75TH AVE W EDMONDS, WA 98026-8517	85-2059022	501(C)(3)	7,000.	0.			OPERATIONS SUPPORT
FARESTART 700 VIRGINIA STREET SEATTLE, WA 98101-1216	91-1546757	501(C)(3)	5,500.	0.			OPERATIONS SUPPORT
FRIENDS OF YAD SARAH 445 PARK AVENUE, SUITE 1702 NEW YORK, NY 10022	13-3106175	501(C)(3)	20,000.	0.			OPERATIONS SUPPORT
GRAYS HARBOR YMCA 2500 SIMPSON AVE HOQUIAM, WA 98550-3937	91-1984900	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEBREW FREE LOAN ASSOCIATION PO BOX 141 MERCER ISLAND, WA 98040-0141	91-6035624	501(C)(3)	6,005.	0.			OPERATIONS SUPPORT
HERZL-NER TAMID CONGREGATION 3700 E MERCER WAY MERCER ISLAND, WA 98040-3804	91-0254210	501(C)(3)	59,488.	0.			OPERATIONS SUPPORT
HIAS PO BOX 97077 WASHINGTON, DC 20090-7077	13-5633307	501(C)(3)	9,645.	0.			OPERATIONS SUPPORT
HILLEL FOUNDATION FOR JEWISH LIFE AT UW - 4745 17TH AVENUE NE - SEATTLE, WA 98105-4210	91-6067231	501(C)(3)	64,562.	0.			OPERATIONS SUPPORT
HILLEL OF WESTERN WASHINGTON UNIVERSITY - PO BOX 29058 - BELLINGHAM, WA 98228	91-1985903	501(C)(3)	7,000.	0.			OPERATIONS SUPPORT
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHTH STREET, NW - WASHINGTON, DC 20001	52-1844823	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
HOLOCAUST CENTER FOR HUMANITY 2045 2ND AVE SEATTLE, WA 98121-2205	91-1464233	501(C)(3)	62,470.	0.			OPERATIONS SUPPORT
HUALALAI OHANA FOUNDATION PO BOX 5227 KAILUA KONA, HI 96745	81-0570716	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
INSTITUTE FOR JEWISH IDEAS AND IDEALS - 2 WEST 70TH ST - NEW YORK, NY 10023-4601	26-0633946	501(C)(3)	15,000.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RESCUE COMMITTEE, INC. - P.O. BOX 6068 - ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	5,100.	0.			OPERATIONS SUPPORT
ISLAMORADA COMMUNITY ENTERTAINMENT INC - 111 INDIAN MOUND TRAIL - TAVERNIER, FL 33070	59-3814758	501(C)(3)	13,000.	0.			OPERATIONS SUPPORT
JEWICER COMMUNITY FUNDING 4647 KINGSWELL AVE LOS ANGELES, CA 90027	47-4096632	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
JEWISH DAY SCHOOL OF METROPOLITAN SEATTLE - 15749 NE 4TH STREET - BELLEVUE, WA 98008-4317	91-1085790	501(C)(3)	66,310.	0.			OPERATIONS SUPPORT
JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 98122-4000	91-0565537	501(C)(3)	407,007.	0.			OPERATIONS SUPPORT
KIDS CO. 2208 NW MARKET ST., #510 SEATTLE, WA 98107-4098	91-1450148	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
MAYDAY FOUNDATION 3403 STEAMBOAT ISLAND RD NW #337 OLYMPIA, WA 98502	82-3914026	501(C)(3)	18,097.	0.			OPERATIONS SUPPORT
MENACHEM MENDEL SEATTLE CHEDER 8511 15TH AVE NE SEATTLE, WA 98115	91-1962749	501(C)(3)	15,640.	0.			OPERATIONS SUPPORT
MINYAN OHR CHADASH 6721 51ST AVE S. SEATTLE, WA 98118	46-2975044	501(C)(3)	12,000.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOISHE HOUSE 5802 MONROE ROAD CHARLOTTE, NC 28212	26-2599786	501(C)(3)	7,000.	0.			OPERATIONS SUPPORT
NEGEV FOUNDATION 2121 SOUTH GREEN RD. SUITE #210 CLEVELAND, OH 44121	34-1690546	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
NEW ISRAEL FUND P.O. BOX 70358 PHILADELPHIA, PA 19176-0358	94-2607722	501(C)(3)	6,150.	0.			OPERATIONS SUPPORT
NORTHWEST FILM FORUM 1515 - 12TH AVENUE SEATTLE, WA 98112	91-1702331	501(C)(3)	6,800.	0.			OPERATIONS SUPPORT
NORTHWEST HARVEST P.O. BOX 12272 SEATTLE, WA 98102	91-0826037	501(C)(3)	23,490.	0.			OPERATIONS SUPPORT
NORTHWEST YESHIVA HIGH SCHOOL 5017 90TH AVENUE SE MERCER ISLAND, WA 98040-4709	91-1045815	501(C)(3)	59,315.	0.			OPERATIONS SUPPORT
PENN STATE HILLEL 114 - 117 PASQUERILLA SPIRITUAL CEN UNIVERSITY PARK, PA 16802	38-3829311	501(C)(3)	47,080.	0.			OPERATIONS SUPPORT
PIONEER HUMAN SERVICES 7440 WEST MARGINAL WAY S SEATTLE, WA 98108	91-0791552	501(C)(3)	21,000.	0.			OPERATIONS SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	5,113.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE HEBREW ACADEMY 1617 INTERLAKEN DR. E. SEATTLE, WA 98112-3499	91-0581660	501(C)(3)	67,048.	0.			OPERATIONS SUPPORT
SEATTLE JEWISH COMMUNITY SCHOOL 7217 WOODLAWN AVE NE SEATTLE, WA 98115	91-1484966	501(C)(3)	20,950.	0.			OPERATIONS SUPPORT
SEATTLE SEPHARDIC NETWORK 1218 3RD AVE W SEATTLE, WA 98119	47-5384364	501(C)(3)	5,500.	0.			OPERATIONS SUPPORT
SEATTLE THEATRE GROUP 911 PINE ST SEATTLE, WA 98101	94-3130227	501(C)(3)	6,100.	0.			OPERATIONS SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612-3050	94-6069890	501(C)(3)	7,500.	0.			OPERATIONS SUPPORT
STANDWITHUS NORTHWEST 1907 E. HIGHLAND DR. #7 SEATTLE, WA 98112-3546	01-0566033	501(C)(3)	25,000.	0.			OPERATIONS SUPPORT
STROUM JEWISH COMMUNITY CENTER 3801 E MERCER WAY MERCER ISLAND, WA 98040-3805	90-0953408	501(C)(3)	77,057.	0.			OPERATIONS SUPPORT
TEMPLE BETH HATFILOH 201 8TH AVE SE OLYMPIA, WA 98501-1305	91-6032512	501(C)(3)	11,760.	0.			OPERATIONS SUPPORT
TEMPLE B'NAI TORAH 15727 NE 4TH STREET BELLEVUE, WA 98008-4317	91-0848001	501(C)(3)	7,500.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE DE HIRSCH SINAI 1511 E PIKE ST SEATTLE, WA 98122-4127	91-0437430	501(C)(3)	34,956.	0.			OPERATIONS SUPPORT
THE FRIENDSHIP CIRCLE OF WASHINGTON - 2737 77TH AVE. SE SUITE 101 - MERCER ISLAND, WA 98040-2831	91-2173196	501(C)(3)	21,500.	0.			OPERATIONS SUPPORT
THE JEWISH FEDERATIONS OF NORTH AMERICA INC. - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004-1015	13-1624240	501(C)(3)	137,371.	0.			OPERATIONS SUPPORT
THE KLINE GALLAND CENTER 7500 SEWARD PARK AVE S SEATTLE, WA 98118-4247	91-1154904	501(C)(3)	67,795.	0.			OPERATIONS SUPPORT
T'RUAH 266 WEST 37TH STREET, SUITE 803 NEW YORK, NY 10018	45-0464545	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT
TRYBAL GATHERINGS 1867 BEACON ST, APT 2 BROOKLINE, MA 02445	82-2536308	501(C)(3)	7,500.	0.			OPERATIONS SUPPORT
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104-1702	91-0565555	501(C)(3)	71,870.	0.			OPERATIONS SUPPORT
UNIVERSITY OF WASHINGTON FOUNDATION - 4333 BROOKLYN AVE N.E. BOX 359505 - SEATTLE, WA 98195-9505	94-3079432	501(C)(3)	42,215.	0.			OPERATIONS SUPPORT
URJ CAMP KALSMAN 11410 NE 124TH ST, #622 KIRKLAND, WA 98034	13-1663143	501(C)(3)	7,500.	0.			OPERATIONS SUPPORT

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR JEWISH EDUCATION, DOMESTIC CAMPS, PROFESSIONAL DEVELOPMENT AWARDS AND ISRAEL PROGRAMS.	305	341,581.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

JEWISH FEDERATION OF GREATER SEATTLE (JFGS) VERIFIES THAT ALL ORGANIZATIONS

APPLYING FOR GRANTS HAVE A CURRENT 501(C)(3) STATUS WITH THE IRS. IN

CERTAIN CASES, JFGS REQUIRES PERIODIC REPORTING FROM THE GRANTEE ON THE

PROGRESS OF ESSENTIAL PROGRAMS AND PROJECTS.

PART II:

AMOUNTS INCLUDE GRANTS FROM DONOR ADVISED FUNDS, THE FEDERATION'S

ENDOWMENT FUNDS AND THE COMMUNITY CAMPAIGN.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

JEWISH FEDERATION OF GREATER SEATTLE

Employer identification number

91-0575950

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment? **4a**

b Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**

c Participate in or receive payment from an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? **5a**

b Any related organization? **5b**

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? **6a**

b Any related organization? **6b**

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		X
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY GREER PRESIDENT & CEO	(i)	242,201.	5,000.	2,668.	10,928.	30,480.	291,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SAMUEL KLEIN DIRECTOR OF JEWISH ENGAGEMENT	(i)	111,396.	1,000.	0.	3,781.	50,564.	166,741.	0.
	(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)							
	(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.

PART I, LINE 1A:

RABBI SAMUEL KLEIN RECEIVES A PARSONAGE ALLOWANCE THAT IS TREATED AS

NON-TAXABLE COMPENSATION.

PART I, LINE 7:

THE BOARD AWARDED THE PRESIDENT AND CEO A DISCRETIONARY BONUS BASED ON HER

CONTRACT AND OUTSTANDING PERFORMANCE. THE PRESIDENT AND CEO AWARDED ALL

EMPLOYEES A DISCRETIONARY \$1,000 BONUS WITH THE BOARD CHAIR APPROVAL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **JEWISH FEDERATION OF GREATER SEATTLE**
Employer identification number: **91-0575950**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	31	575,267.	NET PROCEEDS
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN SCHEDULE M, PART I, COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE YEAR.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION OF GREATER SEATTLE

Employer identification number

91-0575950

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

STRENGTHENING CONNECTIONS TO ISRAEL AND WORLD JEWRY, AND MAKING
INVESTMENTS IN JEWISH LIFE, FOR TODAY AND THE NEXT GENERATION.

FORM 990, PART I, LINE 6:

VOLUNTEERS SERVED ON THE BOARD OF DIRECTORS, VARIOUS COMMITTEES AND
ASSISTED WITH PROGRAMS AND FUNDRAISING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONCERNS IN THE PUBLIC ARENA. THE FEDERATION SERVES AS THE HUB OF SAFE
WASHINGTON, A PROGRAM THAT LEVERAGES ITS STRONG RELATIONSHIPS WITH LAW

ENFORCEMENT AGENCIES TO ALERT THE PARTICIPATING ORGANIZATIONS TO

THREATS AND OFFER PREPAREDNESS RESOURCES AND TRAINING, FREE OF CHARGE.

THE JEWISH COMMUNITY FOUNDATION OF GREATER SEATTLE (THE FOUNDATION), A
PROGRAM OF THE FEDERATION, IS SEATTLE'S JEWISH COMMUNITY FOUNDATION. AS

A PARTNER TO PHILANTHROPISTS AND JEWISH COMMUNAL ORGANIZATIONS, THE

FOUNDATION OFFERS SEVERAL DIFFERENT TYPES OF FUNDS, INCLUDING DONOR

ADVISED, SPECIAL PURPOSE, AGENCY CUSTODIAL, AND SCHOLARSHIP FUNDS. THE

FOUNDATION CURRENTLY ADMINISTERS SEPARATE FUNDS FOR THE COMMUNITY AND

THE FEDERATION. THESE FUNDS SUPPORT JEWISH AND SECULAR ORGANIZATIONS,

DISTRIBUTING GRANTS AND ALLOCATIONS IN THE PUGET SOUND REGION, THE

U.S., AND OVERSEAS. ANOTHER FEDERATION INITIATIVE, LIFE & LEGACY, IS A

PARTNERSHIP WITH THE HAROLD GRINSPOON FOUNDATION THROUGH WHICH THE

FEDERATION SUPPORTS JEWISH ORGANIZATIONS AS THEY IMPLEMENT THEIR LEGACY

SUSTAINABILITY PLANS AND MORE FULLY INTEGRATE AFTER-LIFETIME GIVING

INTO THEIR PHILANTHROPIC CULTURES. THE FEDERATION ALSO PROVIDES GRANTS

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

Schedule O (Form 990) 2021

Name of the organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
--	--

TO LOCAL ORGANIZATIONS AND SYNAGOGUES THROUGH ITS SPECIAL INITIATIVES

FUND. GRANTS INCLUDE 1) IGNITION GRANTS FOR NEW, ONE TIME, OR PILOT

PROJECTS; 2) SMALL AGENCY SUSTAINABILITY GRANTS, PROVIDING OPERATIONAL

SUPPORT FOR SMALL JEWISH AGENCIES; AND 3) WOMEN'S ENDOWMENT FUND

GRANTS, SUPPORTING PROGRAMS EMPOWERING AND IMPROVING THE LIVES OF WOMEN

AND GIRLS IN OUR REGION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- RESET AND REFRESH, A FEDERATION-DEVELOPED PROGRAM OFFERING YOUNG

COUPLES IN MIXED-HERITAGE RELATIONSHIPS THE OPPORTUNITY TO LEARN WITH

AND SOCIALIZE WITH THEIR PEERS.

- NEED-BASED SCHOLARSHIPS AND ONE HAPPY CAMPER INCENTIVE GRANTS TO AID

FAMILIES IN SENDING THEIR CHILDREN TO JEWISH OVERNIGHT SUMMER CAMP.

- TUITION ASSISTANCE TO FAMILIES WHO WANT TO SEND THEIR CHILDREN TO

JEWISH DAY SCHOOL.

- THE CARDOZO SOCIETY, AN AFFINITY GROUP FOR LEGAL PROFESSIONALS AND

STUDENTS. CARDOZO PROGRAMS INCLUDE CONTINUING EDUCATION COURSES, PRO

BONO INITIATIVES, JUDICIAL CANDIDATE RATINGS, AND NETWORKING

OPPORTUNITIES.

- LEADERSHIP DEVELOPMENT OPPORTUNITIES IN JEWISH PUGET SOUND THROUGH

THE NATIONAL YOUNG LEADERSHIP CABINET (NYLC), THE WEXNER HERITAGE

PROGRAM, THE SEATTLE NOWGEN GIVING CIRCLE, THE COURAGEOUS LEADERSHIP

INITIATIVE (CLI), AND THE NEWLY CREATED COURAGEOUS LEADERSHIP INCUBATOR

(INCUBATOR). INCUBATOR IS A SHARED LEARNING AND MENTORING PROGRAM IN

WHICH A COHORT OF UP-AND-COMING LEADERS DEEPEN THEIR UNDERSTANDING OF

OPPORTUNITIES AND CHALLENGES FACING JEWISH LIFE. AS PART OF THE

EXPERIENCE, INCUBATOR PARTICIPANTS SERVE AS NON-VOTING MEMBERS ON

BOARDS OF LOCAL JEWISH ORGANIZATIONS. THE FEDERATION BROUGHT THE CLI

Name of the organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
--	--

AND INCUBATOR PROGRAMS TO OUR COMMUNITY IN PARTNERSHIP WITH THE SHALOM

HARTMAN INSTITUTE OF NORTH AMERICA.

FORM 990, PART VI, SECTION A, LINE 2:

JONATHAN DUNN AND MARLA DUNN HAVE A FAMILY RELATIONSHIP.

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

A MEMBER SHALL BE ANY JEW OR ANYONE ASSOCIATED WITH THE JEWISH COMMUNITY
AND WHO MAKES A GIFT TO THE JEWISH FEDERATION OF GREATER SEATTLE. SUCH
PERSON SHALL BE A MEMBER FROM THE DATE THE PLEDGE IS ACCEPTED AND
THROUGHOUT THE CALENDAR YEAR SUCCEEDING THE CAMPAIGN YEAR FOR WHICH THE
PLEDGE IS MADE. MEMBERS VOTE ANNUALLY AT THE ANNUAL MEMBERSHIP MEETING TO
ELECT OFFICERS AND THE BOARD OF DIRECTORS.

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

MEMBERS VOTE ANNUALLY AT THE ANNUAL MEMBERSHIP MEETING TO ELECT OFFICERS
AND THE BOARD OF DIRECTORS.

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

MEMBERS VOTE ANNUALLY AT THE ANNUAL MEMBERSHIP MEETING TO ELECT OFFICERS
AND THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD HAS THE
ABILITY TO EXERCISE ALL THE POWERS AND AUTHORITIES OF THE BOARD OF
DIRECTORS IN EMERGENCIES OR WHEN THE CHAIR OF THE BOARD DEEMS IT
IMPRACTICAL TO CALL A SPECIAL MEETING OF THE BOARD OF DIRECTORS. THE
EXECUTIVE COMMITTEE ALSO HANDLES ANY MATTERS DEEMED HIGHLY SENSITIVE OR
THOSE REQUIRING A HIGH DEGREE OF CONFIDENTIALITY.

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

Name of the organization JEWISH FEDERATION OF GREATER SEATTLE	Employer identification number 91-0575950
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A DRAFT OF THE FORM 990 IS PRESENTED TO, AND REVIEWED BY, THE AUDIT

COMMITTEE AND THE FISCAL MANAGEMENT COMMITTEE OF THE BOARD. THE FORM 990

IS THEN FINALIZED AND A COPY WITH SCHEDULE B REDACTED IS PROVIDED TO THE

ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

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

THE BOARD OF DIRECTORS AND EXECUTIVE STAFF ARE ASKED TO COMPLETE A CONFLICT

OF INTEREST DISCLOSURE FORM ANNUALLY AND THEY ARE REVIEWED BY THE OFFICE OF

THE CEO. CIRCUMSTANCES THAT COULD LEAD TO OR PRESENT A POTENTIAL CONFLICT

OF INTEREST ARE BROUGHT TO THE AUDIT COMMITTEE AND THEN TO THE BOARD OF

DIRECTORS AS ARE ANY ACTUAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICT

WOULD BE ADDRESSED BY THE BOARD OF DIRECTORS. IF A CONFLICT DOES EXIST,

BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES FROM THE ROOM AND NOT VOTE ON

THE MATTER IN QUESTION. THE BOARD PERIODICALLY RECEIVES TRAINING IN THE

AREA OF NON-PROFIT GOVERNANCE.

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

THE PERSONNEL COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE CEO

COMPENSATION CONTRACT TO ENSURE REASONABLENESS BY COMPARING DATA FROM

SIMILAR POSITIONS LOCALLY AND WITHIN THE FEDERATION SYSTEM. THE CEO

CONTRACT WAS APPROVED IN 2022 FOR A TWO-YEAR TERM (JULY 1, 2022 - JUNE 30,

2024).

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **JEWISH FEDERATION OF GREATER SEATTLE** Employer identification number **91-0575950**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DAVID & CATHY HABIB FOUNDATION - 91-2091080 300 LENORA STREET, PMB 6074 SEATTLE, WA 98121	MAKING GRANTS TO CHARITABLE, RELIGIOUS AND EDUCATIONAL ORGANIZATIONS.	WASHINGTON	501(C)(3)	11A	JEWISH FEDERATION OF GREATER SEATTLE	X	
SAMUEL ISRAEL FOUNDATION - 86-1064950 300 LENORA STREET, PMB 6074 SEATTLE, WA 98121	MAKING GRANTS TO CHARITABLE, RELIGIOUS AND EDUCATIONAL ORGANIZATIONS.	WASHINGTON	501(C)(3)	11A	JEWISH FEDERATION OF GREATER SEATTLE	X	
JEWISH DAY SCHOOL SUPPORTING FOUNDATION - 91-1932440, 300 LENORA STREET, PMB 6074, SEATTLE, WA 98121	PROVIDE FUNDING FOR MAINTENANCE FOR THE JEWISH DAY SCHOOL FACILITY.	WASHINGTON	501(C)(3)	11B	JEWISH FEDERATION OF GREATER SEATTLE		X

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

Schedule R (Form 990) 2021

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

