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TIN: 41-0693887 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the 2021 c	alendar year, or tax year beginning 05-01-2021 , and ending 04	-30-2022				
	ck if applicable:	C Name of organization THE UNITED JEWISH FUND AND COUNCIL	D Employer	D Employer identification number			
_	dress change me change	JEWISH FEDERATION OF GREATER ST PAUL	41-06938	387			
	tial return	Doing business as					
_	al return/terminated	ST PAUL JEWISH FEDERATION		E Talanka a			
☐ Am	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone	number		
O Ap	plication pending	790 SOUTH CLEVELAND AVENUE 227		(651) 690	0-1707		
		City or town, state or province, country, and ZIP or foreign postal code ST PAUL, MN 55116					
				G Gross rece		573,234	
		F Name and address of principal officer: TED FLAUM		Is this a group retu	ırn for		
		790 SOUTH CLEVELAND AVENUE 227		subordinates? Are all subordinates	c	☐Yes ✓No	
T Tax	-exempt status:	ST PAUL, MN 55116	┦ `´	included?		☐ Yes ☐No	
		✓ 501(c)(3)		If "No," attach a lis			
J W	ebsite: > WW	/W.JEWISHSTPAUL.ORG	П(С)	Group exemption n	umber	•	
			I Year o	f formation: 1935	VI State (of legal domicile:	
K Forn	n of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L rear o		4N	or regar dormene.	
Pa	rt I Sum	mary					
		scribe the organization's mission or most significant activities:					
Ψ	TO UNITE	, SUSTAIN AND ENHANCE THE ST. PAUL JEWISH COMMUNITY.					
ä							
E	-						
Governance	2 Check th				1 _ 1		
		of voting members of the governing body (Part VI, line 1a)			3	26	
Activities &		of independent voting members of the governing body (Part VI, line 1b)			4	26	
Ě		nber of individuals employed in calendar year 2021 (Part V, line 2a) .			5	14	
CT.		nber of volunteers (estimate if necessary)			6	95	
⋖		elated business revenue from Part VIII, column (C), line 12			7a	0	
	b Net unre	lated business taxable income from Form 990-T, Part I, line 11	<u> </u>	 	7b	0	
				Prior Year		Current Year	
2		tions and grants (Part VIII, line 1h)		3,431,81	_	3,397,926	
Revenue	_	service revenue (Part VIII, line 2g)		95,53		196,793	
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)		690,85		692,618	
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4 210 20	0	4 207 227	
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,218,20		4,287,337	
		nd similar amounts paid (Part IX, column (A), lines 1–3)	<u> </u>	2,086,06	0/	1,937,534	
		paid to or for members (Part IX, column (A), line 4)			0	0	
88	-	other compensation, employee benefits (Part IX, column (A), lines 5–10))	646,15		698,072	
Expenses		onal fundraising fees (Part IX, column (A), line 11e)			0	0	
쫎		raising expenses (Part IX, column (D), line 25) >204,824		F0.4.40	_	101.010	
Shaked.		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		531,48		491,210	
	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	3,263,70		3,126,816	
. 00	19 Kevenue	less expenses. Subtract line 18 from line 12		954,50		1,160,521	
Net Assets or Fund Balances			Begi	nning of Current Yea	ar	End of Year	
aaa	20 Total ass	ets (Part X, line 16)		18,989,28	35	18,383,479	
t As		ilities (Part X, line 26)	 	2,195,25	_	1,950,732	
25		ts or fund balances. Subtract line 21 from line 20	<u> </u>	16,794,02		16,432,747	
Pa		ature Block	<u> </u>			-,,	

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

e	Ì								
Expense	16a	Profe	ssional fundraising fees (Part IX, colu	mn (A), line 11e)	•			0	0
ě	b T	Total f	undraising expenses (Part IX, column (D),	line 25) 204,824					
ш	17 (Other	expenses (Part IX, column (A), lines	53	1,487	491,210			
	18 T	Total	expenses. Add lines 13–17 (must equ		3,26	3,706	3,126,816		
	19 F	Reve	nue less expenses. Subtract line 18 fr	rom line 12			95	4,501	1,160,521
Net Assets or Fund Balances						Begin	ning of Curren	t Year	End of Year
ets lan			(D 1) (1)				10.00	0.205	10.202.470
Ass Ba			assets (Part X, line 16)		•			9,285	18,383,479
and a			liabilities (Part X, line 26)					5,257	1,950,732
Zű	22 N	Net a	ssets or fund balances. Subtract line	21 from line 20	•		16,79	4,028	16,432,747
	rt II		gnature Block						
knowl	penal edge a nowled	and b	of perjury, I declare that I have exam elief, it is true, correct, and complete	nined this return, including accordance. Declaration of preparer (other	mpanying sc than officer	nedules) is bas	and stateme ed on all infor	nts, and i mation o	f which preparer has
	ĺ	Ik.					2022 02 14		
۵.		Sig	nature of officer				2023-03-14 Date		
Sign Here									
пеге			D FLAUM CEO be or print name and title						
		, ',	·	Dronavoula signatura	Date			PTIN	
Da!a			Print/Type preparer's name	Preparer's signature		3-03-14	Check if	P012721	184
Paid			Firm's name BERGANKDV LTD				self-employed Firm's EIN		3
	oare Onl		2 22.09.44.18 7 2.18						
USE	Oili	y	Firm's address 220 PARK AVE S				Phone no. (32	0) 251-701	10
			ST CLOUD, MN 56301	l					
May t	ne IRS	disc	uss this return with the preparer sho	wn above? (see instructions)					Yes O No
			Reduction Act Notice, see the ser	, ,		Cat. N	lo. 11282Y		Form 990 (2021)
	990 (2								Page 2
Par	t III	St	atement of Program Service A	Accomplishments					
	Duinfly		eck if Schedule O contains a response	e or note to any line in this Part l	<u>III</u>				
1		•	cribe the organization's mission: AIN, AND ENHANCE THE ST. PAUL JEV	MISH COMMUNITY AND STRENG	THEN BOND	C WITL	I IEWICH CO	MMIINITTI	EC IN ICDAEL AND
	ND TH			WISH COMMONITY AND STRENG	JIILN DONL	J WITT	I JEWISH COI	MMONTTI	13 IN ISKALL AND
2	Did th	ne or	ganization undertake any significant ¡	program services during the yea	r which wer	e not lis	ted on		
	the pi	rior F	orm 990 or 990-EZ?					•	🗆 Yes 🔽 No
	If "Ye	s," d	escribe these new services on Schedu	ule O.					
3	Did th	ne or	ganization cease conducting, or make	e significant changes in how it co	onducts, any	progra	m		
	servic							•	🗌 Yes 🔽 No
	If "Ye	s," d	escribe these changes on Schedule O						
4	Section	on 50	he organization's program service acc 1(c)(3) and 501(c)(4) organizations ue, if any, for each program service r	are required to report the amou					
4a	(Code	:) (Expenses \$	1,162,339 including grants of \$	1	,119,211) (Revenue \$		18,450)
	JEWIS INCLU JEWIS AND C AS WE AND B PROTE	SH CO ISIVE, SH CO OVERS ELL AS BUILD ECT JE	NS, SCHLIACH:THE ST. PAUL JEWISH FEDE MMUNITY. OUR PURPOSE STATEMENT AFFIR VIBRANT JEWISH COMMUNITY IN ST. PAUI MMUNITY. WE OFFER PROGRAMS THAT ENG EAS ORGANIZATIONS. THROUGH OUR PRO THOSE IN 70 OTHER COUNTRIES. WE STE STRONG BONDS BETWEEN THE ST. PAUL J WS AGAINST ANTI-SEMITISM. WE WORK W (AND THE JEWISH PEOPLE. IN TIMES OF C	RMS, "WE BELIEVE NO JEW SHOULD I L." THE FEDERATION SERVES AS THE SAGE PEOPLE IN JEWISH LIFE AS WEI GRAMS AND GRANTS, WE SUPPORT RENGTHEN JEWISH LIFE AND IDENTI' EWISH COMMUNITY AND WORLD JEV WITH ORGANIZATIONS TO ENSURE TO	EVER FEEL ALG CENTRAL CO LL AS CRITICA THE MOST VU TY THROUGH I VRY, INCLUDIN HE LONG-TERI	ONE. WE MMUNITY LL FUNDI LNERABL EDUCATI NG ISRAE M SUSTA	ENSURE THE LA PLANNER, CON NG TO MORE THE E MEMBERS OF ONAL, CULTURA EL. WE SAFEGUA INABILITY, VIBR	ASTING PR NVENER, AI HAN A DOZ OUR LOCA LAND SOO ARD JEWIS RANCY AND	ESENCE OF AN ND FUNDER FOR OUR IEN LOCAL, NATIONAL AL JEWISH COMMUNITY CIAL PROGRAMMING, H INSTITUTIONS AND
44	(6: 1			ADE FEE 15 July 20 1 5 1		_) /D		14.626.)
4b	TO EN CONVI AND E ISRAE	Y KAY ISURE ENING ENGAC) (Expenses \$ LEADERSHIP INSTITUTE, YOUNG ADULT LE A VIBRANT, COHESIVE AND INCLUSIVE JE' B PROGRAMS, COLLABORATING WITH PART SE TOMORROW'S LEADERS. IT STRENGTHE! D THE COMMUNITY TO BUILD PERSONAL RI ERICAN UNIVERSITIES AND SUPPORTING E	WISH COMMUNITY IN ST. PAUL BY SF NER AGENCIES TO ADDRESS ISSUES NS THE RELATIONSHIP BETWEEN THI ELATIONSHIPS, PROVIDE ISRAELI-FO	PONSORING LOS OF ANTI-SEME LOCAL JEWI OCUSED PROG	N PARTN DCAL, NA IITISM, A SH COMN	TIONAL AND IN AND CREATING I MUNITY AND WO	ITERNATIO EVENTS AN ORLD JEWR	NAL SPEAKERS, ID SERVICES TO GROW LY BY BRINGING

(C-d-: \ \ \(\frac{1}{2}\) \ \ \(\frac{1}{2}\) \ \(\frac{1}{2}\) \ \(\frac{1}{2}\) \ \(\frac{1}{2}\) \ \(\frac{1}{2}\) \(\frac{1}{2}\) \ \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}\) \(\frac{1}\) \(\frac{1}\

ALLOCATIONS, SCHLIACH: THE ST. PAUL JEWISH FEDERATION FORMS THE FOUNDATION OF THE APPROXIMATELY 22,000 MEMBERS OF THE GREATER ST. PAUL JEWISH COMMUNITY. OUR PURPOSE STATEMENT AFFIRMS, "WE BELIEVE NO JEW SHOULD EVER FEEL ALONE. WE ENSURE THE LASTING PRESENCE OF AN INCLUSIVE, VIBRANT JEWISH COMMUNITY IN ST. PAUL." THE FEDERATION SERVES AS THE CENTRAL COMMUNITY PLANNER, CONVENER, AND FUNDER FOR OUR JEWISH COMMUNITY. WE OFFER PROGRAMS THAT ENGAGE PEOPLE IN JEWISH LIFE AS WELL AS CRITICAL FUNDING TO MORE THAN A DOZEN LOCAL, NATIONAL AND OVERSEAS ORGANIZATIONS. THROUGH OUR PROGRAMS AND GRANTS, WE SUPPORT THE MOST VULNERABLE MEMBERS OF OUR LOCAL JEWISH COMMUNITY AS WELL AS THOSE IN 70 OTHER COUNTRIES. WE STRENGTHEN JEWISH LIFE AND IDENTITY THROUGH EDUCATIONAL, CULTURAL AND SOCIAL PROGRAMMING, AND BUILD STRONG BONDS BETWEEN THE ST. PAUL JEWISH COMMUNITY AND WORLD JEWRY, INCLUDING ISRAEL. WE SAFEGUARD JEWISH INSTITUTIONS AND PROTECT JEWS AGAINST ANTI-SEMITISM. WE WORK WITH ORGANIZATIONS TO ENSURE THE LONG-TERM SUSTAINABILITY, VIBRANCY AND SAFETY OF OUR COMMUNITY AND THE JEWISH PEOPLE. IN TIMES OF CRISES, WE MOBILIZE THE JEWISH COMMUNITY TO RESPOND COLLECTIVELY.

4b ((Code:)	(Expenses \$	105,555	including grants of \$	0)	(Revenue \$	14,6	28)	

HARRY KAY LEADERSHIP INSTITUTE, YOUNG ADULT LEADERSHIP, RUSSIAN EVENTS (RAJMN): FEDERATION PARTNERS WITH OTHER COMMUNITY ORGANIZATIONS TO ENSURE A VIBRANT, COHESIVE AND INCLUSIVE JEWISH COMMUNITY IN ST. PAUL BY SPONSORING LOCAL, NATIONAL AND INTERNATIONAL SPEAKERS, CONVENING PROGRAMS, COLLABORATING WITH PARTNER AGENCIES TO ADDRESS ISSUES OF ANTI-SEMITISM, AND CREATING EVENTS AND SERVICES TO GROW AND ENGAGE TOMORROW'S LEADERS. IT STRENGTHENS THE RELATIONSHIP BETWEEN THE LOCAL JEWISH COMMUNITY AND WORLD JEWRY BY BRINGING ISRAELIS TO THE COMMUNITY TO BUILD PERSONAL RELATIONSHIPS, PROVIDE ISRAELI-FOCUSED PROGRAMMING, OFFERING SCHOLARSHIPS TO ISRAELIS TO ATTEND AMERICAN UNIVERSITIES AND SUPPORTING EXPERIENCES IN ISRAEL AND OTHER COUNTRIES.

4c (Code:) (Expenses \$ 1,317,642 including grants of \$ 818,323) (Revenue \$ 163,715)

PJ LIBRARY, PASSPORT TO ISRAEL, BIRTHRIGHT ISRAEL, MASA ISRAEL, CAMP SCHOLARSHIPS: FEDERATION HELPS YOUTH BUILD STRONG JEWISH IDENTITIES THROUGH TIME-TESTED PROGRAMS. WE INTRODUCE CHILDREN TO THE CONCEPT OF TZEDAKAH, BY ALLOWING THEM TO ESTABLISH THEIR OWN PHILANTHROPIC FUND WHICH ENABLES THEM TO MAKE DONATIONS TO THE NON-PROFIT ORGANIZATION OF THEIR CHOICE. WE PROVIDE DOZENS OF SCHOLARSHIPS FOR JEWISH YOUTH TO ATTEND SUMMER CAMP AND ISRAEL EXPERIENCES. EVERY MONTH, WE PROVIDE MORE THAN 400 CHILDREN AGES SIX MONTHS TO EIGHT YEARS WITH FREE JEWISH-CONTENT BOOKS AND MUSIC THROUGH THE PJ LIBRARY PROGRAM. WE HELP YOUNG PEOPLE GO TO ISRAEL THROUGH OUR PASSPORT TO ISRAEL PROGRAM AND OTHER ISRAEL EXPERIENCE PROGRAMS.

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

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 2,585,536

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A 50	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
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>	3		No
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>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III 2</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Schedule D, Part VI. 🐒	11a	Yes	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛂	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 12	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e	Yes	

	services? If "Yes," complete Schedule D, Part IV 🐿	9		NO			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.						
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes				
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes				
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> **	11f		No			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes				
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No			
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</i> "Yes," complete Schedule F, Parts II and IV	15		No			
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No			
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	17		No			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes				
		F	orm 99	0 (2021)			
Fa	Page 4 ———————————————————————————————————						
	990 (2021) tiV Checklist of Required Schedules (continued)			Page 4			
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No			
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete</i>						

	current and former officers, directors, trustees, key employees, and highest compensated employees? It "Yes," complete Schedule J	23	162	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🧐	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2021)
	Page 5			
Form	990 (2021)			Daga F
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 5
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			_
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			

Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1		Check if Schedule O contains a response or note to any line in this Part V		 V	<u> </u>
Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? Page 5 Page 5 Page 5 Page 5 Page 5 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and Carta Statements, filed for the calendary vera ending with or within the year covered by this return. If it least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines I a and 2a is greater than 250, you may be required to e-like. See instructions. Did the organization have unrelated business pross income of \$1,000 or more during the year? 3a A any time during the calendar year ending some of \$1,000 or more during the year? 3b If "wes," has it filed a form 990-T for this year! If "No" to line 3b, provide an explanation or Schedule 0. 3c A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "wes," the ham and the foreign country (such as a bank account, securities account, or other financial accounts)? If "wes," to line 5a or 5b, did the organization file Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Did any taxable party notify the organization file Form 1886-7? Did cose the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Does the organization have annual gross receipts that ere normally greater than \$100,000, and did the organization call any contributions that wave not tax deductible as charitable contributions or gifts were not tax deductible? 1 If "wes," did the organization have annual gross receipts that ere normally greater than \$100,000, and did the orga	•	Enter the number reported in box 3 of Form 1006. Enter -0- if not applicable.		Yes	N
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a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 16 "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 10 bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 11 "Yes," did the organization notify the donor of the value of the goods or services provided? 12 bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 13 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 14 bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 15 bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 16 fire organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 17 c 17 s 18 Sponsoring organizations maintaining donor advised funds. 19 bid the sponsoring organization make any taxable distributions under section 4966? 10 bid the sponsoring organization make any taxable distribution under section 4966? 10 bid the sponsoring organization make any taxable distribution under section 4966? 10 bid the sponsoring organization make any taxable distribution under section 4966? 10 cross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 10 cross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					-
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Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	a		/a		ľ
Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
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Sponsoring organization have excess business holdings at any time during the year?		1030-0:	<u>''</u>		<u> </u>
Did the sponsoring organization make any taxable distributions under section 4966?	3		8		
Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					H
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Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	3				
Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			1		
Gross income from members or shareholders			1		
Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
against amounts due or received from them.)			1		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	-				
	а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	L
	b				
Section 501(c)(29) qualified nonprofit health insurance issuers.		Section 501(c)(29) qualified nonprofit health insurance issuers.			

L				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
	If "Yes," see the instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
_				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
		o" resp	oonse to	Page 6
orm Par	990 (2021) tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		
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Par	990 (2021) tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		
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Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
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Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		Yes	✓
Se 1a b 2	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2		✓
Se 1a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2	Yes	✓
Se 1a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2	Yes	No No
Se 1a b 2 3	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3	Yes	No No
Se 1a b 2 3 4 5 5	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 26 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	2 3 4	Yes	No No No
See 1a b 2 3 4 5 6	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 3 4 5 6	Yes	No No No
Se 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	2 3 4 5 6	Yes Yes Yes	No No No
Sec. 1a b 2 3 4 5 6 7a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 26 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	2 3 4 5 6	Yes	No No No
Se 1a b 2 3 4 5 6 7a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2 3 4 5 6 7a 7b	Yes Yes Yes Yes	No No No
Se 1a b 2 3 4 5 6 7a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4 5 6 7a 7b	Yes Yes Yes Yes Yes Yes	No No No
Se 1a b 2 3 4 5 6 7a b 8 a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	2 3 4 5 6 7a 7b	Yes Yes Yes Yes	No No No
Sec. 1a b 2 3 4 5 6 7a b 8 a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes Yes Yes Yes Yes Yes	No No No
Sec. 1a b 2 3 4 5 6 7a b 8 a b 9	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors or trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing	2 3 4 5 6 7a 7b	Yes Yes Yes Yes Yes Yes	No No No
Sec. 1a b 2 3 4 5 6 7a b 8 a b 9	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes Yes Yes Yes Yes Yes	No No No

	-							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Yes					
	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>ie Code</u>						
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	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	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
ь	-							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
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?	16a		No				
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed MN							
18	Section 6104 requires an organization to make its Form 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.							
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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:							
	▶THE ORGANIZATION 790 SOUTH CLEVELAND AVENUE 227 ST PAUL, MN 55116 (651) 690-1707	F	orm 99	0 (2021)				
		ļ	J. 111 JJ	- (2021)				
	Page 7 ———————————————————————————————————							
Form	990 (2021)			Page 7				
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	ployee	s,	<u>_</u>				
	and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Coyear.	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within t	he orga	nization	's tax				
•	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of among pensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ount						
	ist all of the organization's current key employees, if any. See the instructions for definition of "key employee."							
who r	ist the organization's five current highest compensated employees (other than an officer, director, trustee or key employ received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than dization and any related organizations.		00 from	the				
	ist all of the organization's former officers, key employees, or highest compensated employees who received more than cortable compensation from the organization and any related organizations.	\$100,0	00					

• 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.

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	. \square

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 employees."
- 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, or 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	pers	an on on is	e bot	t ch ox, ι h an	eck m Inless Office	er	Reportable compensation from the organization (W-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) TED FLAUMCEO	45.00			х				149,350	0	28,011
(2) RICK LINSK PRESIDENT	5.00	×		х				0	0	0
(3) MARNI TSELOS PRESIDENT ELECT	2.00	х		х				0	0	0
(4) DEB WEISS TREASURER	5.00	х		Х				0	0	0
(5) SHARON BENMAMAN SECRETARY (PARTIAL YEAR)	5.00	Х		Х				0	0	0
(6) MARK ADELMAN IMMEDIATE PAST PRESIDENT	5.00	Х						0	0	0
(7) ERIN BALDINGER DIRECTOR	2.00	х						0	0	0
(8) AARON BIEL DIRECTOR	2.00	х						0	0	0
(9) JASON DIVINE DIRECTOR	2.00	х						0	0	0
(10) TOM FRISHBERG DIRECTOR	2.00	Х						0	0	0
(11) ALAN BERNICK DIRECTOR	2.00	Х						0	0	0
(12) BRUCE GOLDFARB DIRECTOR	2.00	х						0	0	0
(13) MITZI GRAMLING DIRECTOR	2.00	х						0	0	0
(14) JENNIFER KAPLAN	2.00									

(9) JASON DIVINE DIRECTOR	2.00	Х			0	0	0
(10) TOM FRISHBERG DIRECTOR	2.00	х			0	0	0
(11) ALAN BERNICK DIRECTOR	2.00	х			0	0	0
(12) BRUCE GOLDFARB DIRECTOR	2.00	х			0	0	0
(13) MITZI GRAMLING DIRECTOR	2.00	х			0	0	0
(14) JENNIFER KAPLAN DIRECTOR	2.00	х			0	0	0
(15) ADI LEVIATAN DIRECTOR	2.00	х			0	0	0
(16) JIMMY LEVINE DIRECTOR	2.00	Х			0	0	0
(17) BONNIE RESNICK DIRECTOR	2.00	х			0	0	0

Form **990** (2021)

– Page 8 *–*

Form 990 (2021)

Page 8

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 dotted line)	pers	n on on is	e bo both ecto	t che ox, u n an or/tr	eck menless office stee) Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MITCH RUBINSTEIN DIRECTOR	2.00	X						0	0	0
(19) DAN RYBECK DIRECTOR	2.00	×						0	0	0
(20) TESSA BLAKELEY SILVER DIRECTOR	2.00	×						0	0	0
(21) EZRA STROHM DIRECTOR	2.00	×						0	0	0
(22) MARK USEM DIRECTOR	2.00	×						0	0	0
(23) TIFFANY GOLDMAN DIRECTOR	2.00	×						0	0	0
(24) SARAH MCVICAR DIRECTOR	2.00	×						0	0	0
(25) JOE LANE DIRECTOR	2.00	×						0	0	0
(26) DAVID MILAVETZ DIRECTOR	2.00	×						0	0	0
(27) SARA RICE	2.00	х						0	0	0

									•				
(21) E	ZRA STROHM	2.00	х							0	0		
DIREC	TOR	·····	^							O .	U		
(22) M	MARK USEM	2.00	x							0	0		
JIKEC	JUR		····^							ŭ	ŭ		
(23) T	TOP	2.00	X							0	0		
JIKEC	TOK		••••										
(24) S	ARAH MCVICAR	2.00	X							0	0		
JIKLC	TOR		••••										
(25) J	OE LANE	2.00	Х							0	0		
DIKEC	TUR												
(26) [DAVID MILAVETZ	2.00	Х							0	0		
DIKEC	TOR												
(27) S	ARA RICE	2.00	Х							0	0		(
DIKEC	TUR			-							\longrightarrow		
(28) A	NDREW SEILER	2.00	Х							0	0		
DIKEC	TUR												
	ON BROD FARBER	2.00								0	0		
	CTOR (PARTIAL YEAR)			1	<u> </u>								
	DEB FRISHBERG	2.00	х	1						0	0		
/21\ D	DIAN KAMIN		1	1	<u> </u>								
		2.00	х	1						0	0		
DIKEC	TON (PARTIAL TEAR)		1	-	-						\longrightarrow		
í		2.00	Х							0	0		(
DIKEC	TOR (PARTIAL YEAR) YNNE SANDERS		F										
		2.00	X							0	0		(
	TOR (PARTIAL YEAR)					_			<u> </u>				
	ub-Total						:├─				-		
	otal (add lines 1b and 1c)	•				,			149,350		0		28,01
	of reportable compensation from the org	janization 🕨 1								· 		Yes	No
3	Did the organization list any former offiline 1a? <i>If "Yes," complete Schedule J fo</i>	•		•		•	,	_	•	employee on			
	•										3		No
4	For any individual listed on line 1a, is the organization and related organizations gindividual	e sum of reporta reater than \$150	ble con 0,000?	npens If "Ye	satio s," c	n an comp	d others	er co S <i>che</i>	ompensation from edule J for such	n the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?If	•							-			105	
			_ 5		5		50				5		No
	Complete this table for your five highest		dones	lont -	ont	act -	ro th-	+	coived mare the	v #100 000 af	omn ==	cation	
1	Complete this table for your five highest from the organization. Report compensa										Jornpens	งสแบก	
		(A)	,							(B)		(0	
	Name and	business address							Desc	ription of service	5	Comper	isation
2 T	otal number of independent contractors (including but not	t limited	d to th	hose	liste	ed abo	ove)	who received m	ore than \$100,	000 of		
	otal number of independent contractors (ompensation from the organization > 0	including but not	t limited	d to th	nose	liste	ed abo	ove)	who received m	ore than \$100,	000 of	Form 99	0 (2021
		including but not	t limited			liste	ed abo	ove)	who received m	ore than \$100,	000 of	Form 99	0 (2021
С		including but not	t limited	d to th		liste	ed abo	ove)	who received m	ore than \$100,	000 of	Form 99	
- orm	ompensation from the organization ▶ 0	including but not	t limited			liste	ed abo	ove)	who received m	ore than \$100,	000 of	Form 99	
c Form	ompensation from the organization ▶ 0 990 (2021)			Pag	e 9	_						Form 99	
c Form	990 (2021) Statement of Revenue			Pag / line	e 9	nis P	art VI		· · · · · · (B)	(C)		 (D)	Page !
c Form	990 (2021) Statement of Revenue			Pag / line	e 9 in th	nis P	art VI						Page 9
c	990 (2021) Statement of Revenue			Pag / line	e 9	nis P	art VI		(B) Related or	(C) Unrelated		 (D) Rever	Page

						
2 Total number of indep	andant contractors (incl	iding but not limite	d to those listed above	va) who received me	ore than \$100 000	of
compensation from th	e organization > 0	daing but not innite	d to those listed abov	ve) who received inc	ore than \$100,000	
						Form 990 (2021)
			Page 9 ———			
Form 990 (2021)						Page Q
	nt of Revenue					Page 9
Check if Sc	hedule O contains a resp	oonse or note to an				🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Federated campaigns	1a					
Contributions, Sifts, Grants,	1 -					
arld Membership dues . DtherAmt	. <u>1b</u>					
Similar Arfio[Hpg raising events .	. <u>1c</u>					
d Related organizations	1d					
e Government grants (cont	ributions) 1e					
119,990 f All other contributions, gi	fts, grants,					
and similar amounts not above						
3,277,936						
g Noncash contributions inclines 1a - 1f:\$						
·	1g					
105,575 h Total. Add lines 1a-1f	=	_				
II Total. Add lilles 1a-11		3,397,926 Business Code				
2a FEE INCOME			196,793	196,793		
9		525920				
)						
Ø.						
Program Service Reven						
ૐ <u>1</u>						
grai						
T						
f All other program						
g Total. Add lines 2	za-zī	196,793 terest and other	<u> </u>			
similar amounts) .		•	46,481			46,481
	tment of tax-exempt bor	nd proceeds				
5 Royalties	(i) Real	(ii) Personal				
6a Gross rents	6a					
b Less: rental	Od .					
expenses	6b					
c Rental income or (loss)	6c					
d Net rental income	e or (loss)		<u> </u>			
	(i) Securities	(ii) Other				
7a Gross amount from sales of	7a 2,932,034					

similar amounts) .	(Inc	uaing aiviaenas, in	terest, and other	46,481		46,481
4 Income from invest	men	t of tax-exempt bo	nd proceeds			
5 Royalties			▶			
		(i) Real	(ii) Personal			
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income	or (loss)	•	1	li .	
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	2,932,034				
b Less: cost or other basis and sales expenses	7b	2,285,897				
c Gain or (loss)	7c	3.17,23.				
d Net gain or (loss)			→	646,137		646,137
Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on I	of				
b Less: direct expen	ses	8b		1		
c Net income or (los	s) fr	om fundraising eve	nts 🕨			
Gross income from See Part IV, line 19						
b Less: direct expen	ses	9b]		
c Net income or (los	s) fr	om gaming activitie	2S			

efile Public Visual Render ObjectId: 202340749349301229 - Submission: 2023-03-15 TIN: 41-0693887 OMB No. 1545-0047 **SCHEDULE A Public Charity Status and Public Support** (Form 990) Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
THE UNITED JEWISH FUND AND COUNCIL	
IEWISH FEDERATION OF GREATER ST PAUL	41-0693887
Part I Reason for Public Charity Status (All organizations must complete this part.) S	ee instructions

ne	organiz	zation is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

TIN: 41-0693887 OMB No. 1545-0047

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2024

2021
Open to Public

Name of the organization
THE UNITED JEWISH FUND AND COUNCIL
JEWISH FEDERATION OF GREATER ST PAUL

Inspection

Employer identification number

41-0693887

Pai	rt I	Reason for Public	Charity State	us (All organizations	s must comple	te this part.) S	See instructions.			
The o	rganiz	ation is not a private four								
1		A church, convention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).			
2		A school described in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)				
3		A hospital or a cooperati	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).			
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit describ	oed in section		
6		A federal, state, or local			scribed in sectio	on 170(b)(1)(A	ı)(v).			
7	~	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	init or from the genera	al public described in		
8		A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)								
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:								
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).			
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo	ontrolled by its so prity of the direct	upported organizers or trustees of	zation(s), typically by of the supporting orga	giving the supported nization. You must		
b		Type II. A supporting o management of the sup must complete Part IV	porting organiza	ation vested in the san						
С		Type III functionally is supported organization(ted with, its		
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satisf	fy a distribution i	requirement and				
е		Check this box if the orgintegrated, or Type III n				RS that it is a Ty	pe I, Type II, Type III	functionally		
f	Enter	the number of supported	lorganizations				<u> </u>			
g		de the following informati								
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Total	l									
For P	aperv	vork Reduction Act Not or 990-EZ.	ice, see the I	nstructions for	Cat. No. 11285	5F	Schedule	A (Form 990) 2021		
				Pag	ge 2 ———					
				i u	J~ -					

Schedule A (Form 990) 2021

Page **2**

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 failed to qualify under the tests listed below, please complete Part III.)

	1	İ	İ	Yes I	No	İ	
Tot							_
	Paperwork Reduction Act Notice, m 990 or 990-EZ.	see the Instructi	ons for Ca	t. No. 11285F		Schedule A (Form 990) 2021
			1 490 2				
Sch	edule A (Form 990) 2021						Page 2
	art II Support Schedule for	r Organizations	Described in 9	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(
	(Complete only if you o	checked the box of	on line 5, 7, or 8	of Part I or if t	the organization	failed to qualify	
	If the organization faile	ed to qualify unde	er the tests liste	d below, please	complete Part I	II.)	
	Section A. Public Support lendar year	T			T		T
(o	r 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 grant.")	4,984,504	1,731,065	2,412,488	3,431,818	3,397,926	15,957,801
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	ı					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,984,504	1,731,065	2,412,488	3,431,818	3,397,926	15,957,801
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)						2,291,817
	Public support. Subtract line 5 from line 4.						13,665,984
	Section B. Total Support lendar year	1	T	ı	1	1	
	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest,	4,984,504	1,731,065	2,412,48	3,431,818	3,397,926	15,957,801
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	78,771	. 83,349	64,18	2 57,309	46,481	330,092
9	Net income from unrelated business activities, whether or not the business is regularly carried on.	17,462					17,462
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through	1					16,305,355
12	Gross receipts from related activities	s, etc. (see instructi	ons)			12	687,078
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	nization, check
	this box and stop here			<u></u>		▶□	
	Section C. Computation of Pub	• •	•				
	Public support percentage for 2021 (14	83.810 %
	Public support percentage for 2020 S 33 1/3% support test—2021. If th					15 more check this	74.330 %
	and stop here. The organization qual 33 1/3% support test—2020. If t	alifies as a publicly	supported organiz	ation			🕨 🔽
17a	box and stop here. The organization 10%-facts-and-circumstances te and if the organization meets the "fa	st-2021. If the or	ganization did not	check a box on I	ine 13, 16a, or 16b	o, and line 14 is 10)% or more,
b	meets the "facts-and-circumstances" 10%-facts-and-circumstances to more, and if the organization meets	est—2020. If the cost the "facts-and-circ	organization did no cumstances" test,	ot check a box on check this box an	line 13, 16a, 16b, d stop here. Expla	or 17a, and line 1 ain in Part VI how	5 is 10% or the organization
	"6						- □
18	meets the "facts-and-circumstances Private foundation. If the organizations instructions	ition did not check a	a box on line 13, 1	6a, 16b, 17a, or	17b, check this box	x and see	
18		ition did not check a	a box on line 13, 1	6a, 16b, 17a, or	17b, check this box	x and see	

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h	and stop nere. The organization qualified 33 1/3% support test—2020. If the	es as a publicly organization di	supported organid not check a box	ızauvıı on line 13 or 16a			🗲 🕶 neck this
_	box and stop here. The organization of	- qualifies as a ρι	ublicly supported o	organization			▶ 🗆
	10%-facts-and-circumstances test- and if the organization meets the "facts	-and-circumsta	nces" test, check	this box and stop	here. Explain in	Part VI how the o	organization
b	meets the "facts-and-circumstances" test 10%-facts-and-circumstances test more, and if the organization meets the	—2020. If the e "facts-and-cir	organization did r cumstances" test	not check a box on , check this box a	n line 13, 16a, 16l nd stop here. Ex	o, or 17a, and line plain in Part VI ho	e 15 is 10% or ow the organization
18 I	meets the "facts-and-circumstances" to Private foundation. If the organization	est. The organi: n did not check	zation qualifies as a box on line 13,	a publicly suppor 16a, 16b, 17a, o	ted organization . r 17b, check this b	oox and see	▶□
i	nstructions						▶□
						Schedule A	A (Form 990) 2021
			Danie	2			
			Page	3			
Sche	dule A (Form 990) 2021						Page 3
Pa	art III Support Schedule for					the data and the	
	(Complete only if you on the organization fails to						nder Part II. If
Se	ection A. Public Support	y quality ariac	er the tests liste	d below, piedse	complete rare	11.)	
Cale	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1	fiscal year beginning in) Gifts, grants, contributions, and	(4) 2017	(2) 2010	(0) 2013	(2) 2020	(0) 2022	(1) 10101
•	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions.		+	+	-		
_	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year.						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c						
	from line 6.)						
	ction B. Total Support			1			
	ndar year fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income			-			
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
С	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							
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization	l n's first, second, the	l hird, fourth, or fift	th tax vear as a se	ection 501(c)(3) o	rganization, check
	this box and stop here	-			•		_
Se	ction C. Computation of Public	Support Per	centage				
15	Public support percentage for 2021 (lin	ne 8, column (f) divided by line 1			15	
16	Public support percentage from 2020 S					16	
	iction D. Computation of Invest Investment income percentage for 20				n (f))	. 17	
17	investment income percentage for 20	∠ . (IIII⊏ 1UC, C(Juliu (1) alviaea	ny mie 13, colum	!! (!//		

	1975.	ı		
С	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. (Add lines 9, 10c,			
14	11, and 12.) Leave I leave	ganizat	tion, cl	neck
	this box and stop here			ightharpoons
Se	ection C. Computation of Public Support Percentage			
15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))			
16	Public support percentage from 2020 Schedule A, Part III, line 15			
Se	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))			
18	Investment income percentage from 2020 Schedule A, Part III, line 17			
19a			_	
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			40:
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		_	18 IS
20	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			2024
	Schedule A	(Form	990)	2021
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	Page 4 ———————————————————————————————————			
Sche	dule A (Form 990) 2021		P	age 4
Par	t IV Supporting Organizations			
	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and E			
	box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you 12d, of Part I, complete Sections A and D, and complete Part V.)	u cnec	кеа во	X
Se	ection A. All Supporting Organizations			
			Vaa	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		res	No
1	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		res	No
1		1	res	No
2	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. Did the organization have any supported organization that does not have an IRS determination of status under section	1	res	No
	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was		Yes	No
2	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1 2	Yes	No
	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and	2	Yes	No
2 3a	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		res	NO
2	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied	2	res	
2 3a	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2 3a	Yes	NO
2 3a b	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination.	2	Yes	
2 3a	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the	2 3a 3b	Yes	No
2 3a b	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	2 3a	res	No
2 3a b	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	2 3a 3b	res	
2 3a b c	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	2 3a 3b	res	
2 3a b	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	2 3a 3b 3c	res	
2 3a b c	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	2 3a 3b	res	
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2 3a b c	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	2 3a 3b 3c 4a	res	No
2 3a b c c 4a b	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. 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)? 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.	2 3a 3b 3c	res	
2 3a b c	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. 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)? 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. Did the organization add, substitute, or remove any supported organization during the tax year? If "Yes," answer lines 5b and 5	2 3a 3b 3c 4a	res	
2 3a b c c 4a b	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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 organization had such control and discretion under sections 501(c)(3) and 509(a)(1) or (2)? 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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i)	2 3a 3b 3c 4a	res	
2 3a b c c 4a b	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. 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)? 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. Did the organization add, substitute, or remove any supported organization during the tax year? If "Yes," answer lines 5b and 5	2 3a 3b 3c 4a	res	
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2 3a b c 4a b c 5a	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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 organization had such control she organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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)? 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 s	2 3a 3b 3c 4a 4b	res	
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2 3a b c c 4a b c b	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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. 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)? 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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if	2 3a 3b 3c 4a 4b 4c	res	No
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С				
	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)? 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
С	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	30		
	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? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
	section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
b	organization had an interest? If "Yes," provide detail in Part VI.	9b		
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? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	90		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
-	the organization had excess business holdings).	10b		
	Schedule A	(Forn	1 990)	2021
	Page 5			
	dule A (Form 990) 2021		ı	Page 5
Pai	dule A (Form 990) 2021 t IV Supporting Organizations (continued)		Yes	Page 5
11	dule A (Form 990) 2021 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons?			
11	dule A (Form 990) 2021 t IV Supporting Organizations (continued)	11a		
11	dule A (Form 990) 2021 **TIV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the	11a 11b		
11 a	dule A (Form 990) 2021 **TV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part			
11 a b c	dule A (Form 990) 2021 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b		
11 a b c	dule A (Form 990) 2021 **TV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b		
11 a b c	dule A (Form 990) 2021 **TV Supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in *Part VI.** Exection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11b	Yes	No
11 a b c	dule A (Form 990) 2021 **TV Supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Ection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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	11b	Yes	No
11 a b c	dule A (Form 990) 2021 **TV** Supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Exection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11b 11c	Yes	No
11 a b c Sec 1	dule A (Form 990) 2021 **TIV Supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Ection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11b 11c	Yes	No
Pail a b c Se 1	dule A (Form 990) 2021 **TV** Supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Section B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 of the supporting organization of the supporting organization.	11b 11c	Yes	No
Pail a b c Se 1	dule A (Form 990) 2021 **TIV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Extion B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? 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	11b 11c	Yes	No
Pail a b c Se 1	dule A (Form 990) 2021 **TIV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Ection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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? 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. Section C. Type II Supporting Organizations	11b 11c	Yes	No
11 a b c Se 1	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A family member of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Bection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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? 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. Section C. Type II Supporting Organizations 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 was vested in the same persons that controlled or managed the supported organization(s).	11b 11c	Yes	No
11 a b c Se 1	dule A (Form 990) 2021 **TIV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Ection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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? 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. Section C. Type II Supporting Organizations	11b 11c	Yes	No

	remove directors or trustees were allocated among the supported organizations and	what co	onditions or restrictions, if any,	1	1			
	applied to such powers during the tax year.							
2	Did the organization operate for the benefit of any supported organization other than operated, supervised, or controlled the supporting organization? If "Yes," explain in F	Part VI	how providing such benefit	1				
	carried out the purposes of the supported organization(s) that operated, supervised organization.	or conti	rolled the supporting	2				
S	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 each of the organization's supported organization(s)? If "No," describe in Part VI ho			:				
	supporting organization was vested in the same persons that controlled or managed			1				
s	Section D. All Type III Supporting Organizations				<u>I</u>	L		
					Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day or tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies or documents in effect on the date of notification, to the extent not previously provided.	ng the f the or	prior tax year, (ii) a copy of the	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e organization(s) or (ii) serving on the governing body of a supported organization? If organization maintained a close and continuous working relationship with the support	"No," e.	xplain in Part VI how the	2				
3	By reason of the relationship described in 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.							
S	Section E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral P	art Tes	t during the year (see instruct	tions):				
	a The organization satisfied the Activities Test. Complete line 2 below.							
	b The organization is the parent of each of its supported organizations. Complet	e line	3 below.					
	c The organization supported a governmental entity. Describe in Part VI how you	ou supp	ported a government entity (see	e instru	ctions)			
2	Activities Test. Answer lines 2a and 2b below.				Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purpose.	Part \	/I identify those supported			,		
	responsive to those supported organizations, and how the organization determined the substantially all of its activities.							
	b Did the activities described on line 2a, above constitute activities that, but for the orc	ianizati	on's involvement one or more	2a				
	of the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in organization's involvement.	" expla	in in Part VI the reasons for					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b				
_	a Did the organization have the power to regularly appoint or elect a majority of the of	ficers (directors or trustees of each of	3a				
	the supported organizations? If "Yes" or "No", provide details in Part VI .	1100157	an ectors, or trustees or each or					
	b Did the organization exercise a substantial degree of direction over the policies, prog	rams a	nd activities of each of its					
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation ii	-	3b				
			Schedule A	۱ (Forn	n 990)	2021		
	David C							
	Page 6 ————							
Cab	adula A /Farm 000) 2021				_			
	edule A (Form 990) 2021				F	Page 6		
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting C							
	Check here if the organization satisfied the Integral Part Test as a qualifying tri instructions. All other Type III non-functionally integrated supporting organiz		must complete Sections A throu	ıgh E.				
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r 		
1	2. Company (1)	1						
		2						
3		3						
4		4						
5	The second of the second	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						

1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	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):	1		
а	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 (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		

efile Public Visual Render	ObjectId: 202340749349301229 - Submission: 2023-03-15		TIN: 41-0693887
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2021
Name of the organization THE UNITED JEWISH FUND AND JEWISH FEDERATION OF GREATI		Employer id 41-0693887	entification number

Organization type (check one):

Filers of:	Section:	
Form 990 or 990-EZ	□ 501(c)() (enter number) organization

efile Public Visual Render ObjectId: 202340749349301229 - Submission: 2023-03-15 TIN: 41-0693887 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2021 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST PAUL 41-0693887 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 other 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

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

For Paperwork Reduc for Form 990, 990-EZ,	tion Act Notice, see the Instructions or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2021)
	Page 2		
Schedule B (Form 9		Page	
	n I FUND AND COUNCIL N OF GREATER ST PAUL	Employer id 41-0693887	entification number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DECTRICTED			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	r		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	☐ Noncash
)
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
		\$	Noncash
(a)	/6.\	(2)	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll

			contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
•	Page 3 —	•	Schedule B (Form 990) (202
hedule B (Form 990) (2021)		Pag
ame of organization	•	Employer identificati	

nme of organization IE UNITED JEWISH FUND AND COUNCIL	Employer identification	number
WISH FEDERATION OF GREATER ST PAUL	41-0693887	
art II Noncash Property (see instructions). Use duplicate copies of Part II if additi	ional space is needed.	
(a) o. from Part I Description of noncash property give	en (c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(a) o. from Part I Description of noncash property give	en (c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(a) (b) o. from Part I Description of noncash property give	en (c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(a) o. from Part I Description of noncash property give	en (c) FMV (or estimate) (See instructions)	(d) Date received
	s	
(a) o. from Part I Description of noncash property give	en (c) FMV (or estimate) (See instructions)	(d) Date received
	\$.	
(a) (b) o. from Part I Description of noncash property give	en (c) FMV (or estimate) (See instructions)	(d) Date received

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

Schedule B (Form 990) (2021)

TIN: 41-0693887OMB No. 1545-0047

Page 4

SCHEDULE D Supplemental Financial Statements (Form 990) ► 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. **Open to Public** Department of the Treasury ▶ Attach to Form 990. Internal Revenue Service ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Name of the organization **Employer identification number** THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST PAUL 41-0693887 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 30 Aggregate value of contributions to (during year) 297,683

ObjectId: 202340749349301229 - Submission: 2023-03-15

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ObjectId: 202340749349301229 - Submission: 2023-03-15

TIN: 41-0693887

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	me of the organization UNITED JEWISH FUND AND COUNCIL		Employer identification number
	ISH FEDERATION OF GREATER ST PAUL		41-0693887
Pa	rt I Organizations Maintaining Donor Adv Complete if the organization answered "Y		r Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	30	
2	Aggregate value of contributions to (during year)	297,683	
3	Aggregate value of grants from (during year)	497,770	
4	Aggregate value at end of year	5,426,517	
5	Did the organization inform all donors and donor advis organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other purpose co	pe used only for onferring impermissible ✓ Yes No
Pa	t II Conservation Easements. Complete if the organization answered "Y	es" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation		historically important land area
	Protection of natural habitat		ertified historic structure
		— Preservation of a Ce	ertified filstoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements . $% \left({{\mathbf{r}}_{\mathbf{r}}}\right) =\left({{\mathbf{r}}_{\mathbf{r}}}\right) $		2b
c	Number of conservation easements on a certified histo	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register . $$. $$	uired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferr tax year	red, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conservati	ion easement is located 🕨	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspection, handling ods?	f violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting \$ \\$	g, handling of violations, and enforcing conserv	ration easements during the year
8	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?		0(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial state	
Par	t III Organizations Maintaining Collections Complete if the organization answered "Y	s of Art, Historical Treasures, or Othe	er Similar Assets.
1a	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pu Part XIII, the text of the footnote to its financial stater	SC 958, not to report in its revenue statement blic exhibition, education, or research in furthe	
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pu following amounts relating to these items:	blic exhibition, education, or research in furthe	erance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical following amounts required to be reported under FASB	ASC 958 relating to these items:	-
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Par	t III Organizations Maintaining Col Complete if the organization answ				Similar Assets.	
1a	If the organization elected, as permitted under historical treasures, or other similar assets he	er FASB ASC 958, not eld for public exhibitio	to report in its re n, education, or r	venue statement a esearch in furthera		
b	Part XIII, the text of the footnote to its financ If the organization elected, as permitted unde historical treasures, or other similar assets he	er FASB ASC 958, to r	eport in its reveni	ue statement and b		
	following amounts relating to these items:	·			·	e, provide the
	i) Revenue included on Form 990, Part VIII, lin				-	
(i	i)Assets included in Form 990, Part X				> \$	
2	If the organization received or held works of a following amounts required to be reported un				al gain, provide the	
а	Revenue included on Form 990, Part VIII, line	1			> \$	
b	Assets included in Form 990, Part X \cdot				> \$	
For F	Paperwork Reduction Act Notice, see the I	nstructions for Forn	n 990.	Cat. No. 52	283D Schedule I	O (Form 990) 202
		Pa	age 2 ———			
C - l	dula D (Farma 000) 2024					
	dule D (Form 990) 2021	lastiana of Aut III	istavias I Tusas		Cimilar Assats	Page
3	Ling the arganization's acquisition accession	•				
э a	Using the organization's acquisition, accession items (check all that apply):	i, and other records,	,	-	_	s collection
	☐ Public exhibition		U Loa	n or exchange pro		
b	Scholarly research		e Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's col Part XIII.	lections and explain h	ow they further t	he organization's e	xempt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					es 🗆 No
Par	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990, Part IV,	line 9, or reporte	ed an amount on F	Form 990, Part X,
1a	Is the organization an agent, trustee, custodic included on Form 990, Part X?					es 🔽 No
L	If "Voc " cynlain the armangement in Dout VIII	and complete the fell	lowing table.	Г	Amount	
b c	If "Yes," explain the arrangement in Part XIII Beginning balance	•	•	1c	Amount	
d	Additions during the year			·		
e	Distributions during the year					
f	Ending balance			1f		
	-					
2a	Did the organization include an amount on Fo		•		_	es U No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided in Part	XIII 🔽	
Ра	rt V Endowment Funds. Complete if the organization answ	ered "Yes" on Forn	n 990 Part IV	line 10		
	complete if the organization and	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	7,572,852	5,686,668	6,739,673	6,402,473	6,184,006
b	Contributions	95,488	500,753	15,400	450,223	52,073
c	Net investment earnings, gains, and losses	-463,210	1,742,267	-304,328	78,967	325,454
d	Grants or scholarships					
	Other expenditures for facilities and programs	280,534	356,836	764,077	191,990	159,060
f.	Administrative expenses					
g	End of year balance	6,924,596	7,572,852	5,686,668	6,739,673	6,402,473
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance ((line 1g, column (a)) held as:		
a	Permanent endowment ▶ 97.120 %	2.000 70				
b	Term endowment ►					
С	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%				
3a	Are there endowment funds not in the posses organization by:	•	on that are held a	nd administered fo	or the	Yes No
	(i) Unrelated organizations				3	a(i) Yes
					3	a(ii) No
b 4	If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the	·				3b

e Other expenditures for facilities					
and programs	280,53	356,836	764,077	191,990	159,060
f Administrative expenses	6,924,59	7,572,852	5,686,668	6,739,673	6,402,473
2 Provide the estimated percentage of the				5,. 25,2	5,102,110
a Board designated or quasi-endowment		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		
b Permanent endowment ► 97.120 %					
c Term endowment					
The percentages on lines 2a, 2b, and 2c: 3a Are there endowment funds not in the po	•	zation that are held a	nd administered for	the	
organization by:	-			_	Yes No
(i) Unrelated organizations (ii) Related organizations					a(i) Yes No
b If "Yes" on 3a(ii), are the related organizations		d on Schedule R?			3b
4 Describe in Part XIII the intended uses of		dowment funds.			1 1
Part VI Land, Buildings, and Equip Complete if the organization a		orm 990 Part IV I	ine 11a See Forr	n 990 Part X lir	ne 10
Description of property (a) Cost	or other basis (b) Co	ost or other basis (other)	_		(d) Book value
(inve	estment)				
1a Land					
b Buildings		F7 400		F7 490	0
c Leasehold improvements d Equipment		57,489		57,489 58,376	0
e Other		50,57		56,57.5	
Total. Add lines 1a through 1e. (Column (d) m	ust equal Form 990, Pa	art X, column (B), line	e 10(c).)	>	0
				Schedule I	D (Form 990) 2021
		Page 3			
		rage 5			
Schedule D (Form 990) 2021 Part VII Investments - Other Secur	itioo				Page 3
Complete if the organization a		orm 990, Part IV, I	ine 11b.See Form	n 990, Part X, lin	e 12.
(a) Description of security or ca (including name of security		(b) Book value		c) Method of valuator end-of-year mark	
(1) Financial derivatives			0051 0	or end or year man	ter value
(2) Closely-held equity interests					
(3) Other(A) MARKETABLE ALTERNATIVE FUND		1,981,327	,	F	
(B) SPECIAL OPPORTUNITIES FUND		1,777,274		F	
(C) CASH SURRENDER VALUE OF LIFE INSURAL (C)	NCE	911,354	•	F	
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (4,669,955			
Part VIII Investments - Program Re Complete if the organization		orm 990, Part IV, I	ine 11c. See Forn	n 990, Part X, lin	ie 13.
(a) Description o			(b) Book value	(c) Method	of valuation:
(1)				Cost or end-of-ye	ear market value
(2)					
(3)					
(4)					
(5)					
(6)					

Part VIII	Complete if the organization answered 'Yes' on Form 990,		m 990, Part X	, line 13.
	(a) Description of investment	(b) Book value		nod of valuation: of-year market value
1)				<u> </u>
2)				
3)				
(4)				
5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colum	nn (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	n 000 Part V	lino 15
	(a) Description	Part IV, lille 11d. See For	11 990, Part X,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
7)				
(8)				
9)				
Γotal. (Colι	umn (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV line 11e or 11f Se	e Form 990 F	Part X line 25
l.	(a) Description of liability			(b) Book value
	income taxes E REMAINDER TRUST			642,
				- · · · · ·
	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footno		<u> </u>	642,

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	642,025
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has be	
	Schedule D (Form 990) 2021

efile Public Visual Render ObjectId: 202340749349301229 - Submission: 2023-03-15 TIN: 41-0693887 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations,** (Form 990) 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. Open to Public Inspection Department of the Treasury Internal Revenue Service Employer identification number Name of the organization
THE UNITED JEWISH FUND AND COUNCIL 41-0693887 JEWISH FEDERATION OF GREATER ST PAUL **General Information on Grants and Assistance** Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash

organization or government

(if applicable)

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

TIN: 41-0693887

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Open to Public Inspection

(Form 990)

Department of the
Treasury
Internal Revenue Service
Name of the organization
THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST PAUL

Employer identification number 41-0693887

General Information on Grants and Assistance

Yes ☐ No

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

		can be duplicated if addi	-	(a) Amount of	(f) Mothod -f	(a) Description of	(h) Dung
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1) AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET NEW YORK, NY 10018	22-2584370	501(C)(3)	20,000	0			GENERAL OPERATING SUPPORT
(2) BETH JACOB CONGREGATION 1179 VICTORIA CURVE ST PAUL, MN 55118	41-1525206	501(C)(3)	15,056	0			GENERAL OPERATING SUPPORT
(3) BRENNAN CENTER FOR JUSTICE 120 BROADWAY STE 1750 NEW YORK, NY 10271	13-3839293	501(C)(3)	10,000	0			GENERAL OPERATING SUPPORT
(4) CHABAD ACADEMY 1758 FORD PARKWAY ST PAUL, MN 55116	41-1763738	501(C)(3)	44,744	0			GENERAL OPERATING SUPPORT
(5) HERZL CAMP FOUNDATION 4330 CEDAR LAKE ROAD MINNEAPOLIS, MN 55416	83-0506393	501(C)(3)	21,819	0			GENERAL OPERATING SUPPORT
(6) HIAS 1300 SILVER SPRING STREET STE 500 SILVER SPRING, MD 20910	13-5633307	501(C)(3)	10,000	0			GENERAL OPERATING SUPPORT
(7) HILLEL FOUNDATION 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41-6038613	501(C)(3)	82,800	0			GENERAL OPERATING SUPPORT
(8) JEWISH COMMUNITY RELATIONS COUNCIL 12 NORTH 12TH STREET STE 480 MINNEAPOLIS, MN 55403	41-0826434	501(C)(3)	101,571	0			GENERAL OPERATING SUPPORT
(9) JEWISH FAMILY SERVICE OF ST PAUL 1633 SEVENTH STREET W ST PAUL, MN 55102	41-0694697	501(C)(3)	203,503	0			GENERAL OPERATING SUPPORT
(10) JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY STE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	10,500	0			UNKRAINE RELIEF
(11) JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY STE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	8,214	0			ISRAEL CRISIS
(12) JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY STE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	12,790	0			ETHIOPIAN RESETTLEMENT
(13) JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY STE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	237,807	0			GENERAL OPERATING SUPPORT
(14) MINNESOTA JEWISH COMMUNITY CENTER 4330 SOUTH CEDAR LAKE ROAD	41-0833543	501(C)(3)	364,234	0			GENERAL OPERATING SUPPORT
MINNEAPOLIS, MN 55416	41 07:1505	E01(0)(2)	04 ===	_			CENEDAL COSTA
(15) MOUNT ZION TEMPLE 1300 SUMMIT AVENUE ST PAUL, MN 55105	41-0711505	501(C)(3)	21,750	0			GENERAL OPERATING SUPPORT
(16) NEGOTIATON STRATEGIES INSTITUTE 1729 19TH STREET NW WASHINGTON, DC 20009	47-2289205	501(C)(3)	20,000	0			GENERAL OPERATING SUPPORT
(17) NEW ISRAEL FUND 6 EAST 39TH STREET NEW YORK, NY 10016	94-2607722	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(18) NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADWAY AVENUE STE 100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	10,000	0			GENERAL OPERATING SUPPORT
(19) SHOLOM FOUNDATION 3610 PHILLIPS PARKWAY MINNEAPOLIS, MN 55426	36-3411361	501(C)(3)	91,292	0			GENERAL OPERATING SUPPORT
(20) SIX POINTS THEATER PO BOX 16155 ST PAUL, MN 55116	41-1789509	501(C)(3)	19,500	0			GENERAL OPERATING SUPPORT
(21) TALMUD TORAH 768 HAMLINE AVENUE ST PAUL, MN 55116	41-0694687	501(C)(3)	109,393	0			GENERAL OPERATING SUPPORT

1300 SUMMIT AVENU ST PAUL, MN 55105	IE												SUPPORT
(16) NEGOTIATON STRATEGIES INSTITU 1729 19TH STREET N	IW	47-22892	05	501(C)(3)		20,000		0					GENERAL OPERATING SUPPORT
(17) NEW ISRAEL FU 6 EAST 39TH STREET NEW YORK, NY 1001	ND -	94-26077	22	501(C)(3)		50,000		0					GENERAL OPERATING SUPPORT
(18) NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADW AVENUE STE 100 MINNEAPOLIS, MN 5	'AY	30-02388	07	501(C)(3)		10,000		0					GENERAL OPERATING SUPPORT
(19) SHOLOM FOUND 3610 PHILLIPS PARK MINNEAPOLIS, MN 5	OATION WAY	36-34113	61	501(C)(3)		91,292		0					GENERAL OPERATING SUPPORT
(20) SIX POINTS THE PO BOX 16155 ST PAUL, MN 55116	ATER	41-17895	09	501(C)(3)		19,500		0					GENERAL OPERATING SUPPORT
21) TALMUD TORAH 768 HAMLINE AVENU ST PAUL, MN 55116		41-06946	87	501(C)(3)		109,393		0					GENERAL OPERATING SUPPORT
(22) THE PRAXIS PRO NATIONAL BLACK FOO JUSTICE ALLIANCE PO BOX 7259 OAKLAND, CA 94601	OD AND	30-00448	14	501(C)(3)		10,000		0					GENERAL OPERATING SUPPORT
(23) TIDES FOUNDAT PO BOX 889389 LOS ANGELES, CA 90	TON	94-32131	00	501(C)(3)		10,000		0					MOVEMENT VOTER FUND
(24) T'RUAH 266 WEST 37TH STRI 803 NEW YORK, NY 1001		45-04645	45	501(C)(3)		10,000		0					GENERAL OPERATING SUPPORT
Enter total numb			=	=								•	22
Enter total numb								o. 50055P	• • •				Schedule I (Form 990) 2021
	,												
				Page 2	2						_		
hedule I (Form 990)	2021												Page 2
			Domestic Indi nal space is nee		plete if the orga	anization a	nswered "Yes"	on Form 9	90, Part IV,	line 22.			•
(a) Type of gran		1	(b) Numb recipier	er of its	(c) Amour cash gra	nt	(d) Amour noncash assis		Method of FMV, app			(f) Descr	cription of noncash assistance
 TUITION PAYMEN CAMP SCHOLARS 				10 67	312,577 67,745								
•	IIIF3			07	07,743								
)													
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5)													
")													
	lemental '	Informatio	on. Provide th	e information	required in	Part I. lin	e 2: Part III.	column	h): and a	nv othe	r addition	al informati	ion.
eturn Reference		Explanati							,,	,			
RT I, LINE 2:		APPLICANT	S FOR GRANTS	MUST PROVID	DE DETAILED EX	XPLANATIO	ONS OF INTENI	DED USES	INCLUDING	BUDGE	ΓS; AND SU	IBMIT FINAN	ICIAL INFORMATION AT DETERM
RM 990, SCHEDULE	I PART II	AMOUNTS	GRANTED TO O	RGANIZATION:	S ON PART II C	OF SCHEDI	ILE I INCLUDE	DISTRIBU	TIONS FRO	M DONO	R ADVISED	FUNDS	
RANTS TO ORGANIZA		7.11.00111.0			0 011 17 11 11 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
												S	Schedule I (Form 990) 2021
Additional Da	ta												Return to Form
efile Public Visua	l Render	Object:	Id: 2023407	493493012	229 - Submi	ission: 2	023-03-15		TIN: 41	-0693	887		
chedule J			Compre	anstation	Informa	tion			OMB No	. 1545-0	047		
orm 990)		For certain	Officers, Dire	ectors, Truste	ees, Key Emp	loyees, a	nd Highest						
	▶ ∩			ompensated I	Employees			3.	20)21			
nartment of the Treasury		-		Attach to Fe	orm 990.	-	•		Open	to Pub	lic		
partment of the Treasury ernal Revenue Service		GO TO WWW	.irs.gov/Forn	TOT INST	uctions and t	ine latest			Ins	pection			
Name of the organiza THE UNITED JEWISH FUI	ND AND COUN						Emplo	yer ident	ification n	umber			
JEWISH FEDERATION OF	GREATER ST	PAUL					41-069	3887					
Part I Question	ons Regar	ding Comp	pensation							Yes	No		
La Check the appro 990, Part VII, Se	piate box(es	s) if the orga e 1a. Comple	nization provide te Part III to pr	ed any of the f ovide any rele	following to or evant informati	for a person	on listed on Fo	rm s.		162	No		
	or charter t	•	·		sing allowance	=	-						
	companions			_	nents for busir								
☐ Tax idemn	ification and	l gross-up pa	ayments	☐ Heal	Ith or social clu	ıb dues or	initiation fees						
Discretion	ary spending	g account		Pers	onal services (e.g., maid	, chauffeur, ch	ef)					

TIN: 41-0693887

Schedule J

(Form 990)

Compensition: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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization THE UNITED JEWISH FUND AND COUNCIL
JEWISH FEDERATION OF GREATER ST PAUL **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods 3 used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract **V** Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a Receive a severance payment or change-of-control payment? . . . 4a No 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: No Any related organization? . 5b No If "Yes," on line 5a or 5b, describe in Part III. 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: No 6b No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T

Schedule J (Form 990) 2021 Page 2

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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the	ne to	tal amount of Form	990, Part VII, Se	ction A, line 1a, ap	plicable column (E)) and (E) amoun	ts for that indi	vidual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) (iii) Other reportable compensation		deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 TED FLAUM CEO		149,350	0	0	9,000	19,011	177,361	0
	(ii)	0	0	0	0	0	0	0

		and/or 1099-NEC				and other	benefits	columns	Compensation in
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 TED FLAUM CEO	((i)	149,350	0	0	9,000	19,011	177,361	0
		(ii)	0	0	0	0	0	0	0
				·	Ü	0		·	
					I		:	Schedule J (F	orm 990) 2021
				Page 3 ———					
				rage 3					
Schedule J (Form 990) 2021									Page 3
Part III Supplemental Info									
Provide the information, explanation, Return Reference	or descriptions required for Part I, lines	1a, 1	.b, 3, 4a, 4b, 4c,		and 8, and for Par explanation	t II. Also complete	this part for any	additional info	rmation.
PART I, LINE 3	SEE EXPLANATION FOR FORM 990, PA	ART V	/I, SECTION B, L		xpianation				
· · · · ·	,			-			:	Schedule J (F	orm 990) 2021
Additional Data								Ret	urn to Form
	Software ID):							
	Software Version								

Software Version:

efile Public Visual Render ObjectId: 202340749349301229 - Submission: 2023-03-15 TIN: 41-0693887 **SCHEDULE M** OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ►Go to <u>www.irs.gov/Form990</u> for the latest information. **Open to Public** Department of the Treasury **Inspection** Internal Revenue Service Name of the organization **Employer identification number** THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST PAUL 41-0693887 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or

applicable

items contributed

Noncash contribution amounts reported on Form 990, Part VIII, line

Method of determining noncash contribution amounts

TIN: 41-0693887

SCHEDULE M (Form 990)

Noncash Contributions

▶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 the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	NITED JEWISH FUND AND COUNCIL SH FEDERATION OF GREATER ST PAUL		41-0693887							
	rt I Types of Property			L	11 0033007					
•		(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 d noncash contrib	etermi		s		
	Art—Works of art									
2	Art—Historical treasures .									
3	Art—Fractional interests									
4	Books and publications									
	Clothing and household goods									
	Cars and other vehicles									
7	Boats and planes									
	Intellectual property									
9	Securities—Publicly traded .	Х	24	105,575	FMV OF SHARES					
10	Securities—Closely held stock .									
11	Securities—Partnership, LLC, or trust interests									
	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 to for which the organization completed		,		29					
					•		Yes	No		
30a	During the year, did the organizatio	n receive by	contribution any property re	eported in Part I, lines 1 thr	ough 28, that it must					
	hold for at least three years from the purposes for the entire holding periods.		e initial contribution, and wh	nich isn't required to be used	d for exempt	30a		No		
b	If "Yes," describe the arrangement	in Part II.				55a		140		
31	Does the organization have a gift ac	cceptance po	olicy that requires the review	of any nonstandard contrib	outions?	31		No		
32a	Does the organization hire or use the contributions?	nird parties o	or related organizations to so	olicit, process, or sell noncas	sh • • •	32a		No		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an	amount in c	olumn (c) for a type of prope	erty for which column (a) is	checked,					
	describe in Part II						l			

	purposes for the entire holding period?		
	purposes for the entire holding period:	30a	No
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	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	No
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,		
	describes to Dead II	I	

efile Public Visual Render

ObjectId: 202340749349301229 - Submission: 2023-03-15

SCHEDULE 0

(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 990-EZ.

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

OMB No. 1545-0047

TIN: 41-0693887

Open to Public Inspection

Employer identification number

Name of the organization THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST PAUL

41-0693887

	12 0033007
Return Reference	Explanation
FORM 990, PART VI, SECTION A,	DEB AND TOM FRISHBERG - FAMILY RELATIONSHIP BONNIE RESNICK AND DAVID MILAVETZ - FAMILY RELATIONSHIP

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ObjectId: 202340749349301229 - Submission: 2023-03-15

TIN: 41-0693887

OMB No. 1545-0047

2021

Open to Public Inspection

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 990-EZ.

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

Name of the organization THE UNITED JEWISH FUND AND COUNCIL JEWISH FEDERATION OF GREATER ST PAUL Employer identification number

41-0693887

	UN OF GREATER ST PAUL 41-0693887
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DEB AND TOM FRISHBERG - FAMILY RELATIONSHIP BONNIE RESNICK AND DAVID MILAVETZ - FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 6	ALL PERSONS WHO CONTRIBUTE YEARLY THE PRESCRIBED MEMBERSHIP DUES OR MORE TO THE ORGANIZATION SHALL BE VOTING MEMBERS DURING THE FISCAL YEAR FOR WHICH THE CONTRIBUTION WAS MADE, PROVIDED THAT THE CONTRIBUTION IS MADE AT A TIME PRIOR TO THE ANNUAL MEETING.
FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS OF THE ORGANIZATION ARE ELECTED AT THE ANNUAL MEETING. DIRECTORS ARE NOMINATED BY THE NOMINATING COMMITTEE AND ELECTED BY AND FROM THE MEMBERSHIP OF THE ORGANIZATION. THESE DIRECTORS SHALL SERVE A TERM OF THREE YEARS EACH, AND SHALL BE ELECTED SUCH THAT ONE-THIRD OF THE DIRECTORS IS ELECTED EACH YEAR.
FORM 990, PART VI, SECTION A, LINE 7B	ALL BYLAWS ARE SUBJECT TO ALTERATION, ADDITION, AMENDMENT OR REPEAL BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS PRESENT AT ANY ANNUAL MEETING OR AT ANY SPECIAL MEETING CALLED FOR THAT PURPOSE, OR BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS IF THE BOARD OF DIRECTORS PRESENT AT ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH A QUORUM IS PRESENT.
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE 990 IS DISTRIBUTED TO BOARD MEMBERS FOR COMMENTS BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD REQUIRES ALL DIRECTORS, OFFICERS, OR MEMBERS OF A COMMITTEE WITH BOARD-DELEGATED POWERS TO DISCLOSE ANY CONFLICT OF INTEREST WHENEVER THEY ARISE THROUGHOUT THE YEAR, AND ARE ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. AFTER DISCLOSURE OF THE POSSIBLE CONFLICT OF INTEREST, THE INTERESTED PERSON MUST LEAVE THE BOARD MEETING WHILE THE REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INTERESTED PERSON MAY MAKE A PRESENTATION REGARDING THE PROPOSED TRANSACTION OR ARRANGEMENT, BUT THEN AFTER MUST LEAVE DURING THE DISCUSSION AND VOTE ON THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF THAT IS NOT REASONABLY ATTAINABLE, THE REMAINING BOARD SHALL DETERMINE BY A MAJORITY VOTE WHETHER IT IS IN THE BEST INTEREST AND FOR ITS OWN BENEFIT TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. THE ORGANIZATION DOCUMENTS THE NAME(S) OF THE PERSONS WHO HAD THE CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE DECISION AS TO WHETHER A CONFLICT IN FACT EXISTED. ADDITIONALLY, THE MINUTES DOCUMENT THE NAMES OF THE PERSONS WHO WERE PRESENT FOR THE DISCUSSIONS AND VOTES RELATED TO THE CONFLICT, THE CONTENT OF THE DISCUSSIONS, AND A RECORD OF ANY VOTES TAKEN.
FORM 990, PART VI, SECTION B, LINE 15	THE JEWISH FEDERATION OF GREATER ST PAUL IS A MEMBER OF THE JEWISH FEDERATION OF NORTH AMERICA (JFNA), WHICH REPRESENTS 146 JEWISH FEDERATIONS AND MORE THAN 300 NETWORK COMMUNITIES. JFNA MAKES AVAILABLE TO ALL FEDERATIONS INFORMATION REGARDING ANNUAL SALARIES FOR FEDERATION EMPLOYEES, INCLUDING EXECUTIVE DIRECTORS. OUR PERSONNEL COMMITTEE MEETS ANNUALLY TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE OVER THE PAST YEAR. USING THIS EVALUATION IN CONJUNCTION WITH JFNA SALARY INFORMATION, THE COMMITTEE ARRIVES AT THE EXECUTIVE DIRECTOR'S SALARY. THE SALARIES ARE SET BY THE EXECUTIVE DIRECTOR. THE BUDGET INCLUDING THE SALARY LINE ITEM IS APPROVED BY THE FULL BOARD.
FORM 990, PART VI,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

DIRECTOR'S PERFORMANCE OVER THE PAST YEAR. USING THIS EVALUATION IN CONJUNCTION WITH JFNA SALARY INFORMATION, THE COMMITTEE ARRIVES AT THE EXECUTIVE DIRECTOR'S SALARY. THE SALARIES ARE SET BY THE EXECUTIVE DIRECTOR. THE BUDGET INCLUDING THE SALARY LINE ITEM IS APPROVED BY THE FULL BOARD.

FORM 990, PART VI, SECTION C.

OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2021 (Form 990) 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization THE UNITED JEWISH FUND AND COUNCIL Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state or foreign country) (f) Direct controlling entity (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (d) Total income (e) End-of-year assets

TIN: 41-0693887

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(1)CHARITABLE REMAINDER TRUST

790 SOLITH OLEVELAND AVENUE NO 227

TIN: 41-0693887 OMB No. 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2021

Department of the Treasury

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.

Open to Public Inspection

	e organization										En	ployer	identifi	icatio	n numbe	ar		
	RATION OF GREATER ST PAUL										41	-069388	7					
Part I		ities. Co	mplete if th	he organi		ered "Ye	s" on F		0, Part						•			
	(a) Name, address, and EIN (if applicable) of disreg	arded entity			(b) Primary ac	tivity	Legal or fo	(c) domicile (reign cour	state ntry)	(d Total ir		End-o	(e) f-year as	sets		(f) Direct con entit	trolling	
	Identification of Disregarded Entit (a) Name, address, and EIN (if applicable) of disregarded taxes, and EIN (if applicable) of disregarded taxes, and EIN (if applicable) of disregarded taxes, and EIN of related organizations durin (a) Name, address, and EIN of related organization ork Reduction Act Notice, see the Instruction or more related organizations treat (a) Name, address, and EIN of related organization one or more related organizations treat (a) Name, address, and EIN of related organizations treat (a) Name, address, and EIN of related organizations treat (b) Name, address, and EIN of related organizations treat (c) Name, address, and EIN of related organizations treat (c)																	
Part II				. Comple	te if the org	anization	answe	ered "Ye	s" on F	orm 99	0, Part	IV, line	34 be	cause	it had	one or	more	
	(a)		ax year.		(b) ry activity	Legal don or foreig	(c) nicile (sta n country	ite Exe	(d) empt Code		Public (if sec	(e) charity st tion 501(c	atus ()(3))	D	(f) irect contr entity		Section (13) co ent	g) n 512(b) ontrolled tity?
																	Yes	No
For Paner	work Deduction Act Notice can the Insti	ustions f	or Form 000			C	at. No. 5	012EV						Sch	edule R	/Earm	200) 20	021
————	voik Reduction Act Notice, see the Inst	uctions i	— Page 2				at. No. 3	01331						301	ledule K	(FOIIII	990) 2	,21
Schedule R	(Form 990) 2021																Pag	ge 2
Part III							ne orga	nization	answe	ered "Ye	s" on F	orm 99	0, Part	t IV, li	ine 34, I	because	e it hac	J
	Name, address, and EIN of		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	Predon income(unreli excluded under s 512-	ninant related, ated, from tax ections	(f) Share o total income	end-	e of -of- ar	(h Dispropr allocat	tionate	Code amor box Sched	V-UBI unt in 20 of ule K-1 1065)	Gene man	(j) eral or naging tner?	Perce	k) entage ership
										-	Yes	No			Yes	No		
																_		
Part IV	Identification of Related Organiza because it had one or more related or									ion ans	wered	"Yes" oi	n Form	990,	Part IV	, line 34	1	
	(a) Name, address, and EIN of related organization	Prima	(b) ary activity	((c) Legal domicile state or foreign country)	D	(d) irect cont entity	trolling ((e) Type of er C corp, S or trust	corp,	(f) are of to income	tal Sha	(g) re of end year assets	I-of-	(h Percer owner	ntage	(13) co ent	i) 512(b) introlled city?

ST PAUL JEWISH FEDERATION

1,358,230

100.000 %

ST PAUL, MN 55116		1			I	ı		1	İ	I			į
41-6412134													
						·				Sch	edule R	(Form 9	90) 2021
		Page 3 -											
Schedule R (Form 990) 2021													Page 3
Part V Transactions With Related Organiz		•		on answe	red "Yes"	on Form 9	990, Part 1	V, line 34,	35b, or	36.		1	V I N-
Note. Complete line 1 if any entity is listed in Parts 1 During the tax year, did the organization engage in a				ne or more	related org	anizations	listed in Pa	rts II-IV?					Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties												1a	No
b Gift, grant, or capital contribution to related organ	ization(s) .											1b	No
c Gift, grant, or capital contribution from related org											•	1c	No
d Loans or loan guarantees to or for related organization(s												1d 1e	No No
e Loans or loan guarantees by related organization(s	,,											76	140
f Dividends from related organization(s)												1f	No
\boldsymbol{g} Sale of assets to related organization(s) . . .												1g	No
\boldsymbol{h} Purchase of assets from related organization(s) .										•		1h	No
i Exchange of assets with related organization(s) .												1i	No
j Lease of facilities, equipment, or other assets to re	lated organiza	ation(s) .										1j	No
k Lease of facilities, equipment, or other assets from	related orga	nization(s)										1k	No
I Performance of services or membership or fundrais												11	No
m Performance of services or membership or fundrais	ing solicitatio	ns by relate	ed organization	n(s)								1m	No
n Sharing of facilities, equipment, mailing lists, or other												1n	No
 Sharing of paid employees with related organization 	on(s)											10	No
p Reimbursement paid to related organization(s) for	expenses .											1p	No
q Reimbursement paid by related organization(s) for												1q	No
r Other transfer of cash or property to related organ												1r 1s	No No
S Other transfer of cash or property from related orgIf the answer to any of the above is "Yes," see the												15	NO
(a)	IIISU UCUOIIS II	or illiorillat	ion on who mu	st complet	e triis lille, i	(b)	overed rela	(c)	u transact	ion threshold	(d)		
Name of related o	rganization					Transacti type (a-		kmount involv	ed	Method of de	etermining	amount in	ivolved
									-				
										Sch	edule R	(Form 9	90) 2021
		Page 4 -											
Schedule R (Form 990) 2021													Page 4
Part VI Unrelated Organizations Taxable	as a Dartne	ershin Co	nmnlete if the	organiza	ation answ	arad "Vas	" on Form	990 Part	IV line 3	27			rage 4
Provide the following information for each entity taxed as	a partnership	through w	vhich the organ	ization cor							ssets or g	gross rev	enue) that
vas not a related organization. See instructions regarding (a)	exclusion fo	r certain inv	vestment partn		(e)	(f)	(g)	(h	1)	(i)	(j	1)	(k)
Name, address, and EIN of entity	Primary	Legal domicile	Predominant income	Are all	partners	Share of	Share of end-of-year	Dispropri	tionate	Code V-UBI amount in	Gene	ral or	Percentage
	activity	(state or foreign	(related, unrelated,	501	ction (c)(3) izations?	total income	assets	allocat	lona!	box 20 of Schedule	mana parti		ownership
		country)	excluded from	organi	zauviisr					K-1 (Form 1065)			
			tax under sections 512-		1	1			1	(roim 1065)			
			514)	Yes	No			Yes	No		Yes	No	
		<u> </u>					<u> </u>						
							1						

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	•				•	•	•			Sch	edule R (Form 9	90) 2021
		– Page 5 –											
Schedule R (Form 990) 2021													Page 5
Part VII Supplemental Info													
	nation for responses to que	stions on Sch	edule R. See in	structions.									
Return Reference					Ex	planation	1						
											Schedu	le R (Forr	m 990) 2021
Additional Data		Additional Data											

Software ID: Software Version: