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m 990

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

20 19
Open to Public Inspection

A F	or th	ne 2019 ca	alendar year, or tax year begin	nning	, 2019	, and endi	ing		,	20		
_		C N	lame of organization					D Employer ide	entification nu	ımber		
Вс	heck if ap	pplicable:	THE JED FOUNDATION									
	Addre		Ooing Business As					13-4131	.139			
	Name	e change N	lumber and street (or P.O. box if mail is r	not delivered to street address	s)	Room/suite		E Telephone nu	umber			
	Initial	l return 6	6 EAST 39TH STREET			1204		(212) 647-7544				
	Termi	inated C	City or town, state or province, country, a	and ZIP or foreign postal code		•						
	Amen	nded 1	NEW YORK, NY 10016					G Gross receipt	ts \$ 16	5,467	,986.	
		cation F N	lame and address of principal officer:	FRANK LEI				H(a) Is this a grou	p return for	Yes	X No	
	_ ,	9	6 EAST 39TH STREET1204	4, NEW YORK, NY	10016			H(b) Are all subordi		Yes	No	
ī	Tax-ex	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 5	27	If "No," attac	h a list. (see inst	ructions)		
J	Websi	ite: NW	W.JEDFOUNDATION.ORG	, , , , , , , , , , , , , , , , , , , ,				H(c) Group exemp	otion number	>		
K	Form o	of organization	on: X Corporation Trust	Association Other		L Year	of formation	on: 2000 M	State of legal	domicile:	NY	
P	art I	Summa	ary			<u> </u>		•				
		Briefly des	scribe the organization's mission or	r most significant activities	: THE J	ED FOUN	DATION	N'S MISSI	ON IS TO)		
ø			T SUICIDE AND PROTECT									
and		ADULTS	S. SEE SCHEDULE O									
ern	2	Check this	s box if the organization di	scontinued its operation	s or dispose	ed of more th	han 25%	of its net assets	 3.			
Governance	3		f voting members of the governing	•					3		19.	
	4	Number of	f independent voting members of the	he governing body (Part \	/I. line 1b)				4		19.	
ctivities &	5		ber of individuals employed in cale						5		38.	
ξi	6		ber of volunteers (estimate if necess						6		200.	
Ac	7a	Total unre	elated business revenue from Part VI	III. column (C). line 12					7a		0	
			ated business taxable income from F						7b		0	
				,				Prior Year		ırrent Ye	ear	
•	8	Contribution	ons and grants (Part VIII, line 1h)				n	8,724,41	0. 1	5,382	,681.	
une	9		service revenue (Part VIII, line 2g)		COP	Y FOR		368,33	1.	572	,115	
Revenue	10		nt income (Part VIII, column (A), line		PUBLIC II	NSPECTION		20,69	4.		,924	
Ř	11		enue (Part VIII, column (A), lines 5,				-	-169,10				
	12		nue - add lines 8 through 11 (must					8,944,33	4. 1	5,982	,720.	
	13		d similar amounts paid (Part IX, colu						0.	250	,000.	
	14		paid to or for members (Part IX, colur			0.	-	0				
s	4-		other compensation, employee bene					2,583,60	2.	3,403	,550.	
Expenses	16a		nal fundraising fees (Part IX, column						0.	-	0	
ф	b	Total fund	Iraising expenses (Part IX, column (E	O). line 25) ▶	553,731	· · · · · · ·						
û	17		enses (Part IX, column (A), lines 11					2,998,93	7.	3,273	,201	
			enses. Add lines 13-17 (must equal					5,582,53	9.	6,926	,751.	
	19		less expenses. Subtract line 18 from					3,361,79	5.	9,055	,969.	
or			·				Beginn	ning of Current Y	ear E	nd of Yea	r	
sets	20	Total asse	ets (Part X, line 16)					9,301,15	8. 1	9,020	,910.	
Net Assets or Fund Balances	21		lities (Part X, line 26)					537,09	8.	1,200	,881.	
Per	22		s or fund balances. Subtract line 21		 			8,764,06	0. 1	7,820	,029.	
	ırt II	Signat	ture Block				•		'			
Un	der per	nalties of pe	rjury, I declare that I have examined this	s return, including accompa	anying sched	ules and state	ements, ar	nd to the best of	my knowled	je and be	lief, it is	
true	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all infor	mation of wh	ich preparer r	nas any kno	owledge.				
		1	x=hLS					09/10	0/2020			
Sig		Sign	sture of officer					Date				
He	re	FRA	ANK LEI		CFO							
		Туре	e or print name and title									
		Print/Type	e preparer's name	Preparer's signature		Date		Check	if PTIN			
Paid		CATHER	RINE BENDALL CPA	CATHERINE BENDALL C	PA	09/1	0/2020) self-employe	ed P005	21196		
	parer Only	Firm's nam	ne > WITHUMSMITH+BROW	N PC				Firm's EIN	22-2027)92		
		Firm's add	ress ▶ 1411 BROADWAY 9T	H FLOOR NEW YOR	K, NY 1	10018		Phone no.	212-751-	-9100		
May	the I	RS discuss	s this return with the preparer showr	n above? (see instructions)		<u> </u>		X	Yes	No	
For	Pape	rwork Red	luction Act Notice, see the separate	e instructions.					F	orm 990	(2019)	

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROTECT EMOTIONAL HEALTH AND PREVENT SUICIDE FOR OUR NATION'S
	TEENS AND YOUNG ADULTS. (SEE SCHEDULE O FOR DETAILED MISSION
	STATEMENT)
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured lexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,830,324. including grants of \$250,000.) (Revenue \$572,115.) HIGHER EDUCATION- JED SUPPORTS AND EMPOWERS CAMPUS COMMUNITIES TO
	STRENGTHEN STUDENT MENTAL HEALTH, SUBSTANCE ABUSE AND SUICIDE
	PREVENTION EFFORTS. (SEE SCHEDULE O FOR FULL DESCRIPTION)
4b	(Code:) (Expenses \$898,749. including grants of \$) (Revenue \$)
	HIGH SCHOOL- JED IS CONTINUING TO GROW ITS HIGH SCHOOL PROGRAMMING WITH A FOCUS ON THE TRANSITION FROM HIGH SCHOOL TO COLLEGE AND
	EMOTIONAL PREPAREDNESS FOR THAT TRANSITION. (SEE SCHEDULE O FOR
	FULL DESCRIPTION.
4c	(Code:) (Expenses \$1,904,054. including grants of \$) (Revenue \$) YOUTH CAMPAIGNS AND OUTREACH- JED DEVELOPS PUBLIC EDUCATION
	CAMPAIGNS, EXPERT RESOURCES AND CREATES POWERFUL PARTNERSHIPS TO
	ENSURE MORE TEENS AND YOUNG ADULTS GET ACCESS TO THE RESOURCES AND
	SUPPORT THEY NEED TO NAVIGATE LIFE'S CHALLENGES. (SEE SCHEDULE O
	FOR FULL DESCRIPTION)
ام 4	Other program services (Describe on Schedule O.)
4 0	(Expenses \$ including grants of \$) (Revenue \$)
4.0	Total program consists expenses > 5 633 127

 4e Total program service expenses
 ▶
 5,633,127.

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		21
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
L	complete Schedule D, Part VI	11a	Λ	
K	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
,	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
k	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
K	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	o 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		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	45	ı

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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%			
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
ŭ	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		v
29	"Yes," complete Schedule L, Part IV	28c 29	X	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25.0	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		- 21
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	Х	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form		(2019)
9E1030	^{2.000} 5790NI L44A V 19-6.5F 9065612	. 51111		AGE S

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \[\bigs\rightarrow \]			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		v	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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			
11	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.)			
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

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

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

Soot	ion A. Coverning Rody and Management			21
Seci	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the and of the toy year.		103	110
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
	Enter the humber of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Х	
_	any other officer, director, trustee, or key employee?		- 21	_
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		Х
	one or more members of the governing body?	7a		21
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		Х
_	stockholders, or persons other than the governing body?	7b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo	1	Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>.)</i> Yes	No
		10a	103	X
	Did the organization have local chapters, branches, or affiliates?	TUA		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	- 21	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	_
13	Did the organization have a written whistleblower policy?	14	X	_
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	
a	The organization's CEO, Executive Director, or top management official	15a	X	\vdash
b	Other officers or key employees of the organization	130		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		16a		Х
	with a taxable entity during the year?	1 Ja		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1			
17	List the states with which a copy of this norm 990 is required to be filed Section 64.04 requires an experimental make its Forms 4.003 (4.004 or 4.004 A. if applicable) 000 and 000 B.	. (0	tion T	:01/2\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	เเดก 5	υ1(C)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10		f into		olios
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ı ıntel	est p	опсу,
20	and financial statements available to the public during the tax year.	ام ا		
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOHN MACPHEE 6 EAST 39TH STREET, 1204 NEW YORK, NY 10016 212-647-7544	is 🟲		

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)JOHN A. MACPHEE	40.00									
EXECUTIVE DIRECTOR/CEO	0.			Х				289,969.	0.	1,528.
(2) VICTOR SCHWARTZ, MD	40.00									
CHIEF MEDICAL OFFICER	0.					Х		252,969.	0.	0.
(3) KATHERINE J. CUNNINGHAM	40.00									
CHIEF PROGRAMMING & OPERATING	0.					Х		210,998.	0.	14,118.
(4) ADEE SHEPEN	40.00									
CHIEF DEVELOPMENT OFFICER	0.					Х		194,852.	0.	14,253.
(5) NANCE S. ROY	40.00									
CHIEF CLINICAL OFFICER	0.					X		190,253.	0.	15,235.
(6) SOFIA PERTUZ	40.00									
CHIEF OF DIVERSITY & INCLUSION	0.					Х		169,605.	0.	20,930.
(7) FRANK LEI	40.00									
CFO	0.			Х				137,526.	0.	7,491.
(8) ERIC BLATTMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)ALEX CHI	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) MOLLY O'NEIL FRANK	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) MARY BETH HARVEY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) LARRY LIEBERMAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) KAREN LING	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) MATTHEW W. LIPPMAN	1.00									
DIRECTOR	0.	Х	<u> </u>		<u>_</u>			0.	0.	0.

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THE JED FOUNDATION

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15)	STACY LONDON	1.00									
	DIRECTOR	0.	X						0	0.	0
16)	SARAH LONG	1.00									
	DIRECTOR	0.	X						0	0.	0
17)	MARC MAZUR	1.00									
	DIRECTOR	0.	X						0	0.	0
18)	JOLENE MCCAW	1.00									
	DIRECTOR	0.	Х						0	0.	0
19)	WILLIAM MEURY	1.00									
	DIRECTOR	0.	Х						0	0.	0
20)	STUART ROTHSTEIN	1.00									
	DIRECTOR	0.	X						0	0.	0
21)	PATRICIA SACKS	1.00									
	DIRECTOR	0.	Х						0	0.	0
22)	JULIE SATOW	1.00									
	DIRECTOR	0.	Х						0	0.	0
23)	MICHAEL SATOW	1.00									
	DIRECTOR	0.	Х						0	0.	0
24)	PHILIP SATOW	1.00									
	CHAIR	0.	Х		Х				0	0.	O
25)	LYNN O'CONNOR VOS	1.00									
	DIRECTOR	0.	Х						0	0.	0
1b	Sub-total		•				•		1,446,172.	0.	73,555.
С	Total from continuation sheets to Part VII, Se							•	0.	0.	0.
	Total (add lines 1b and 1c)							>	1,446,172.	0.	73,555.
	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					o re	eceived more than	\$100,000 of	
											Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	
	for services rendered to the organization? If "Ye	es," comple	te Scl	nedu	ıle J	I for	such	per	son		5 X
	Complete this table for your five his heat age			1			4 m m = 1	<u> </u>	danak mananah serik ser	#400 000	<u> </u>
1	Complete this table for your five highest com compensation from the organization. Report c year.										

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

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THE JED FOUNDATION

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	(C) Position heck more ss person is d a directo		is both	an ee) Forr	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatic relatec organizat (W-2/1099-	on from d ions	(F) Estimated amount of other compensation from the organization and related organizations
		96	stee			nsatec					
26) ROBERT P. ROONEY	1.00										
DIRECTOR 27) DONNA SATOW	0.	X						0		0.	0
SECRETARY/TREASURER	$\frac{1.00}{0.}$			Х				0		0.	0
		_									
	 										
1b Sub-total c Total from continuation sheets to Part VII, S							>	0.		0.	0.
d Total (add lines 1b and 1c)					bove	e) who	► o re	ceived more than	\$100,000 c	of	
reportable compensation from the organization			7								
3 Did the organization list any former office	er, directo	r, or	tru	ste	e,	key e	emp	oloyee, or highes	t compens	ated	Yes No
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividu	ıal							3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"Yes	3,"	complete Schedu			4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	fron	n any	un	related organization			5 X
Section B. Independent Contractors	, ,										
1 Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) compensation

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
ran	b	Membership dues					
Ğ,E	С	Fundraising events 1c	1,680,398.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
er		and similar amounts not included above . 1f	13,702,283.				
ğ	g	Noncash contributions included in					
d		lines 1a-1f 1g	\$ 461,424.				
g E	h	Total. Add lines 1a-1f		15,382,681.			
			Business Code				
Se	2a	PROGRAM SERVICE REVENUE	900099	572,115.	572,115.		
Program Service Revenue	b						
Su	C						
am	d						
Pg	e						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		572,115.			
	3	Investment income (including dividends,					
		other similar amounts)		30,300.			30,300.
	4	Income from investment of tax-exempt bond	. [0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 97,624.					
Ð	b	Less: cost or other basis					
evenue		and sales expenses 7b					
eve	С	Gain or (loss) 7c -2,376.					
~	d	Net gain or (loss)		-2,376.			-2,376.
Other	8a	Gross income from fundraising					
ō	Ou	events (not including \$2,065,664.					
		of contributions reported on line					
		1c). See Part IV, line 18	385,266.				
	b	Less: direct expenses 8b	385,266.				
	c	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming					
	••	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory		0.			
s			Business Code				
e e	11a						
ane	b						
ele eve	C						
Miscellaneous Revenue	d	All other revenue					
Σ		Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		15,982,720.	572,115.		27,924

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a responsible of the contains a responsible of the contains a responsible of the contains and th	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	250,000.	250,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	436,514.	239,028.	150,846.	46,640.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	2,534,787.	2,133,128.	193,543.	208,116.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.	176 520	01 500	16.640
9	Other employee benefits	214,953.	176,530.	21,783.	16,640.
10	Payroll taxes	217,296.	173,916.	24,711.	18,669.
11	Fees for services (nonemployees):				
а	Management	0.	14.040	6 560	89.
	Legal	21,599.	14,948.	6,562.	89.
	Accounting	117,161.		117,161.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
ç	I Other. (If line 11g amount exceeds 10% of line 25, column ልጥሮዝ 3	1,290,886.	1,145,842.	74,792.	70,252.
40	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	219,575.	214,477.	71,752.	5,098.
	Advertising and promotion	389,594.	296,139.	51,180.	42,275.
13 14	Office expenses	121,570.	121,570.	31,1001	
15	Royalties.	0.	,		
16	Occupancy	290,772.	232,723.	33,067.	24,982.
17	Travel	264,177.	233,773.	14,291.	16,113.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	194,035.	86,926.	21,646.	85,463.
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	290,591.	269,516.	4,190.	16,885.
23	Insurance	22,345.		22,345.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	VIDEO PRODUCTION & TECHNOLOG	14,978.	14,978.		
~	MISCELLANEOUS	7,104.	6,688.		416.
-	PROGRAM SUPPLIES	905.	905.	2 1	
c	LOSS ON FIXED ASSET DISPOSAL	27,909.	22,040.	3,776.	2,093.
e	All other expenses	6 006 551	5 (22 125	E22 222	
	Total functional expenses. Add lines 1 through 24e	6,926,751.	5,633,127.	739,893.	553,731.
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
_	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,245,585.	1	832,934.
	2	Savings and temporary cash investments	3,468,729.	2	5,131,130.
	3	Pledges and grants receivable, net	4,059,565.	3	12,394,239.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,		7	
	J	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
		Loans and other receivables from other disqualified persons (as defined	<u> </u>	3	0.
	6		0.	6	0.
(A)	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	7	0.
Assets	7	Notes and loans receivable, net	0.		0.
ASS	8	Inventories for sale or use	124,745.	8	183,950.
_	9	Prepaid expenses and deferred charges	124,745.	9	103,730.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,691,014.			
			345,266.		347,489.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	57,268.	15	131,168.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,301,158.	16	19,020,910.
	17	Accounts payable and accrued expenses	274,801.	17	582,321.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	223,340.	19	579,603.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	38,957.	25	38,957.
	26	Total liabilities. Add lines 17 through 25	537,098.	26	1,200,881.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	2,826,445.	27	4,009,086.
Ã	28	Net assets with donor restrictions	5,937,615.	28	13,810,943.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS (31	Retained earnings, endowment, accumulated income, or other funds.			
t A	32	Total net assets or fund balances	8,764,060.	31	17,820,029.
Se	33	Total liabilities and net assets/fund balances	9,301,158.	32	19,020,910.
_	JJ	Total navinues and het assets/fund balances, , , , , , , , , , , , , , , ,	J, JUI, IJO.	33	Form 990 (2019)

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	10 (2010)					gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			82,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			26,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			55,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,7	64,0	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	7,8	20,0	129.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?		• • -	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047 Open to Public Inspection

13-4131139

Department of the Treasury Internal Revenue Service Name of the organization

THE JED FOUNDATION

Employer identification number

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	complet	e this pa	art.) See instructions	S.
The	orç	ganization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b))(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
	_	section 170(b)(1)(A)(iv). (C						
6	-	A federal, state, or local go	_					
7	X	An organization that norma	•	•	ipport fr	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)			5 (11)			
8	<u> </u>	A community trust describe			-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ac	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
40		university:	II	th 00 0/ - f 't-			- (-2) (2	the form of the control of the contr
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and union after June 30, 1	functions - subject to on the subject to one of the subject to sub	certain e able inco (a)(2). (0	exception ome (les Complete	ns, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3% of its
11		An organization organized	•	•	•			
12		An organization organized	•	•				
		of one or more publicly su	· ·					
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upportin	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а	L	Type I. A supporting orga	•		-		• , ,	
		the supported organization				ajority of	f the directors or truste	es of the
	г	supporting organization. \	-					
b	L	Type II. A supporting org	-				· · · · -	· · · · · -
		control or management of organization(s). You must		=	the sam	e persor	ns that control or mar	nage the supported
С		Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
	_	its supported organization	n(s) (see instruction	is). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	Check this box if the orga	anization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	II, Type III
		functionally integrated, or						
f		nter the number of supported						
g		rovide the following information	on about the suppo	orted organization(s).			T	
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	1	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	ATCH 1			ATCH 2	ATCH 3	
	include any "unusual grants.")	3,033,313.	4,257,485.	4,486,934.	4,421,764.	5,482,681.	21,682,177.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	·						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,033,313.	4,257,485.	4,486,934.	4,421,764.	5,482,681.	21,682,177.
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)						3,015,435.
6	Public support. Subtract line 5 from line 4						18,666,742.
	tion B. Total Support						10,000,742.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,033,313.	4,257,485.	4,486,934.	4,421,764.	5,482,681.	21,682,177.
8	Gross income from interest, dividends,	.,,	, , , , , ,	,,	, , , , ,		
J	payments received on securities loans, rents, royalties, and income from similar sources	15,138.	40,523.	48,526.	57,572.	30,300.	192,059.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						21,874,236.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,674,117.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (li		•				85.34%
15	Public support percentage from 2018	Schedule A, Pa	rt II, line 14			15	80.93 %
16a	331/3% support test - 2019. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu	•		•			
b	331/3% support test - 2018. If the org						
	this box and stop here . The organization			_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			_			
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				_	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2019 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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 to						
	or expended on its behalf					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					<u> </u>	
b	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					<u> </u>	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	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	<u> </u>					
	activities not included in line 10b, whether						
	or not the business is regularly carried on					<u> </u>	
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, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .	<u> </u>	<u></u> .	<u> </u>	<u></u>	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lir	ne 15	<u> </u>	<u></u> .	16	%
Sec	tion D. Computation of Investment	Income Perd	centage				
17	Investment income percentage for 2019 (lin	ie 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	_					
b	331/3% support tests - 2018. If the orga	-	_	•	•	•	
	line 18 is not more than 331/3 %, check				·		
20	Private foundation. If the organization d		•				

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.

 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **5**

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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.	_		
34		3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- (! \	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	, ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	26		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
L		Já		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
	1 Julian in the second of the original and regular			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		*
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).	6	atod Timo III simus siii s	n organization (see
7 Check here if the current year is the organization's first as a non-functionall	y integra	ateα Type III supportino	y organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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Page 7 Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V

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

ATTACHMENT 1 2015 SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR NAME OF CONTRIBUTOR DATE AMOUNT EXPLANATION 06/30/2015 1,330,000. JED CAMPUS PROGRAM Foundation 1,330,000. TOTAL

ATTACHMENT 2

2018 SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR

NAME OF CONTRIBUTOR DATE AMOUNT EXPLANATION 04/26/2018 4,302,646. Foundation Program funding

4,302,646. TOTAL

ATTACHMENT 3

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR

NAME OF CONTRIBUTOR AMOUNT EXPLANATION DATE

FOUNDATION 12/31/2019 9,900,000. JED CAMPUS PROGRAM

TOTAL 9,900,000.

Schedule B (Form 990, 990-EZ,

Internal Revenue Service

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

Department of the Treasury

Department of the Treasury

Department of the Treasury

Schedule of Contributors

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

2019

Employer identification number Name of the organization THE JED FOUNDATION 13-4131139 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE JED FOUNDATION

Employer identification number 13-4131139

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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.)

Name of organization THE JED FOUNDATION

Employer identification number 13-4131139

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	GRANT RECEIVABLE		
		\$9,900,000.	12/17/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization THE JED FOUNDATION **Employer identification number** 13-4131139 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization Employer identification number THE JED FOUNDATION 13-4131139 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b

	tax year 🕨
Ļ	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	>
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	> \$
3	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
)	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2c

2d

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1a

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

Part III

3

Schedule D (Form 990) 2019 Page 2

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply): a Public exhibition	Pa	rt Organizations Maintaini	ng Collections of	of Art, Histo	rical Tre	asures, e	or Other	Similar Assets (d	continued)	
a Public exhibition d	3	Using the organization's acquisition	n, accession, and	other reco	rds, checl	k any of t	he follow	ring that make sigr	nificant use	of its
b Scholarly research e Other		collection items (check all that app	ly):		_					
c	а	Public exhibition		d	Loan	or exchanç	ge progra	m		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e	Other					
XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future gene	rations							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV. line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, which is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990 and IV. In the contributions of the IV Yes, "explain the arrangement in Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance. 1b Contributions. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1b Contributions. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1c) Contributions. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1c) Contributions. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Section of the organization that are held and administered for the organization by: (a) Unrestrated organizations. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Peart VI Land, Buildings, and Equipmen	4	Provide a description of the organ	nization's collectio	ns and expl	ain how t	they furthe	er the or	ganization's exemp	t purpose ir	n Part
assets to be sold to raise funds arther than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21. 1a Is the organization an apent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an apent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. III and complete the following table: C Beginning balance Beginning balance Additions during the year Id Additions during the year Bedinning balance If Ending balance If Ending balance If Ending balance If Ending balance If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The part V Endowment Funds. The part V Endowment Funds. Administrative expenses on the organization answered "Yes" on Form 990, Part IV, line 10. The part V Endowment Funds on the part V Endowment Funds on the part V Endowment Funds. The percentages on lines 2a, 2b, and 2c should equal 100%. The percentages on lines 2a, 2b, and 2c should equal 100%. The percentages on lines 2a, 2b, and 2c should equal 100%. The percentages on lines 2a, 2b, and 2c should equal 100%. The percentages on lines 2a, 2b, and 2c should equal 100%. The percentages on lines 3(ii), are the related organizations isted as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Endowment Funds. Describ		XIII.								
Part IV	5							_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance				ntained as pa	art of the	organizatio	on's collec	ction?	Yes	No
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Amount Amount C Beginning balance Distributions during the year Ending balance Fending balance It Belling balance Fending	Pa	Complete if the organiza		Yes" on For	m 990, F	Part IV, lin	e 9, or r	eported an amoui	nt on Form	
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance . 1c	1a	Is the organization an agent, truste	e, custodian or ot	her intermed	diary for c	ontribution	ns or othe	r assets not		
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance . 1c		included on Form 990, Part X?						[Yes	No
c Beginning balance d Additions during the year. f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Two years back (g) Two years back (h) Three years	b	If "Yes," explain the arrangement is	n Part XIII and cor	mplete the fo	llowing tal	ole:				
d Additions during the year . 16 16 17 18 18 19 19 19 19 19 19								Amount		
e Distributions during the year	С						С			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and losses. d Grants or scholarships (c) their expenditures for facilities and programs (e) Two year balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Beginning of year balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Begranent endowment Begranent Be	d						d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е						е			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		•								٦
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions		•								⊣ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			n Part XIII. Check	nere if the e	xpianation	nas been	provided	on Part XIII		
(a) Current year (b) Prior year (c) Two years back (e) Four years	Ра		ation answered "	Ves" on For	m 99∩ F	Part I\/ lin	na 10			
Beginning of year balance		Complete ii the organiza						(d) Three years back	(a) Four year	e hack
b Contributions					n year	(6) 1110)	- Duon	(u) Tillee years back	(e) i oui year	
c Net investment earnings, gains, and losses										
and losses										
d Grants or scholarships	С	= = -								
e Other expenditures for facilities and programs										
and programs		· · · · · · · · · · · · · · · · · · ·								
g End of year balance	е	-								
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		· · · · · · · · · · · · · · · · · · ·								
a Board designated or quasi-endowment ▶	_		of the current year	r and halana	o (lino 1a	column (a)) hold ac			
b Permanent endowment \% Term endowment \% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings c Leasehold improvements 48,389. 36,036. 12,353. d Equipment. 1,559,553. 1,283,287. 276,266.	_				e (iiile 19,	coluitiii (a)) Held as			
Term endowment ▶		- · · · · · · · · · · · · · · · · · · ·								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) Unrelated organizations. (iv) Unrel			%							
organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings c Leasehold improvements. 48,389. 36,036. 12,353. d Equipment. 1,559,553. 1,283,287. 276,266.		The percentages on lines 2a, 2b, a	and 2c should equa	ıl 100%.						
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings c Leasehold improvements. 48,389. 36,036. 12,353. d Equipment. 1,559,553. 1,283,287. 276,266.	3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held a	ınd admir	nistered for the		
(ii) Related organizations		organization by:							Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations							3a(i)	
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (c) Accumulated depreciation (d) Book value (d) Book value (a) Book value (b) Cost or other basis (other) (other) (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (other)		`,							3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Book value (g) Accumulated depreciation (g) Accumulated depreciation (h) Book value (g) Accumulated depreciation (h) Book value (g) Accumulated depreciation (h) Book value	b	. , ,	J	•					3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements. d Equipment. 1. 283, 287. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 48, 389. 36, 036. 12, 353. 1, 283, 287. 276, 266.										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Pa	rt VI Land, Buildings, and Equ	J ipment. ation answered "	Yes" on Fo	rm 990	Part IV lii	ne 11a .	See Form 990 Pa	rt X line 1	Ω
1a Land			(a) Cost	or other basis						<u>. </u>
b Buildings 48,389 36,036 12,353 c Leasehold improvements 1,559,553 1,283,287 276,266 d Equipment 1,559,553 1,283,287 276,266			(inv		(0	ther)				
c Leasehold improvements. 48,389. 36,036. 12,353. d Equipment. 1,559,553. 1,283,287. 276,266.	_									
d Equipment		=				10 200		26 026	1 0	3 5 2
	-	-			1 5			•		
					1,5					
e Other 83,072. 24,202. 58,870. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). ▶ 347,489.				orm QQA Dan	X colum					

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments - Program Related. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	е
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990, Part	X, line 15.
	(a) De	scription	(k) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990), Part X,
	line 25.			
1.	(a) Descrip	otion of liability	(k) Book value
(1) Feder	ral income taxes			
(2) DEFE	RRED RENT PAYABLE			38,957.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)			38,957.
	or uncertain tax positions. In Part XIII, provide the		·	orts the

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

Schedule D (Form 9

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Schedule D (Form 990) 2019

THE JED FOUNDATION

Schedu	lle D_(Form 990) 2019		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	16,179,535.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		106 015
е	Add lines 2a through 2d	2e	196,815.
3	Subtract line 2e from line 1	3	15,982,720.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	15,982,720.
5 Dow4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,962,720.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
		1	7,123,566.
1	Total expenses and losses per audited financial statements	1	7,123,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
a	Donated Services and use of facilities		
b	Their year adjustments		
C	Cirici 1030c3 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :		
d	Other (Describe in Part XIII.)	2e	196,815.
e	Subtract line 2e from line 1	3	6,926,751.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.).	5	6,926,751.
Part	XIII Supplemental Information.		
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4; Part X, line
SEE	PAGE 5		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE JED FOUNDATION 13-4131139 Page 5

Part XIII Supplemental Information (continued)

PART X, LINE 2

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL INCOME TAXES. THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2019 AND 2018. THERE ARE NO TAX RELATED PENALTIES AND INTEREST RECORDED FOR THE YEAR ENDED DECEMBER 31, 2019 AND 2018.

Schedule D (Form 990) 2019

JSA 9E1226 1.000 5790NI L44A

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer identification	on number		
THE JED FOUNDATION					13-4131139			
Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.		
1 Indicate whether the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.			
a Mail solicitations e Solicitation of non-government grants								
b Internet and email solicitations	b Internet and email solicitations f Solicitation of government grants							
c Phone solicitations g Special fundraising events								
d In-person solicitations								
 2a Did the organization have a written of key employees listed in Form 990 b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No		55 (-)			
1		1.00						
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	ation is registered (or licensed	to solicit	contributions or	has been notified	it is exempt from		
registration or licensing.						· 		

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

Schedule G (Form 990 or 990-EZ) 2019

Sch	THE JED	FOUNDATION		13-	-4131139
	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts green.	aising event contributi			line 18, or reported
		(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	2,065,664.			2,065,664.
ď	2 Less: Contributions 3 Gross income (line 1 minus	1,680,398.			1,680,398.
	line 2)	385,266.			385,266.
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	213,522.			213,522.
Expe	7 Food and beverages				
Direct	8 Entertainment	125,695.			125,695.
	9 Other direct expenses	46,049.			46,049.
	10 Direct expense summary. Add line11 Net income summary. Subtract lir	385,266.			
	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered "	Yes" on Form 990,	Part IV, line 19, or	reported more than
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
ses					
xpenses	3 Noncash prizes				

Dire	4 Reni/racility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes% No	Yes% No	
	7 Direct expense summary. Add lin	nes 2 through 5 in colu	mn (d)	▶	
	8 Net gaming income summary. S	Subtract line 7 from line	1, column (d)		
9 a b	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:			s?	Yes No
10a b	Were any of the organization's gamir If "Yes," explain:	ng licenses revoked, sus	pended, or terminated du	ring the tax year?	. Yes No
				Schedule G	(Form 990 or 990-EZ) 2019

THE JED FOUNDATION

Sched	dule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	,		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	_	
	revenue?	Yes	No
b			
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а		_	
	retain the state gaming license?] Yes [No
b			
Par		and	
T all	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informa (see instructions).		

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number THE JED FOUNDATION 13-4131139 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) THE STEVE FUND P.O BOX 9070 PROVIDENCE, RI 02940 47-4730275 501(C)3 250,000. JED CAMPUS (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2019)

THE JED FOUNDATION 13-4131139

Schedule I (Form 990) (2019)

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
_1									
2									
3									
4									
5									
6									
7									

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

Schedule I (Form 990) (2019)

JSA 9E1504 1.000

5790NI L44A V 19-6.5F 9065612 PAGE 36

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE JED FOUNDATION

Employer identification number 13-4131139

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

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

Schedule J (Form 990) 2019

THE JED FOUNDATION 13-4131139

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOHN A. MACPHEE	(i)	289,969.	0.	0.		1,528.	291,497.	
1 EXECUTIVE DIRECTOR/CEO	(ii)	0.	0.	0.				
VICTOR SCHWARTZ, MD	(i)	252,969.	0.	0.		1,430.	254,399.	
2 ^{CHIEF} MEDICAL OFFICER	(ii)	0.	0.	0.				
NANCE S. ROY	(i)	190,253.	0.	0.		15,235.	205,488.	
3 CHIEF CLINICAL OFFICER	(ii)	0.	0.	0.				
ADEE SHEPEN	(i)	194,852.	0.	0.		14,253.	209,105.	
4 ^{CHIEF} DEVELOPMENT OFFICER	(ii)	0.	0.	0.				
KATHERINE J. CUNNINGHAM	(i)	210,998.	0.	0.		14,118.	225,116.	
5CHIEF PROGRAMMING & OPERATING	(ii)	0.	0.	0.				
SOFIA PERTUZ	(i)	169,605.	0.	0.		20,930.	190,535.	
6 ^{CHIEF} OF DIVERSITY & INCLUSION	(ii)	0.	0.	0.				
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2019

THE JED FOUNDATION 13-4131139

Schedule J (Form 990) 2019 Page 3

Part | Supplemental Information

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

Schedule J (Form 990) 2019

JSA

9E1505 1.000 5790NI L44A V 19-6.5F 9065612 PAGE 39

SCHEDULE M (Form 990)

Noncash Contributions

2019

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

THE JED FOUNDATION

Employer identification number 13-4131139

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont		_	_
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		4.	461,424.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	ement	29		Vaa	Na
20-	During the year did the argenizat	ilan raasiira	hu aantribution anu arana	which appeared in Doubline	o 1 through		Yes	NO
30a	During the year, did the organizat				_			i
	28, that it must hold for at least the					30a		Х
L	to be used for exempt purposes for		olding period?			Sua		21
	If "Yes," describe the arrangement i		tongo naligy that require	on the review of any	nonatandard			
31	Does the organization have a			· · · · · · · · · · · · · · · · · · ·		31		Х
224	contributions? Does the organization hire or use					31		
s∠a	•	-	•	•		323		Х
L	contributions?					32a		-25
	If "Yes," describe in Part II. If the organization didn't report an	amount in a	column (a) for a type of area	norty for which column (a)	vie chooked			
33	describe in Part II.	amount In C	ordinin (c) for a type of pro	perty for writeri column (a,	ъ спескец,			

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

Schedule M (Form 990) 2019

THE JED FOUNDATION 13-4131139

Schedule M (Form 990) (2019) Page **2**

Part II Suppleme

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

JSA Schedule M (Form 990) (2019)

9E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-4131139

THE JED FOUNDATION

FORM 990, PART III, LINE 1

MISSION STATEMENT- THE JED FOUNDATION (JED) IS A NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN 2000. THE JED FOUNDATION'S MISSION IS TO PREVENT SUICIDE AND PROTECT THE EMOTIONAL HEALTH OF TEENS AND YOUNG ADULTS.

WE'RE PARTNERING WITH HIGH SCHOOLS AND COLLEGES TO STRENGTHEN THEIR

MENTAL HEALTH, SUBSTANCE ABUSE AND SUICIDE PREVENTION PROGRAMS AND

SYSTEMS. WE'RE EQUIPPING TEENS AND YOUNG ADULTS WITH THE SKILLS AND

KNOWLEDGE TO HELP THEMSELVES AND EACH OTHER. WE'RE ENCOURAGING COMMUNITY

AWARENESS, UNDERSTANDING AND ACTION FOR YOUNG ADULT MENTAL HEALTH. JED

OPERATES ADMINISTRATIVE OFFICES IN NEW YORK, NY, AND IS SUPPORTED

PRIMARILY THROUGH CONTRIBUTIONS, SPECIAL EVENT REVENUE AND EARNED INCOME.

FORM 990, PART VI, LINE 2

DONNA SATOW AND PHILLIP SATOW - FAMILY RELATIONSHIP

PHILLIP SATOW AND MICHAEL SATOW - FAMILY RELATIONSHIP, BUSINESS

RELATIONSHIP

DONNA SATOW AND MICHAEL SATOW - FAMILY RELATIONSHIP

DONNA SATOW AND JULIE SATOW - FAMILY RELATIONSHIP

PHILLIP SATOW AND JULIE SATOW - FAMILY RELATIONSHIP

JULIE SATOW AND MICHAEL SATOW - FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 11B

MANAGEMENT AND MEMBERS OF THE FINANCE COMMITTEE REVIEWED AND APPROVED THE

Name of the organization Employer identification number THE JED FOUNDATION 13-4131139

DRAFT FEDERAL FORM 990. SUBSEQUENTLY, THE DRAFT FORM WAS SUBMITTED TO THE ENTIRE BOARD FOR QUESTIONS AND COMMENTS. ANY QUESTIONS AND COMMENTS WERE FULLY RESOLVED BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, LINE 12C

FORM 990, PART VI, LINE 19

THE JED FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY FOR ITS BOARD MEMBERS AND OFFICERS AND EACH MEMBER AND OFFICER IS REQUIRED TO COMPLETE AND SUBMIT AN ANNUAL CONFLICT OF INTEREST REPORT. THIS DOCUMENTATION IS REVIEWED BY THE EXECUTIVE COMMITTEE. POTENTIAL CONFLICTS ARE ADDRESSED BY THE DISINTERESTED BOARD MEMBERS AND, IF NECESSARY, ADDRESSED BY THE BOARD AS A WHOLE.

FORM 990, PART VI, LINE 15A AND 15B COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE THROUGH AN IN PERSON MEETING OR CONFERENCE CALL. THE RECOMMENDATIONS OF THIS COMMITTEE ARE THEN PASSED ON TO THE FULL BOARD FOR CONSIDERATION.

EACH YEAR, AS SOON AS THE DOCUMENTS ARE AVAILABLE, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE PUT ON THE FOUNDATION'S WEBSITE. THE FORM 1023 IS AVAILABLE UPON REQUEST.

FORM 990, PAGE 2, PART III, LINE 4A HIGHER EDUCATION- JED SUPPORTS AND EMPOWERS CAMPUS COMMUNITIES TO STRENGTHEN STUDENT MENTAL HEALTH, SUBSTANCE MISUSE AND SUICIDE PREVENTION EFFORTS. THIS WORK WITH COLLEGES AND UNIVERSITIES IS GROUNDED IN THE EVIDENCE-BASED PRACTICE OF OUR COMPREHENSIVE APPROACH TO MENTAL HEALTH

PAGE 43

PROMOTION AND SUICIDE PREVENTION. JED SUPPORTS SCHOOLS THROUGH ADVISING SUPPORT, COMMUNICATION AND EDUCATION PROGRAMS AS WELL AS THROUGH OUR SIGNATURE PROGRAMS WITHIN HIGHER EDUCATION, JED CAMPUS. JED CAMPUS IS DESIGNED TO GUIDE SCHOOLS THROUGH A COLLABORATIVE PROCESS OF COMPREHENSIVE SYSTEMS, PROGRAM AND POLICY DEVELOPMENT WITH CUSTOMIZED SUPPORT TO BUILD UPON EXISTING STUDENT MENTAL HEALTH, SUBSTANCE MISUSE AND SUICIDE PREVENTION EFFORTS. JED CAMPUSES EMBARK ON A FOUR-YEAR STRATEGIC PARTNERSHIP WITH JED THAT NOT ONLY ASSESSES AND ENHANCE THE WORK THAT IS ALREADY BEING DONE, BUT HELPS TO CREATE POSITIVE, SYSTEMIC CHANGE IN THE CAMPUS COMMUNITY.

FORM 990, PAGE 2, PART III, LINE 4B
HIGH SCHOOL- JED IS CONTINUING TO GROW ITS HIGH SCHOOL PROGRAMMING WITH A
FOCUS ON EMOTIONAL PREPARATION FOR THE TRANSITION FROM HIGH SCHOOL TO
COLLEGE. JED'S KEY HIGH SCHOOL PROGRAM IS SET TO GO (SETTOGO.ORG), WHICH
LAUNCHED IN 2017. SET TO GO GUIDES STUDENTS, FAMILIES AND HIGH SCHOOL
EDUCATORS THROUGH IMPORTANT SOCIAL, EMOTIONAL AND MENTAL HEALTH
CONSIDERATIONS RELATED TO THE TRANSITION OUT OF HIGH SCHOOL TO COLLEGE
AND ADULTHOOD. IN 2019, SET TO GO IS REACHING AT LEAST 500,000 TEENS AND
PARENTS WITH ESSENTIAL INFORMATION AND RESOURCES ABOUT EMOTIONAL HEALTH
AND WELL-BEING. A NEW SET TO GO CURRICULUM IS BEING PILOTED IN SEVERAL
HIGH SCHOOLS ACROSS THE COUNTRY AND JED RESOURCES ARE REACHING 1,700
SCHOOLS (INCLUDES ALL GRADES K-12) IN THE NEW YORK CITY AREA THROUGH A
PARTNERSHIP WITH THE DEPARTMENT OF EDUCATION'S SCHOOL MENTAL HEALTH
PROGRAM, THE MAYOR'S FUND TO ADVANCE NEW YORK CITY, AND THRIVENYC. WE
ALSO BEGAN WORK TO DEVELOP OUR COMPREHENSIVE APPROACH TO MENTAL HEALTH

AND SUICIDE PREVENTION FOR HIGH SCHOOLS. THIS FRAMEWORK WILL PROVIDE A SERIES OF RECOMMENDATIONS FOR SCHOOLS ON HOW TO APPROACH MENTAL HEALTH AND SUICIDE PREVENTION AND FORM THE BASIS OF THE TECHNICAL ASSISTANCE WE PROVIDE TO THEM. IN ADDITION, IN PARTNERSHIP WITH THE HEALTHY MINDS NETWORK AT THE UNIVERSITY OF MICHIGAN, WE BEGAN WORK ON A HEALTHY MINDS FOR HIGH SCHOOL SURVEY, THE FIRST NATIONAL SURVEY INSTRUMENT TO ASSESS THE PREVALENCE OF MENTAL HEALTH ISSUES AMONG HIGH SCHOOL STUDENTS AND GAIN INSIGHT INTO THEIR ATTITUDES ABOUT MENTAL HEALTH.

FORM 990, PAGE 2, PART III, LINE 4C YOUTH AND COMMUNITY CAMPAIGNS AND EDUCATION- JED DEVELOPS PUBLIC EDUCATION CAMPAIGNS, EXPERT RESOURCES AND CREATES POWERFUL PARTNERSHIPS TO ENSURE MORE TEENS AND YOUNG ADULTS GET ACCESS TO THE RESOURCES AND SUPPORT THEY NEED TO NAVIGATE LIFE'S CHALLENGES. WE STRIVE TO EDUCATE AND EQUIP STUDENTS, FAMILIES AND COMMUNITIES TO KNOW WHEN AND HOW TO SUPPORT THEMSELVES AND OTHERS WHO ARE IN DISTRESS OR STRUGGLING WITH A MENTAL HEALTH ISSUE. IN PARTNERSHIP WITH AD COUNCIL AND THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION (AFSP), JED OPERATES A NATIONAL CAMPAIGN, SEIZE THE AWKWARD (SEIZETHAWKWARD.ORG), THAT ENCOURAGES TEENS AND YOUNG ADULTS TO START A CONVERSATION WITH A FRIEND WHO MAY BE STRUGGLING WITH MENTAL HEALTH ISSUES. OTHER PROGRAMS INCLUDE:

- · LOVE IS LOUDER(LOVEISLOUDER.COM): AN ONLINE COMMUNITY WORKING TOGETHER
- TO BUILD A WORLD WHERE WE ALL FEEL CONNECTED AND SUPPORTED
- · ULIFELINE(ULIFELINE.ORG): A MENTAL HEALTH RESOURCE CENTER FOR COLLEGE STUDENTS THAT PROVIDES INFORMATION ABOUT EMOTIONAL HEALTH ISSUES AND THE

Name of the organization Employer identification number THE JED FOUNDATION 13-4131139

HEALTH SELF-SCREENING TOOL.

· HALF OF US (HALFOFUS.COM): AN AWARD-WINNING PROGRAM FROM JED AND MTV FEATURING A LIBRARY OF FREE-FOR-USE VIDEOS INCLUDING PSAS, CELEBRITIES AND STUDENTS TALKING ABOUT THEIR PERSONAL EXPERIENCES WITH MENTAL HEALTH AND SUBSTANCE USE.

· JED STORYTELLERS(YOUTUBE.COM/JEDFOUNDATION): EACH YEAR, JED TRAINS INDIVIDUALS FROM ALL OVER THE COUNTRY WHO HAVE BEEN AFFECTED BY MENTAL HEALTH TO SHARE THEIR AUTHENTIC, INSPIRING PERSONAL STORIES TO LET OTHERS KNOW THEY ARE NOT ALONE AND HELP IS AVAILABLE.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

CA, CO, CT,

FL, GA, IL, MD, MA, MI,

MN, NJ, NM, NY, NC, PA,

TN, VA,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NEWX2 COMMUNICATION 6449 GRAVES AVENUE VAN NUYS, CA 91406	PROMOTION OF PROGRAM	102,708.
GC BALLROOM OPERATOR LLC	FUNDRAISING EVENT	188,128.
55 WALL STREET		
NEW YORK, NY 10005		
KEVIN MACKALL 1485 5TH AVENUE NEW YORK, NY 10035	MARKETING	114,646.

Schedule O (Form 990 or 990-EZ) 2019				Page 2
Name of the organization			Employer identific	
THE JED FOUNDATION			13-4131	
		<u></u>	ATTACHMENT	3
FORM 990, PART IX - OTHER FEES		_		
DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PROGRAM CONSULTANTS	1,118,662.	1,118,662.		
OTHER PROFESSIONAL FEES	101,972.	27,180.	74,792.	
OTHER FUNDRAISING CONSULTANTS	70,252.			70,252.
TOTALS	1,290,886.	1,145,842.	74,792.	70,252.
FORM 990, PART X - PREPAID EXPENSES AND) DEFERRED CHI	_	TTACHMENT 4	
TOUT 270, TAKE A TREE ALL BALLETONS AND				
DESCRIPTION	BEGINNI		ENDING	_
DESCRIPTION	BOOK VA	ALUE	BOOK VALU	<u>반</u> ——
PREPAID EXPENSES	1:	24,745.	183,	950.
TOTALS	1:	24,745.	183,	950.
FORM 000 - PART W - PREFERRED PRIMITING			ATTACHMENT 5	5
FORM 990, PART X - DEFERRED REVENUE				
	BEGINNI	ING	ENDING	
DESCRIPTION	BOOK VA	ALUE	BOOK VALUE	<u>E</u>
DEFERRED REVENUE	22:	3,340.	579,6	03.
TOTALS	22:	3,340.	579,6	03.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

	For cale	ndar year 2019 or other tax year begin	ning _	01/01 , 2019 , ar	nd endin	g <u>12/31</u> ,	20 <u>1 9</u> .	2019	
Department of the Treasury nternal Revenue Service	▶ Do	► Go to www.irs.gov/Form9907 not enter SSN numbers on this form a					(c)(3)	Open to Public Inspection for 501(c)(3) Organizations On	or
A Check box if				ne changed and see ins				oyer identification number	
address changed							(Empl	oyees' trust, see instructions.)	
B Exempt under section		THE JED FOUNDATION							
X 501(C)(3)	Print	Number, street, and room or suite no. If	a P.O.	box, see instructions.			13-4	131139	
408(e) 220(e)	Type							lated business activity coonstructions.)	de
408A530(a)		6 EAST 39TH STREET				1204	(000 !!	noti dottorio.)	
529(a)	1	City or town, state or province, country	, and Z	IP or foreign postal code	е				
C Book value of all assets at end of year		NEW YORK, NY 10016							
•		up exemption number (See instructi					104()		
19,020,910.	•	eck organization type X 501			501(c)		401(a)		ust
		nization's unrelated trades or busines	sses.					y (or first) unrelated	
trade or business he		end of the previous sentence, con	anlata		•	•		re than one, describe the	
trade or business, th		•	npiete	Parts I and II, compl	ele a St	riedule ivi for e	acri addilio	ilai	
		corporation a subsidiary in an affili	ated a	roup or a parent-subs	sidiary c	ontrolled aroun	?	Yes X	Nο
-		identifying number of the parent cor	_		ordiary o	ontrolled group			
J The books are in car		, , , , , , , , , , , , , , , , , , , ,			lephone	e number ▶ 2	12-647	-7544	
Part I Unrelated	Trade	or Business Income		(A) Income		(B) Expe		(C) Net	
1a Gross receipts or									
b Less returns and allowa	ances	c Balance ▶	1c						
2 Cost of goods so	old (Sched	ule A, line 7)	2						
3 Gross profit. Sub	tract line	2 from line 1c	3						
4a Capital gain net i	income (a	ittach Schedule D)	4a						
b Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b						
c Capital loss dedu	action for t	rusts	4c						
5 Income (loss) from a p	oartnership o	r an S corporation (attach statement)	5						
6 Rent income (Sch	nedule C)		6						
7 Unrelated debt-fi	nanced in	come (Schedule E)	7						
8 Interest, annuities, roy	alties, and re	ents from a controlled organization (Schedule F)	8						
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
·	-	ncome (Schedule I)	10						
		dule J)	11						
		ctions; attach schedule)	12						
		ough 12	13		0.	lt! \	(D = -lt)		
		Taken Elsewhere (See instr ne unrelated business incom		ons for limitations	s on a	eductions.)	(Deducti	ions must be airecti	У
		directors, and trustees (Schedule K)							
		(see instructions)							
		4562)		1	[
		on Schedule A and elsewhere on re					21b)	
		compensation plans							
		\$							
		Schedule I)							
		chedule J)							
27 Other deductions	s (attach s	schedule)					27		
28 Total deductions	. Add line	s 14 through 27					28		
29 Unrelated busine	ess taxab	le income before net operating	loss	deduction. Subtrac	t line	28 from line	13 29		
		g loss arising in tax years beginnin	-				_		
31 Unrelated busine	ss taxabl	e income. Subtract line 30 from line	29	<u> </u>		<u> </u>	31		

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

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Par	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	32		
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			
	34 from the sum of lines 32 and 33	35		0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	30		
33		39		0.
Par	enter the smaller of zero or line 37	33		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	40		
41	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41		
42		42		
42	Proxy tax. See instructions			
43	Alternative minimum tax (trusts only).	43		
44	Tax on Noncompliant Facility Income. See instructions			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Par				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	-		
	Other credits (see instructions)	-		
	General business credit. Attach Form 3800 (see instructions)	-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		2	000
	Total credits. Add lines 46a through 46d	46e		,900.
47	Subtract line 46e from line 45	47		,900.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule)	48		0.00
49	Total tax. Add lines 47 and 48 (see instructions)	49		,900.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50		
	Payments: A 2018 overpayment credited to 2019			
	2019 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		,900.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶	56	3	,900.
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other a	uthority Yes	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have	to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign o	country	
	here >			Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my k	nowledge and b	elief, it i
Sig	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	y the IDC	discuss this	roturn
Her	00/10/0000		eparer shown	
		e instructions		No
	Print/Type preparer's name Preparer's signature Date Chec	k if	PTIN	
Paic	CATHERINE BENDALL CPA CATHERINE BENDALL CPA 09/10/2020 self-e	mployed	P005211	96
	Darer Firm's name ► WITHUMSMITH+BROWN PC Firm's name	s EIN ▶ 2	2-202709	2
use			-751-910	

Form **990-T** (2019)

THE JED FOUNDATION

Form 990-T (2019) Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation > Inventory at beginning of year . 6 Inventory at end of year Purchases 2 Cost of goods sold. Subtract line 3 3 Cost of labor 6 from line 5. Enter here and in Part 4a Additional section 263A costs 7 Yes No (attach schedule) 4a Do the rules of section 263A (with respect to **b** Other costs (attach schedule) . 4b property produced or acquired for resale) apply to the organization? Total. Add lines 1 through 4b 5 Χ Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deductions directly connected with the income for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) 50% or if the rent is based on profit or income) more than 50%) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) ▶ Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions acquisition debt on or of or allocable to Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) (1) % % (2) % (3) % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B). Total dividends-received deductions included in column 8 .

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Scriedule F – Interest, Ann	unios, regunio			ontrolled Or				o mon done	3110)		
Name of controlled organization	2. Employer identification numb		3. Net unre	elated income instructions)	4. Total	of specifie	included	of column 4 the	lling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc		9	. Total of specifi		inclu	art of column ded in the co zation's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals		ction 5	01(c)(7)		<u>►</u> 7) Orga	Part	here and on I, line 8, colu	mn (A).		ter here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of			3. Dedu directly co (attach sc	ctions nnected		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A)		han Advert	isina Ir	ncome	see instru	uctions)		Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. E di conne prod un	expenses irectly ected with uction of related ess income	4. Net inco from unrela or business 2 minus co If a gain, c cols. 5 thr	me (loss) ited trade (column olumn 3).	5. Grofrom a is not	ss income ctivity that unrelated ss income	s income ivity that nrelated 6. Expenses attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 25.	
Totals ► Schedule J – Advertising Ir	noomo (ooo instr	uotiono)									
				lidated De	-i-						
Part I Income From Per	lodicals Report	ea on	a Consc	ilidated ba	SIS	1					
1. Name of periodical	2. Gross advertising income		3. Direct advertising costs		rtising ss) (col. col. 3). If compute ough 7.	5. Circulation 6. Readershi costs			7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))										Form 990-T (2019	

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I.						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)	_	
1. Name		2. Title		3. Percent of time devoted to business	4. Compensatio unrelated	
(1)			%			

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%

%

%

(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14