

Form **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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
JFMC Facilities Corporation

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
30 South Wells Street No 4049

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60606

D Employer identification number
36-3368912

E Telephone number
(312) 346-6700

F Name and address of principal officer
Jerry DeAngelis
30 South Wells Street No 4049
Chicago, IL 60606

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1985 **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To own, operate and administer real estate to benefit communal agencies affiliated with the Jewish Federation of Metropolitan Chicago

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | |
|----|---|----|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 4 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 3 |
| 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 38 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|-----------------------------|---------------------------|--------------|
| 8 | 8,940,017 | 10,833,419 |
| 9 | 22,450,390 | 22,820,781 |
| 10 | 211,467 | 115,466 |
| 11 | 0 | 0 |
| 12 | 31,601,874 | 33,769,666 |
| 13 | 674,664 | 524,880 |
| 14 | 0 | 0 |
| 15 | 5,678,221 | 5,892,788 |
| 16a | 0 | 0 |
| 17 | 21,991,847 | 21,827,487 |
| 18 | 28,344,732 | 28,245,155 |
| 19 | 3,257,142 | 5,524,511 |
| Net Assets or Fund Balances | Beginning of Current Year | End of Year |
| 20 | 149,267,554 | 136,022,535 |
| 21 | 171,312,779 | 150,983,397 |
| 22 | -22,045,225 | -14,960,862 |

Part II Signature Block

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

Sign Here
Signature of officer: [Signature] Date: 2020-05-14
James A Pinkston Asst Secy & VP of Accounting
Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|----------------------|------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01247672 |
| Firm's name ▶ RSM US LLP | | | Firm's EIN ▶ 42-0714325 | |
| Firm's address ▶ One South Wacker Dr Ste 800 Chicago, IL 606063392 | | | Phone no (312) 634-3400 | |

Part III 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

JFMC Facilities Corporation's (FacCorp) mission is to reduce operating costs for Jewish Chicago's communal agencies, schools and synagogues by lending expertise and achieving economies of scale that ensure more resources are available for direct service to people in need

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 24,201,420 including grants of \$ 524,880) (Revenue \$ 22,820,781)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 24,201,420

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| | | | | | |
|--|--|------------|---|--|----|
| 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 | 0 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | 3b | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | | No |
| 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 | | | |
| 9a 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 | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | 13b | | | |
| c Enter the amount of reserves on hand | | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N | | 15 | | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | 16 | | | No |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Steven B Nasatir President | 4 00 46 00 | X | | X | | | | 104,356 | 939,199 | 73,033 |
| (2) Andrew S Hochberg Chairman | 2 00 8 00 | X | | X | | | | 0 | 0 | 0 |
| (3) Pam F Szokol Secretary and Treasurer | 2 00 8 00 | X | | X | | | | 0 | 0 | 0 |
| (4) Linda B Ginsburg Asst Secretary/Asst Treasurer | 2 00 8 00 | X | | X | | | | 0 | 0 | 0 |
| (5) Boaz Blumovitz Assistant Secretary & CFO | 5 00 45 00 | | | X | | | | 57,936 | 231,745 | 24,578 |
| (6) Jay Tcath Asst Secy & Executive VP | 1 00 49 00 | | | X | | | | 6,783 | 332,365 | 74,700 |
| (7) Jerry DeAngelis Asst Secy & Executive Director | 50 00 0 00 | | | X | | | | 171,516 | 0 | 98,617 |
| (8) James A Pinkston Asst Secretary & VP of Accounting | 5 00 45 00 | | | X | | | | 32,468 | 227,275 | 25,665 |
| (9) Peter S Chiswick Assistant Secretary | 2 00 48 00 | | | X | | | | 0 | 196,271 | 117,598 |
| (10) Edyta A Summerville Assistant Secretary and Controller | 27 50 10 00 | | | X | | | | 17,310 | 110,911 | 10,015 |
| (11) Louis Lazovsky Vice President of Human Resources | 5 00 45 00 | | | | X | | | 24,894 | 224,041 | 186,222 |
| (12) Fernando D Gertzenstein Assistant Executive Director | 37 50 0 00 | | | | | X | | 152,639 | 0 | 22,412 |
| (13) Michael Tarnoff Counselor to Pres , Former Officer | 7 00 13 00 | | | | | | X | 176,013 | 0 | 10,150 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | |
| | b Membership dues . . . | 1b | | | |
| | c Fundraising events . . . | 1c | | | |
| | d Related organizations | 1d | 9,553,380 | | |
| | e Government grants (contributions) | 1e | 72,689 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,207,350 | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | 207,350 | | |
| | h Total. Add lines 1a-1f | | 10,833,419 | | |

| Program Service Revenue | | | Business Code | | | | |
|--|-------------------------|--------|---------------|------------|------------|--|--|
| | 2a Rental Income | | 532000 | 16,022,323 | 16,022,323 | | |
| b Cost Reimbursement | | 900099 | 3,909,361 | 3,909,361 | | | |
| c Central Purchasing | | 900099 | 1,877,570 | 1,877,570 | | | |
| d Management Fees | | 531390 | 1,011,527 | 1,011,527 | | | |
| e _____ | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 22,820,781 | | | | |

| | | | | | | |
|--|---|----------------|---------------|------------|--------|--------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | 91,852 | | 91,852 | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b Less cost or other basis and sales expenses | 1,838,151 | | | | |
| | c Gain or (loss) | 1,814,537 | | | | |
| | d Net gain or (loss) | 23,614 | | 23,614 | | 23,614 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See Instructions | | | 33,769,666 | 22,820,781 | 0 | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 524,880 | 524,880 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 417,981 | 311,576 | 106,405 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 4,367,070 | 3,255,345 | 1,111,725 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 664,643 | 519,637 | 145,006 | |
| 10 Payroll taxes | 443,094 | 346,424 | 96,670 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 136,652 | 16,804 | 119,848 | |
| c Accounting | 222,560 | | 222,560 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 77,025 | 62,968 | 14,057 | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 19,351 | 13,334 | 6,017 | |
| 14 Information technology | 325,923 | 277,077 | 48,846 | |
| 15 Royalties | | | | |
| 16 Occupancy | 3,765,753 | 3,763,426 | 2,327 | |
| 17 Travel | 232,029 | 200,232 | 31,797 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 4,544 | | 4,544 | |
| 20 Interest | 4,938,392 | 3,859,190 | 1,079,202 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,016,049 | 5,011,122 | 4,927 | |
| 23 Insurance | 127,037 | 116,506 | 10,531 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Maint, Repairs & Other | 4,252,989 | 4,235,422 | 17,567 | |
| b Interest Swap Amendment | 1,180,800 | 175,500 | 1,005,300 | |
| c Security | 905,100 | 904,852 | 248 | |
| d Food Service Management | 576,492 | 576,492 | | |
| e All other expenses | 46,791 | 30,633 | 16,158 | |
| 25 Total functional expenses. Add lines 1 through 24e | 28,245,155 | 24,201,420 | 4,043,735 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | 8,100,403 | 1 | 438,072 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 75,000 | 3 | 0 |
| | 4 Accounts receivable, net | 1,619,774 | 4 | 1,006,230 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 13,692,704 | 7 | 15,123,884 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 2,162,439 | 9 | 1,694,167 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 174,455,009 | | |
| | b Less accumulated depreciation | 10b 66,411,166 | 115,805,590 | 10c 108,043,843 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | 6,630,462 | 12 | 8,853,574 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 1,181,182 | 15 | 862,765 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 149,267,554 | 16 | 136,022,535 | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,117,189 | 17 | 1,172,953 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 599,351 | 19 | 271,240 |
| | 20 Tax-exempt bond liabilities | 111,121,391 | 20 | 88,349,604 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,635,689 | 23 | 1,589,602 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24,892,627 | 24 | 26,276,992 |
| | 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 | 29,946,532 | 25 | 33,323,006 |
| | 26 Total liabilities. Add lines 17 through 25 | 171,312,779 | 26 | 150,983,397 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | -22,045,225 | 27 | -14,960,862 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | -22,045,225 | 33 | -14,960,862 |
| | 34 Total liabilities and net assets/fund balances | 149,267,554 | 34 | 136,022,535 |

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 | 33,769,666 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 28,245,155 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 5,524,511 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -22,045,225 |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,157 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 1,564,009 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -14,960,862 |

Part XII Financial Statements and Reporting

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

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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 36-3368912

Name: JFMC Facilities Corporation

Form 990 (2018)

Form 990, Part III, Line 4a:

The sole and exclusive program of FacCorp is to own, operate and manage facilities and properties (38 locations) for the Jewish Federation of Metropolitan Chicago and its affiliate and beneficiary agencies. These agencies operate the programs that provide assistance to 500,000 needy Chicagoans of all faiths including meals and groceries, utility and rent assistance, prescriptions and medical care, job training and placement, therapeutic school and care for children with disabilities, support services for Holocaust survivors, assisted living, Alzheimer's care and transportation for seniors, respite services for caregivers of seniors and people with disabilities, counseling, prevention and intervention for troubled teens, and an entire continuum of prevention and therapeutic services for individuals and families in crisis.

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 the latest information.

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JFMC Facilities Corporation

Employer identification number
36-3368912

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 1
- g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|-----------|--|---|----|---|---|
| | | | Yes | No | | |
| (A) Jewish Federation of Metropolitan Chicago | 362167761 | 7 | Yes | | 485,447 | 0 |
| Total | 1 | | | | 485,447 | 0 |

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----------|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |
| | | 1 | Yes |
| | | 2 | No |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----------|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | | 2a | |
| | | 2b | |
| | | 3a | |
| | | 3b | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| 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 emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 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 responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

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)

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|------------------------------|--|
| Schedule A, Part I, Line 12g | Monetary support to supported organizations designated by charitable class or purpose is reported in detail on Schedule I See Schedule A narratives for additional details |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| Schedule A, Part IV, Line 1 | JFMC Facilities Corporation (FacCorp) is a supporting organization of Jewish Federation of Metropolitan Chicago (the Federation) FacCorp operates exclusively to foster, support, develop and maintain charitable activities and vital human and educational services by supporting and carrying out the broad charitable, educational, or religious purposes or functions of the Federation FacCorp supports the charitable purpose of the Federation by making grants to charitable organizations that operate exclusively to perform the functions or to carry out the purposes of the Federation |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| Schedule A, Part IV, Lines 5a and 5b | Grants made by FacCorp to charitable organizations greater than \$5,000 are listed on Schedule I. These supported organizations are designated by class or charitable purpose and support the charitable purposes of the Federation. All these organizations meet the guidelines of the by-laws of FacCorp and the charter of the Federation and are exempt under IRC Section 501(c)(3). |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
JFMC Facilities Corporation

Employer identification number
36-3368912

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 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? Yes No

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 ▶ \$ _____

8 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)? Yes No

9 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

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

1a If the organization elected, as permitted under SFAS 116 (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

b If the organization elected, as permitted under SFAS 116 (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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 613,522 | 615,763 | 610,913 | 689,125 | 743,904 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 14,622 | 40,499 | 49,616 | -28,228 | -2,715 |
| d Grants or scholarships | 39,433 | 42,740 | 44,766 | 49,984 | 52,064 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 588,711 | 613,522 | 615,763 | 610,913 | 689,125 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted 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 | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 3b | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 12,095,486 | | 12,095,486 |
| b Buildings | | 117,847,639 | 48,463,709 | 69,383,930 |
| c Leasehold improvements | | 41,520,474 | 16,450,613 | 25,069,861 |
| d Equipment | | 1,803,286 | 834,877 | 968,409 |
| e Other | | 1,188,124 | 661,967 | 526,157 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 108,043,843 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) Investment in 255 Revere Drive LP | 1,271,353 | F |
| (B) Jewish Federation of Metropolitan Chicago Pooled Endowment Portfolio, LLC | 4,498,300 | F |
| (C) Investment in Partnership | 3,083,921 | F |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 8,853,574 | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | |

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| Due to Jewish Federation of Metropolitan Chicago | 28,646,784 |
| Replacement Reserve | 3,569,377 |
| Due to Council for Jewish Elderly | 161,996 |
| Swap Liability | 944,849 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 33,323,006 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 35,329,518 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | -4,157 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | 1,564,009 | |
| e | Add lines 2a through 2d | | 2e | 1,559,852 |
| 3 | Subtract line 2e from line 1 | | 3 | 33,769,666 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 33,769,666 |

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

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

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 28,245,155 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 28,245,155 |
| 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 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 28,245,155 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 36-3368912

Name: JFMC Facilities Corporation

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| Part V, Line 4 | The endowment fund has been designated by the Board of Directors for the benefit of the Council for Jewish Elderly (CJE), an affiliated agency of the Jewish Federation of Metropolitan Chicago. Distributions are made from this endowment fund on an annual basis to CJE and are computed using a formal spending policy that has been approved by the Board. |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part X, Line 2 | <p>The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, JFMC Facilities Corporation (Facilities) may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of Facilities, the continued tax-exempt status of bonds issued by Facilities, and various positions related to the potential sources of unrelated business taxable income (UBTI). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods. At June 30, 2019, management has determined that there are no uncertain tax positions. Facilities files annual information returns in the U.S. federal jurisdiction and the State of Illinois. Facilities is generally no longer subject to examination by the Internal Revenue Service for tax years before 2016.</p> |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| Part XI, Line 2d - Other Adjustments | Gain on Interest Rate Swap -1,167,138 Gain on Sale of Property 2,731,147 |

Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule D, Part VII, Investment in Partnership | In June 2017, Facilities signed an agreement to enter into a joint venture and development agreement with a real estate operating company to construct and develop and independent senior living facility on the remaining Deerfield property. In December 2018, Facilities sold the Deerfield property to a joint venture partnership in exchange for \$6,900,000, which was comprised of approximately \$2,900,000 in cash and a \$4,000,000 equity interest in the partnership. In connection with this transaction, Facilities recorded a gain of approximately \$2,700,000 on the sale and approximately \$2,300,000 of the cash proceeds were used to pay down the Series J-2A tax exempt loan. Beginning in December 2018, capital contributions totaling \$3,083,921 were made to the partnership. |

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization JFMC Facilities Corporation

Employer identification number 36-3368912

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for Jewish Federation of Metropolitan Chicago and Council for Jewish Elderly.

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

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash 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.

| Return Reference | Explanation |
|------------------|--|
| Part I, Line 2 | Grants made by JFMC Facilities Corporation (FacCorp) are monitored through an extensive process involving professionals and volunteers that includes submission of budgetary and programmatic information as well as face to face meetings with grant recipients. The grants are also supported by legal agreements between FacCorp and the recipient. |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JFMC Facilities Corporation

Employer identification number

36-3368912

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|--|--|--|---|---|--|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | No | | | | | | | | |
| | 4b | Yes | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Steven B Nasatir President | (i) | 56,246 | 0 | 48,110 | 5,603 | 1,751 | 111,710 | 0 |
| | (ii) | 506,213 | 0 | 432,986 | 50,430 | 15,758 | 1,005,387 | 0 |
| 2 Boaz Blumovitz Assistant Secretary & CFO | (i) | 57,825 | 0 | 111 | 3,278 | 1,792 | 63,006 | 0 |
| | (ii) | 231,300 | 0 | 445 | 13,114 | 7,170 | 252,029 | 0 |
| 3 Jay Tcath Asst Secy & Executive VP | (i) | 6,053 | 697 | 33 | 1,329 | 180 | 8,292 | 0 |
| | (ii) | 296,567 | 34,171 | 1,627 | 65,129 | 8,838 | 406,332 | 0 |
| 4 Jerry DeAngelis Asst Secy & Executive Director | (i) | 169,227 | 0 | 2,289 | 56,033 | 17,509 | 245,058 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 James A Pinkston Asst Secretary & VP of Accounting | (i) | 32,468 | 0 | 0 | 2,061 | 1,244 | 35,773 | 0 |
| | (ii) | 227,275 | 0 | 0 | 14,428 | 8,708 | 250,411 | 0 |
| 6 Peter S Chiswick Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 193,960 | 0 | 2,311 | 110,862 | 7,371 | 314,504 | 0 |
| 7 Louis Lazovsky Vice President of Human Resources | (i) | 24,601 | 0 | 293 | 17,775 | 925 | 43,594 | 0 |
| | (ii) | 221,404 | 0 | 2,637 | 159,975 | 8,323 | 392,339 | 0 |
| 8 Fernando D Gertzenstein Assistant Executive Director | (i) | 152,024 | 0 | 615 | 15,380 | 7,051 | 175,070 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 Michael Tarnoff Counselor to Pres , Former Officer | (i) | 158,870 | 0 | 17,143 | 10,150 | 0 | 186,163 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| Part I, Line 4b | <p>Steven B. Nasatir: In 1999, the Jewish Federation of Metropolitan Chicago entered into an agreement with Dr. Nasatir that was contingent upon five or more years of service as President and CEO and would result in annual payments of \$50,000 per year (net of tax) beginning at age 64 and lasting throughout his lifetime. Dr. Nasatir began receiving payments under this agreement in 2009. During 2012, the Jewish Federation entered into a second agreement with Dr. Nasatir which provides for annual payments of \$5,000 beginning April 1, 2015, and lasting throughout his lifetime. If Dr. Nasatir completes continuous employment at JUF through January 1, 2019, his annual benefit payments under both aforementioned agreements will continue for the longer of 1) 10 years (through December 2028) or 2) his lifetime. In the event of his death prior to 2019, payments would be made to Dr. Nasatir's beneficiary. The \$50,000 and \$5,000 annual payments are to be adjusted annually in accordance with the CPI index. In August 2017, the Jewish Federation of Metropolitan Chicago entered into a third agreement with Steven Nasatir which provides for annual payments of \$21,000 per year, beginning in January 2018, for the longer of 1) his lifetime or 2) 10 years (through December 2027). Dr. Nasatir vested in this benefit in 2018 and the present value of these future benefit payments, which was \$378,716, is included in his 2018 reportable compensation. This amount was not paid out in cash to Steven Nasatir in 2018. It represents a one-time actuarially determined figure that is taxable in accordance with the Internal Revenue Code. In 2018, Steven Nasatir received payments totaling \$103,416 from the three supplemental non-qualified retirement plans. In 2018, Steven Nasatir announced that he would be stepping down as President of JUF/Jewish Federation effective July 1, 2019 and will take on a new role as Executive Vice Chairman.</p> <p>Jay Tcath: JUF has an agreement with Jay Tcath that provides for annual payments of \$25,000 for 10 years commencing upon his retirement from JUF or if he is no longer employed by JUF, upon reaching age 64. In July 2018, JUF entered a split-dollar life insurance agreement with Jay Tcath that will provide a death benefit of \$625,000 if he maintains his employment at JUF through June 2023. In addition, JUF and Mr. Tcath entered into another agreement that may provide 15 annual payments of approximately \$33,000 per year if Mr. Tcath maintains his employment at JUF through June 2023.</p> <p>Michael Tarnoff: The Jewish Federation of Metropolitan Chicago has an agreement with Michael Tarnoff which provides for annual payments of \$30,000 per year that began in 2009 and will end in 2019.</p> |

| Return Reference | Explanation |
|-------------------------|--|
| Part I, Line 7 | Jay Tcath's bonus was approved by JUF's compensation committee |



Additional Data

Software ID:
Software Version:
EIN: 36-3368912
Name: JFMC Facilities Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| Steven B Nasatr President | (i) | 56,246 | 0 | 48,110 | 5,603 | 1,751 | 111,710 | 0 |
| | (ii) | 506,213 | 0 | 432,986 | 50,430 | 15,758 | 1,005,387 | 0 |
| Boaz Blumovitz Assistant Secretary & CFO | (i) | 57,825 | 0 | 111 | 3,278 | 1,792 | 63,006 | 0 |
| | (ii) | 231,300 | 0 | 445 | 13,114 | 7,170 | 252,029 | 0 |
| Jay Tcath Asst Secy & Executive VP | (i) | 6,053 | 697 | 33 | 1,329 | 180 | 8,292 | 0 |
| | (ii) | 296,567 | 34,171 | 1,627 | 65,129 | 8,838 | 406,332 | 0 |
| Jerry DeAngelis Asst Secy & Executive Director | (i) | 169,227 | 0 | 2,289 | 56,033 | 17,509 | 245,058 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| James A Pinkston Asst Secretary & VP of Accounting | (i) | 32,468 | 0 | 0 | 2,061 | 1,244 | 35,773 | 0 |
| | (ii) | 227,275 | 0 | 0 | 14,428 | 8,708 | 250,411 | 0 |
| Peter S Chiswick Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 193,960 | 0 | 2,311 | 110,862 | 7,371 | 314,504 | 0 |
| Louis Lazovsky Vice President of Human Resources | (i) | 24,601 | 0 | 293 | 17,775 | 925 | 43,594 | 0 |
| | (ii) | 221,404 | 0 | 2,637 | 159,975 | 8,323 | 392,339 | 0 |
| Fernando D Gertzenstein Assistant Executive Director | (i) | 152,024 | 0 | 615 | 15,380 | 7,051 | 175,070 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michael Tarnoff Counselor to Pres , Former Officer | (i) | 158,870 | 0 | 17,143 | 10,150 | 0 | 186,163 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
JFMC Facilities Corporation

Employer identification number

36-3368912

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|---------------------|----------------|-------------|-----------------|-----------------|-----------------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | CECFA - Series G3 | 84-0896727 | 19645RQN4 | 06-01-2012 | 45,495,000 | Refinance A-1 and F-1 Bonds | | X | | X | | X |
| B | CECFA - Series J1 | 84-0896727 | NoneAvail | 07-02-2012 | 62,560,000 | Refinance A-8, A-9 and A-10 Bonds | | X | | X | | X |
| C | CECFA - Series J2-A | 84-0896727 | NoneAvail | 10-01-2014 | 16,620,744 | Refinance C-7 Bonds | | X | | X | | X |
| D | CECFA - Series G6 | 84-0896727 | NoneAvail | 08-31-2015 | 18,000,000 | New Projects | | X | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | |
|--|----------|----|------------|------------|------------|----|----------|------------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | | | 25,870,000 | 12,180,000 | 14,505,454 | | | 1,614,224 |
| 2 Amount of bonds legally defeased | | | | | | | | |
| 3 Total proceeds of issue | | | 45,495,000 | 62,560,000 | 16,620,744 | | | 18,000,000 |
| 4 Gross proceeds in reserve funds | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | 253,000 |
| 6 Proceeds in refunding escrows | | | | | | | | |
| 7 Issuance costs from proceeds | | | 110,000 | 140,000 | 130,744 | | | 222,000 |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | |
| 10 Capital expenditures from proceeds | | | 45,385,000 | 62,420,000 | 16,490,000 | | | 17,525,000 |
| 11 Other spent proceeds | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | 2012 | | 2012 | | 2014 | | 2016 | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | X | | X | | X | | | X |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 Has the final allocation of proceeds been made? | X | | X | | X | | | X |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III Private Business Use

| | A | | B | | C | | D | |
|---|----------|----|----------|----|----------|----|----------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|----------|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | X | | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | 85 000 % | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | X | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|------------------------|----|-------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | X | |
| c No rebate due? | X | | X | | X | | | X |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | X | | X | | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | X | | X | |
| b Name of provider | | | | | JPMorgan Chase Bank NA | | Wells Fargo | |
| c Term of hedge | | | | | 3100 0000000000 % | | 2800 0000000000 % | |
| d Was the hedge superintegrated? | | | | | | X | | X |
| e Was the hedge terminated? | | | | | | X | | X |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|-----------------------------------|--|
| Date Rebate Computation Performed | Issuer Name CECFA - Series G3 Date the Rebate Computation was Performed 07/12/2018 Issuer Name CECFA - Series J1 Date the Rebate Computation was Performed 04/19/2018 Issuer Name CECFA - Series J2-A Date the Rebate Computation was Performed 06/07/2019 |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JFMC Facilities Corporation

Employer identification number
36-3368912

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 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 | X | 1 | 207,350 | FMV |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | No |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II **Supplemental Information.**

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

| Return Reference | Explanation |
|--------------------|--------------------------------|
| Part I, Column (b) | Is the number of contributions |

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.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

JFMC Facilities Corporation

Employer identification number

36-3368912

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| Form 990, Part VI, Section A, line 6 | Jewish Federation of Metropolitan Chicago is the sole member of JFMC Facilities Corporation |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, line 11b | A copy of Form 990 was provided to all Board members prior to filing. Each Board member reviewed the Form 990 and had the opportunity to suggest revisions. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 12c | A conflict of interest questionnaire is circulated to all board members (directors), officers and key employees on an annual basis. This process is managed by staff who ensure all questionnaires are completed. The completed questionnaires are reviewed by management and any conflicts are disclosed to the board of directors. If a director does have a conflict or business relationship with JFMC Facilities Corporation, he or she is required to abstain from any votes related to that matter. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section B, line 15 | Compensation of JFMC Facilities Corporation executives is reviewed and approved by the compensation committee of Jewish Federation of Metropolitan Chicago (Federation). Federation's compensation committee is comprised of various Federation Board members, including two individuals who also serve on JFMC Facilities Corporation's Board of Directors. The compensation committee used comparable data from other large nonprofit organizations to ensure executive compensation is consistent with the market, including but not limited to an annual total compensation survey of large city Jewish Federations that is coordinated through the national Jewish Federations of North America organization and conducted each year by Korn Ferry, a nationally recognized expert in the field of compensation consulting. The approval of executive compensation is documented in the Compensation Committee's minutes. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section C, line 19 | The organization's governing documents, conflict of interest policy and audited financial statements are made available to all volunteer members of the Board of Directors. With regards to the general public, the organization provides these documents upon request for the same period of disclosure as set forth in IRC Section 6104(d). |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| Form 990, Part XI, line 9 | Gain on Interest Rate Swap -1,167,138 Gain on Sale of Partnership Interest 2,731,147 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
JFMC Facilities Corporation

Employer identification number

36-3368912

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

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

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|--------------------------|--|---|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) 255 Revere Drive LP 30 South Wells Street Suite 4049 Chicago, IL 60606 36-3174413 | Real Estate | IL | JFMC Facilities Corporation | Related | 88,322 | 1,538,453 | | No | | Yes | | 99.000 % |
| (2) JFMC Pooled Endowment Portfolio LLC 30 South Wells Street Suite 4049 Chicago, IL 60606 45-1610644 | See Schedule R, Part VII | IL | Jewish Federation of Metropolitan Chicago | N/A | | | | No | | | No | |
| (3) AmlifacCorp JV LLC 200 West Monroe Street Suite 2200 Chicago, IL 60606 38-3923657 | Real Estate | IL | JFMC Facilities Corporation | N/A | | | | No | | | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|---|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) Charitable Remainder Unitrusts (20) | Charitable Trust | IL | Jewish Federation of Metropolitan Chicago | T | | | | Yes | |
| (2) Charitable Remainder Annuity Trusts (6) | Charitable Trust | IL | Jewish Federation of Metropolitan Chicago | T | | | | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

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

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

| | Yes | No |
|--|------------|-----------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | Yes | |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) 255 Revere Drive LP | A | 88,321 | Book value |
| (2) Jewish United Fund of Metropolitan Chicago | A | 2,232,933 | Book value |
| (3) Jewish United Fund of Metropolitan Chicago | O | 228,852 | Book value |
| (4) Jewish United Fund of Metropolitan Chicago | P | 6,119,984 | Book value |
| (5) Jewish United Fund of Metropolitan Chicago | Q | 423,262 | Book value |
| | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 36-3368912
Name: JFMC Facilities Corporation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--------------------------------|--|----------------------------|---|--|---|----|
| | | | | | | Yes | No |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4018186 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 20-5488529 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-3864415 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4420871 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4341914 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4067510 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4018189 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 20-0120266 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 1270 Avenue of the Americas Suite 3 New York, NY 10020 36-3722029 | Supporting Foundation | NY | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-3330462 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4380168 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-3857009 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4018187 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 90-0187252 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4157242 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4310755 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-2167761 | Social Welfare Institution | IL | 501(c)(3) | Line 7 | N/A | | No |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-2167034 | Fundraising & Grantmaking | IL | 501(c)(3) | Line 7 | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 26-2053862 | Supporting Organization | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 46-6113637 | Support the Jewish United Fund | IL | 501(c)(3) | Line 12a, I | Jewish United Fund of Metropolitan Chicago | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|---|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-3662985 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4345181 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4420873 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 31-1529058 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4244346 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 150 North Wacker Drive Suite 2320 Chicago, IL 60606 36-2170910 | Grantmaking | IL | 501(c)(3) | PF | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 32-0062771 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 20-1642012 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 30-0149729 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 20-3921714 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 20-5389086 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-3988995 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-7681597 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 20-5944850 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 30-0149723 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 20-0894628 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 81-1309979 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 71 S Wacker Drive Ste 4600 Chicago, IL 60606 36-3623264 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4389423 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-3864416 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|--|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| 30 South Wells Suite 4049 Chicago, IL 60606 20-4004517 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-4413031 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |
| 30 South Wells Suite 4049 Chicago, IL 60606 36-3833108 | Supporting Foundation | IL | 501(c)(3) | Line 12a, I | Jewish Federation of Metropolitan Chicago | Yes | |