		PUB	LIC DISCLOSURE COPY - STATE REGISTRAT			
	n	00	Return of Organization Exempt Fro			OMB No. 1545-0047
Forr		JU uary 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			^{s)} 2019
Depa	rtment c	of the Treasury	Do not enter social security numbers on this form as it	-	-	Open to Public
		nue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUL 1, 2019 and endin		ormation. N 30, 2020	Inspection
					•	ation number
	heck if pplicabl	le:	organization	ין	Employer identific	ation number
X	Addre		ITUTE FOR JEWISH SPIRITUALITY, INC.			
	Name		usiness as		36-453155	59
	Initial return			m/suite E	Telephone number	
	Final return	1230	AVENUE OF THE AMERICAS			L-6499
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	3,007,452.
X	Amen		YORK, NY 10020	н	(a) Is this a group re	
	Applic tion pendi		nd address of principal officer: RABBI JOSHUA FEIGELSO		for subordinates?	
		SAME	AS C ABOVE		(b) Are all subordinates ind	
		empt status:		527		list. (see instructions)
			JEWISHSPIRITUALITY.ORG X Corporation Trust Association Other ► I		(c) Group exemption	n number ▶ I State of legal domicile: MA
	art I	Summary				
		-	e the organization's mission or most significant activities: THE INS	STTTU	TE SEEKS TO	TRANSFORM
ce			LIFE BY CREATING MINDFUL LEADERSHIP			
nar	1		x if the organization discontinued its operations or disposed of			
Governance			ing members of the governing body (Part VI, line 1a)			20
	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)		4	20
es 8	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)			14
Activities &			of volunteers (estimate if necessary)			20
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 39	<u> </u>		0.
		O			Prior Year 1,543,163.	Current Year 1,980,681.
ne			and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		730,474.	1,022,187.
Revenue	1	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		596.	344.
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,860.	4,240.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,279,093.	3,007,452.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,228,900.	1,185,032.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 416,594.		0.	0.
xpe	b	Total fundrais	ng expenses (Part IX, column (D), line 25) <a> 416,594.	•		1 100 000
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		793,475.	1,182,366.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	2,022,375.	2,367,398.
<u> </u>		Revenue less	expenses. Subtract line 18 from line 12		256,718.	<u>640,054.</u>
t Assets or d Balances	20	Total assets (F	Dart V lina 16)		ning of Current Year	<u>End of Year</u> 1,783,739.
Asse Bala	20		²art X, line 16) (Part X, line 26)		380,030.	352,768.
Net,			fund balances. Subtract line 21 from line 20		790,917.	1,430,971.
	art II	Signature			· 1	· · ·
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and s	statements	, and to the best of my	knowledge and belief, it is
true,	correc	ct, and complete	Declaration of preparer (other than officer) is based on all information of which pr	oreparer has	any knowledge.	
Sig	n	Signatur	e of officer		Date	

	orginatar o or	0111001						Duto		
				SON,	EXECUTIV	E DIRECTOR				
	Type or prin	t name and title								
Print	t/Type prepar	er's name					Date	Check	PTIN	
MAG	JDALEN	A CZERNI	IAWSKI	r	MAGDALENA	CZERNIAWSK	08/13	/24 self-employed	P00535099	
Firm	's name 🕒	CBIZ M	ARKS PA	ANETH	I LLC			Firm's EIN 🕨 87	7-3707167	
Firm	's address 🕨	685 TH	IRD AVE	ENUE						
NEW YORK, NY 10017 Phone no. 212-503-8800										
May the IRS discuss this return with the preparer shown above? (see instructions)										
0-20	LHA For	Paperwork F	Reduction A	ct Notice	e, see the separat	e instructions.			Form 990 (2019)	
	MAC Firm Firm	RABBI Type or print Print/Type prepare MAGDALENZ Firm's name Firm's address	RABBI JOSHUA Type or print name and title Print/Type preparer's name MAGDALENA CZERN: Firm's name CBIZ M. Firm's address 685 TH NEW YO RS discuss this return with the	RABBI JOSHUA FEIGEI Type or print name and title Print/Type preparer's name MAGDALENA CZERNIAWSKI Firm's name CBIZ MARKS PA Firm's address 685 THIRD AVE NEW YORK, NY St discuss this return with the preparer show	RABBI JOSHUA FEIGELSON, Type or print name and title Print/Type preparer's name MAGDALENA CZERNIAWSKI Firm's name CBIZ MARKS PANETH Firm's address 685 THIRD AVENUE NEW YORK, NY 1001 RS discuss this return with the preparer shown above	RABBI JOSHUA FEIGELSON, EXECUTIV Type or print name and title Print/Type preparer's name Preparer's signature MAGDALENA CZERNIAWSKI MAGDALENA Firm's name CBIZ MARKS PANETH LLC Firm's address 685 THIRD AVENUE NEW YORK, NY 10017 RS discuss this return with the preparer shown above? (see instruction	RABBI JOSHUA FEIGELSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature MAGDALENA CZERNIAWSKI MAGDALENA CZERNIAWSKI Firm's name CBIZ MARKS PANETH LLC Firm's address 685 THIRD AVENUE NEW YORK, NY 10017 NEW YORK, NY 10017	RABBI JOSHUA FEIGELSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature MAGDALENA CZERNIAWSKI MAGDALENA CZERNIAWSK 08/13 Firm's name CBIZ MARKS PANETH LLC Firm's address 685 THIRD AVENUE NEW YORK, NY 10017 St discuss this return with the preparer shown above? (see instructions)	RABBI JOSHUA FEIGELSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature MAGDALENA CZERNIAWSKI MAGDALENA CZERNIAWSK Firm's name CBIZ MARKS PANETH LLC Firm's address 685 THIRD AVENUE NEW YORK, NY 10017 Phone no.212- St discuss this return with the preparer shown above? (see instructions)	

³¹⁻²⁰⁻²⁰ LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 2
Pa	t 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:
•	THE MISSION OF THE INSTITUTE FOR JEWISH SPIRITUALITY IS TO SEEK TO
	TRANSFORM JEWISH LIFE. BY HELPING JEWISH CLERGY AND LEADERS EMBRACE
	CONTEMPLATIVE PRACTICES SUCH AS TORAH STUDY, PRAYER, MEDITATION, YOGA
	AND IMMERSIVE RETREATS, WE PROVIDE THEM WITH VALUABLE SKILLS FOR
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$271,994. including grants of \$) (Revenue \$255,874.)
	THE CLERGY LEADERSHIP PROGRAM:
	THE CLERGY LEADERSHIP PROGRAM IS A PROGRAM FOR JEWISH CLERGY (RABBIS
	AND CANTORS), WHICH IS AIMED TOWARDS CULTIVATING SPIRITUAL PRACTICES
	AND FOSTERING MINDFUL LEADERSHIP SKILLS IN ORDER TO ENHANCE AND
	TRANSFORM THEIR COMMUNITIES. EACH COHORT OF THE CLERGY LEADERSHIP
	PROGRAM CONTAINS 36-40 PARTICIPANTS AND IS 18 MONTHS LONG. FOUR
	RETREATS COMBINE PRAYER, MEDITATION, TEXT STUDY, YOGA, GROUP
	DISCUSSION, SINGING AS SPIRITUAL PRACTICE, AND ONE-ON-ONE GUIDANCE WITH
	FACULTY MEMBERS. IN BETWEEN RETREATS, PARTICIPANTS CONTINUE TO LEARN
	AND GROW THROUGH SUSTAINED PRACTICE OF MINDFULNESS MEDITATION OR YOGA,
	A GUIDED PROGRAM OF WEEKLY HEVRUTA STUDY, OPTIONAL MONTHLY SPIRITUAL
	DIRECTION, AND E-CONVERSATION WITH THE OTHER PARTICIPANTS.
4b	(code:) (Expenses \$ 124,672. including grants of \$) (Revenue \$108,778.)
чи	SILENT RETREAT:
	A BI-ANNUAL RETREAT IN MINDFULNESS PRACTICE HELPS US WELCOME EACH
	MOMENT OF OUR EXPERIENCE WITH KINDNESS, BALANCE, AND DISCERNMENT. IN
	THIS WAY, WE LEARN TO MAKE FRIENDS WITH OUR OWN MINDS, OPEN OUR HEARTS
	TO THE FULLNESS OF LIFE, AND SHOW UP MORE LOVINGLY AND WISELY IN
	RELATIONSHIPS. ON RETREAT, THESE NEW WAYS OF BEING WITH OUR EXPERIENCE
	ARE FACILITATED BY PERIODS OF SILENT SITTING MEDITATION, WALKING
	MEDITATION, MINDFUL EATING, AND SOULFUL COMMUNAL PRAYER. IN ADDITION TO
	THESE PRACTICES, EACH PARTICIPANT WILL HAVE AN OPPORTUNITY TO CHECK IN
	DURING THE RETREAT WITH OUR SEASONED FACULTY TO DISCUSS ANY CHALLENGES
	AND BREAKTHROUGHS THAT MAY BE ARISING IN PRACTICE. THE RETREAT WILL BE
	HELD IN SOCIAL SILENCE, WHICH MEANS THAT WE WILL BE QUIET TOGETHER TO
4c	(Code:) (Expenses \$114,747. including grants of \$) (Revenue \$152,032.)
	SUMMER 2019 RETREAT (DEEPENING AT 20: HEART OPENING PRACTICE FOR
	CHALLENGING TIMES):
	OUR ANNUAL SUMMER RETREAT IS A CELEBRATION OF 20 YEARS OF IJS AND
	REDEDICATING OURSELVES TO THIS ESSENTIAL INNER AND OUTER PRACTICE AT A
	RETREAT FOR ALUMNI OF THE INSTITUTE'S CORE PROGRAMS AND
	LIKE-MINDED/HEARTED FRIENDS. THE RETREAT TAKES PLACE EACH YEAR IN JULY
	AT PEARLSTONE RETREAT CENTER IN REISTERSTOWN MD. PARTICIPANTS MAY OPT
	FOR A FULLY SILENT OR PARTIALLY SILENT TRACK, WITH OPPORTUNITIES FOR
	ENGAGING IN MINDFULNESS MEDITATION, PRAYER, YOGA AND EMBODIED PRACTICE,
	TEXT STUDY, MIDDOT, AND SMALL GROUP PRACTICE. THIS RETREAT REGULARLY
	HAS APPROXIMATELY 75+ PARTICIPANTS TAKING PLACE IN A VARIETY OF VARIOUS
	AFTERNOON, SPECIALIZED LEARNING SETTINGS.
44	Other program services (Describe on Schedule O.)
40	
4.5	
40	Total program service expenses 1, 322, 416.

 Form 990 (2019)
 INSTITUTE FOR JEWISH SPIRITUALITY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17		17		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18		18		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
19		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20а ь		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
	domosto government or ratin, column (-), inter : II res, complete Schedule I, Parts I and II	_ ~ 		_ <u></u>

Form 990 (2019)

 Form 990 (2019)
 INSTITUTE FOR JEWISH SPIRITUALITY, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23		X					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		_X_					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c 24d							
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L, Part I	25b		<u> </u>					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV								
	instructions, for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77					
_	"Yes," complete Schedule L, Part IV	28a		X					
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			77					
	"Yes," complete Schedule L, Part IV	28c	Х	X					
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v					
~ 1	contributions? If "Yes," complete Schedule M	30		X X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х					
~~	Schedule N, Part II	32							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		х					
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х					
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>							
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000							
50		36		х					
37	If "Yes," complete Schedule R, Part V, line 2								
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI								
38									
	Note: All Form 990 filers are required to complete Schedule O	38	х						
Pa	rt 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			\square					
	· · ·		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 39		_						
b		-							
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								

ation comply with backup organ (gambling) winnings to prize winners?

1c

_			5	F						
Form Par	990 (2019) INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-45315 V Statements Regarding Other IRS Filings and Tax Compliance (continued)	59	Pa	_{age} 5						
1 41	Statements Regarding Other mornings and rax compliance (continued)		Vee							
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No						
	filed for the calendar year ending with or within the year covered by this return 2a 14									
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x							
D										
39	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)									
	 a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
	If "Yes," enter the name of the foreign country	ти								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00								
ou	any contributions that were not tax deductible as charitable contributions?	6a		х						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou								
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.0								
	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		Х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.0								
•	to file Form 8282?	7c		Х						
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
-	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	-								
	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:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	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.									
а	E CALENDARIA E C	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
		14a		Х						
		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2019)

		INSTITUTE	FOR	JEWISH	SPIRITUALITY,	INC.	36-4531559
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 Form 990 (2019)
 INSTITUTE FOR JEWISH SPIRITUALITY, INC.
 36-4531559
 Page

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
				10b	37	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	<u>11a</u>	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,			v	
	in Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13	Λ	x
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	ai by in	uependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	v	
	The organization's CEO, Executive Director, or top management official			15a	X	x
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b		Δ
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont w	ith a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		- 23
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of evaluation of the organization of the or	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$, MA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (Section 501(c)(3)s	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			,,		
	Own website Another's website X Upon request Other <i>(explain</i>)	n on Sr	chedule Ο)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			finan	cial	
	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 bo	oks and	d records 🕨			
	ALYSE ERMAN, CHIEF OPERATING OFFICER - 646-461-649					
	1230 AVENUE OF THE AMERICAS , NEW YORK, NY 10020					

Form 990 (36-4531559 _H	- _{age} 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

Andread and line Andreage hours per week (list ary number of the index more that one hours per week (list ary line) Addreage hours per line) Addreage hours per line)<	(A)	(B)				C)			(D)	(E)	(F)
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Part VII Section A. Officers, Directors, Trust										1000	raye •
(A) Name and title	(B) Average hours per week	B) (C) rage Position (do not check more than or box, unless person is both					ne an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated mount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensation from the ganization nd related ganizations
(18) SUSAN P. SCHECHTER DIRECTOR	1.00	x						0.	0		0.
(19) TERRY ROSENBERG	1.00										
IMMEDIATE PAST CHAIR	1 0 0	Х			$ \rightarrow$			0.	0	•	0.
(20) WILLIAM KLINGENSMITH	1.00								0		0
DIRECTOR (21) DENISE KIRCHNER	40.00	Х			\rightarrow			0.	0	•	0.
DIRECTOR OF FINANCE	40.00			x				98,482.	0		30,904.
(22) LISA GOLDSTEIN	40.00			~	-+			90,402.	0	•	0,904.
EXECUTIVE DIRECTOR (OUTGOING)				x				58,698.	0	. 2	20,037.
(23) RABBI JOSHUA FEIGELSON	40.00									<u> </u>	
EXECUTIVE DIRECTOR				х				0.	0	·	0.
		-									
1b Subtotal								157,180.	0		50,941.
c Total from continuation sheets to Part VI								0.	0		0.
d Total (add lines 1b and 1c)								157,180.	0	• 5	50,941.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove)	who	o re	ceived more than \$100,	000 of reportable		0
											Yes No
3 Did the organization list any former officer,	•		key e	mplo	oyee	, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su								er compensation from th		3	X
and related organizations greater than \$150										4	x
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	plete Schedule	e J fe	or su	ich p	perso	on				5	X
Section B. Independent Contractors									100.000 - (
 Complete this table for your five highest con the organization. Report compensation for t 										sation ti	rom
(A)							T	(B)		((C)
Name and business	address	NC	ONE	5			_	Description of s	ervices	Compe	ensation
							_				
2 Total number of independent contractors (ir \$100.000 of compensation from the organiz		ot lin	nited	l to t	hose 0		ed	above) who received mo	ore than		

	990 r t VI			OR JEWISH	SPIRITUALI	TY, INC.	36-4531	559 Page 9
		Check if Schedule O		nse or note to any lir	e 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
nts its	1 a	Federated campaigns	1a		-			
<u>arar</u>		Membership dues			4			
Gifts, Grants ilar Amounts		Fundraising events			-			
ilar İlar		Related organizations			-			
Sim,		Government grants (contr			-			
Contributions, (and Other Simil	т	All other contributions, gifts, similar amounts not included		1,980,681.				
Q∰	a	Noncash contributions included in			-			
Con	-	Total. Add lines 1a-1f			1,980,681.			
0.0				Business Code				
e	2 a	PROGRAM FEES		624100	1,022,187.	1,022,187.		
z ic	b							
Sei	с							
Program Service Revenue	d	l						
igo B	е							
ā	f	All other program service			1 000 100			
	g				1,022,187.			
	3	Investment income (inclue			344.			344.
	4	other similar amounts) Income from investment of			<u> </u>			544
	4 5	Royalties	-	-	2,285.			2,285.
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b		6b					
	с	–	6c					
	d	Net rental income or (loss		🕨				
	7 a	Gross amount from sales of	(i) Securit	ies (ii) Other	4			
		assets other than inventory	7a		4			
	b	Less: cost or other basis						
nue	_	and sales expenses	7b		-			
eve		Gain or (loss) Net gain or (loss)						
er R		Gross income from fundraisi						
Other Rever	0 4	including \$						
•		contributions reported on						
		Part IV, line 18	-	8a				
		Less: direct expenses		8b				
		Net income or (loss) from						
	9 a	Gross income from gamir						
		Part IV, line 19		9a	-			
		Less: direct expenses		9b				
		 Net income or (loss) from Gross sales of inventory, 		°₽				
	10 a	and allowances		10a				
	b	Less: cost of goods sold		10b				
		Net income or (loss) from		· · · · ·				
(0				Business Code				
sious	11 a	OTHER REVENUE	2	900099	1,955.	1,955.		
enu	b						ļ	ļ
Miscellaneous Revenue	С							
Mis	d	All other revenue						
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction		····· •	<u>1,955</u> 3 007 452	1,024,142.	0.	2,629.
		I JUAI I GVEILUE. OUU IIISU UCU	0110					,,

	t IX Statement of Functional Expense				31559 Page 1
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a response	se or note to any line in t (A)	this Part IX (B)	(C)	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
	and domestic governments. See Part IV, line 21				
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	281,160.	82,892.	101,318.	96,950
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F04 054	250 004		100 -0-
7	Other salaries and wages	524,371.	359,294.	38,482.	126,595
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		101 000	C1 100	
9	Other employee benefits	316,729.	<u>181,827.</u> 35,711.	61,137.	73,765
10	Payroll taxes	62,772.	35,/11.	14,782.	12,279
1	Fees for services (nonemployees):				
a	Management	2 000		3,000.	
b		3,000. 26,700.		26,700.	
	Accounting	20,700.		20,700.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)	354,336.	263,047.	45,056.	46 233
12	Advertising and promotion	17,049.	7,218.	5,436.	<u>46,233</u> 4,395
12 3	Office expenses	36,296.	15,367.	11,573.	9,356
14	Information technology	31,914.	19,120.	7,059.	5,735
15	Royalties			.,	• / · • •
16	Occupancy	89,151.	56,165.	16,939.	16,047
17	Travel	38,951.	19,399.	12,899.	6,653
8	Payments of travel or entertainment expenses				.,
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	94,079.	59,270.	17,875.	16,934
3	Insurance	7,430.	3,728.	3,457.	245
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
	BAD DEBT	247,419.		247,419.	
	RETREAT FEES	202,086.	202,086.		
	PROCESSING FEES	31,981.	16,047.	14,882.	1,052
d	MISCELLANEOUS	1,974.	1,245.	374.	355
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,367,398.	1,322,416.	628,388.	416,594
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

33

Total liabilities and net assets/fund balances

Total net assets or fund balances

orm	990 (2	2019) INSTITUTE FOR JEWISH SPIRITUAL	ITY, INC.	36-	4531559 Page 11
Par	t X	Balance Sheet			
-		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	5,425.	1	9,488.
	2	Savings and temporary cash investments	374,036.	2	645,258.
	3	Pledges and grants receivable, net	330,559.	3	712,672.
	4	Accounts receivable, net	24,554.	4	4,239.
	5	Loans and other receivables from any current or former officer, director,		-	
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	Ŭ			6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ase	9	Prepaid expenses and deferred charges	48,046.	9	21,649.
	-	Land, buildings, and equipment: cost or other	10,0100	- J	
	iou	basis. Complete Part VI of Schedule D 10a 0.			
	b	Less: accumulated depreciation 10b	0.	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	370,071.
	15	Other assets. See Part IV, line 11	388,327.	15	20,362.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,170,947.		1,783,739.
	17	Accounts payable and accrued expenses	128,092.	17	121,221.
	18	Grants payable		18	
	19	Deferred revenue	233,462.	19	4,700.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabilities		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	211,875.
	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	<u>18,476.</u> 380,030.	25	<u>14,972.</u> 352,768.
	26	Total liabilities. Add lines 17 through 25	380,030.	26	352,768.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	282,917.	27	730,971. 700,000.
Vet Assets or Fund Balances	28	Net assets with donor restrictions	508,000.	28	700,000.
		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
		and complete lines 29 through 33.			
s:	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t Aŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	1 400 001
Ne	32	Total net assets or fund balances	790,917.	32	1,430,971.

1,783,739. Form **990** (2019)

Fo P

33

170,947.

1.

F	1990 (2019) INSTITUTE FOR JEWISH SPIRITUALITY, INC.	36-15	1 31559		. 12
	n 990 (2019) INSTITUTE FOR JEWISH SPIRITUALITY, INC.	50-45	97999	Paç	_{ge} 12
	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	3,007	7,4	52.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,367		
3	Revenue less expenses. Subtract line 2 from line 1	3	640),0	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	79(),9:	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,430),9	71.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				v
2a			2a		X
	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				
Ь			2b	x	
D	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		20		
	consolidated basis, or both:	: Dasis,			
	X 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			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	<u></u>	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2019)

SCHEDULE A	۱
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(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.

13 OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection					
Nam	o of t	the organizatio				Jis anu u	ie ialest ii	normation.	Employor	identification numbe
INaIII	eori	ine organizatio			TEWTON COTOT		п. <u>у</u> т.			6-4531559
Pa	rt I	Reason f	or Public (Charity Status	JEWISH SPIRI	molete th	is nart) Se	e instructions		0-4331339
1 ne t	ligan				For lines 1 through 12, c			1)/ A //;)		
2					on of churches described			I)(A)(I)-		
2					Attach Schedule E (Forn Anization described in s e			::)		
4		•	•		njunction with a hospital				(iiii) Entor	the bosnital's name
-		city, and state	-		njunotion with a noopital	accombed	Section			the hospital o hame,
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in
Ŭ		•	-	Complete Part II.)		o opolai	5 a ~) a ge			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
	X		-	-	ntial part of its support fr				e general i	oublic described in
				omplete Part II.)					3	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:	-				-		_	
10		An organizatio	on that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, membersh	nip fees, an	d gross receipts from
		activities relat	ed to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support t	rom gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 5	509(a)(2). (Co	mplete Part III.)						
11		An organizatio	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		-	-		ively for the benefit of, to				-	
					ed in section 509(a)(1) o					Check the box in
		7			f supporting organizatior					
а				-	upervised, or controlled	• • •	-			
			-		gularly appoint or elect a	majority c	of the direc	ctors or trustee	es of the su	ipporting
		-		complete Part IV, Se					e (e) less le es	
b				-	l or controlled in connect			-		-
			-	it complete Part IV,	anization vested in the sa	ame perso	ns that co	ntroi or manaç	je me supp	Joned
с		¬ ~		-	g organization operated	in connect	tion with	and functional	ly integrate	d with
U			-). You must complete I				iy integrate	a with,
d		7			porting organization oper				ted organi:	zation(s)
u	L		-		zation generally must sat				-	
					nplete Part IV, Sections				anatom	
е		- ·	-		written determination fro				II. Type III	
	-		•		nally integrated supporti				,	
f	Ente	er the number o			, , , , , , , , , , , , , , , , , , , ,					
g	Pro∖	vide the followi	ng informatior	n about the supporte						
	(Name of suppo 		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount of		(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions
_										
Tota										

Schedule A (Form 990 or 990-EZ) 2019 INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1490836.	1236577.	1088784.	1543163.	1980681.	7340041.	
2	Tax revenues levied for the organ-							
	ization'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	1490836.	1236577.	1088784.	1543163.	1980681.	7340041.	
	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)						1483066.	
~								
	Public support. Subtract line 5 from line 4.						5856975.	
		· · · · · · · · · · · · · · · · · · ·						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	1490836.	1236577.	1088784.	1543163.	1980681.	7340041.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	3,195.	3,992.	4,432.	4,220.	2,629.	18,468.	
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.)	405.		62.	42.	1,955.	2,464. 7360973.	
11	Total support. Add lines 7 through 10						7360973.	
12	Gross receipts from related activities,	etc. (see instructic	ons)			12 1	,753,636.	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)		
	organization, check this box and stor	o here			-			
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2019 (I			olumn (f))		14	79.57 %	
	Public support percentage from 2018					15	74.08 %	
	33 1/3% support test - 2019. If the o					ore, check this bo	k and	
	stop here. The organization qualifies					, 	N V	
b	33 1/3% support test - 2018. If the o		-					
-	and stop here. The organization qual							
17a						and line 14 is 10%		
170	7a 10% -facts-and-circumstances test - 2019. 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"							
D	10% -facts-and-circumstances test	-						
	more, and if the organization meets the						*	
	organization meets the "facts-and-circ			-	• • • •			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	na see instructions	s ►	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2013	(b) 2010	(0) 2017	(0) 2018	(e) 2019	
	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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the organization	first second Heli	d fourth or fifthe to		n 501/0)/0)	
14	First five years. If the Form 990 is for	0					·
500	check this box and stop here						
	•			(f)		45	0/
	Public support percentage for 2019 (li					15	<u> %</u>
-	Public support percentage from 2018					16	%
	ction D. Computation of Inves			(0)		T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the	-					ne 17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organizat	ion ►
20	Private foundation. If the organizatio	n did not check a	<u>box on line 14, 19</u>	<u>a, or 19b, check th</u>	his box and see ins	structions)

Schedule A (Form 990 or 990-EZ) 2019

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

Section A. All Supporting Organizations

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

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Schedule A (Form 990 or 990-EZ) 2019 INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 5

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion 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	-		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	~		
U	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion 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)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			

- the supported organization(s) to which the organization was responsive? If "Yes," then in Part vincentity 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.
 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more
- **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? 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.
- 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? *Provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		

Schedule A (Form 990 or 990-EZ) 2019 INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 7

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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	ne organization is responsive	1	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
с	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

OTHER REVENUE	
2015 AMOUNT: \$	405.
2017 AMOUNT: \$	62.
2018 AMOUNT: \$	42.
2019 AMOUNT: \$	1,955.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Т

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

21 OMB No. 1545-0047

2019

Employer identification number

6-4531559

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

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

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

Schedule B	(Form 990	990-F7	or 990-PF)	(2019)
Schedule D	(FUIII 990,	990-EZ,	01 990-FF)	(2019)

Name of organization

INSTITUTE FOR JEWISH SPIRITUALITY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 65,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 51,800. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 70,185. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

36-4531559

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

Name of organization

INSTITUTE FOR JEWISH SPIRITUALITY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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Employer identification number

36-4531559

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

Name of organization

INSTITUTE FOR JEWISH SPIRITUALITY, INC.

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

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

Page 3

36-4531559

Employer identification number

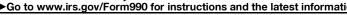
Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4				
Name of o	organization		Employer identification number				
INSTI	TUTE FOR JEWISH SPIRITUA	LITY, INC.	36-4531559				
Part III		ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional	·					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	·						
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	,,						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(-)	(-, 3					
		(e) Transfer of gift					
		(0)					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	·						

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

9 0)

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





Name	e of the organization TNSTTTITE FOR .TEWT!	SH SPIRITUALITY, INC		Employer identification number 36-4531559
Par				
	organization answered "Yes" on Form 990, Part IV, lin			
		(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 v	writing that the assets held in donor adv	rised fund	s
•	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			•
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990), Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		of a histo	rically important land area
	Protection of natural habitat	Preservation	of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	n of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			zation during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located	_	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling o	f	
	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 co	nservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation eas	ements during the year
	► \$			_
8	Does each conservation easement reported on line 2(d) abov			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's financial stater	ments tha	it describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or C	Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		and bala	nce sheet works
	of art, historical treasures, or other similar assets held for put	, ,		
	service, provide in Part XIII the text of the footnote to its finar	, ,		
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, , <u></u>		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				\$
2	If the organization received or held works of art, historical treater			
-	the following amounts required to be reported under FASB A		J, P	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019

Schedule D	(Form 990)	2019

		FE FOR JEWI						31559	Page	e 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or C	Other S	Simila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that m	ake signi	ificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organization's	s exempt	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical trea	sures, or other s	similar as	sets		_		
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	on answered "Ye	es" on Fo	orm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia							-		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		
	Did the organization include an amount on Fo					?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete in							() 5	<u> </u>	<u> </u>
		(a) Current year 30,000.	(b) Prior year	(c) Two years t	раск (d)	Inree	/ears dack	(e) Four y	ears bad	CK
	Beginning of year balance	30,000.	30,000.	30,0	000					
b	Contributions			50,0						—
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									—
е	Other expenditures for facilities	30,000.								
	and programs	30,000.								—
	Administrative expenses		30,000,	30,0	00					—
g	End of year balance		,	,						
2	Provide the estimated percentage of the curre	•	e (line 1g, column (a	a)) neid as:						
а ь	Board designated or quasi-endowment	%	_%							
b	Permanent endowment ►	% %								
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
20	Are there endowment funds not in the posses	-	tion that are hold a	nd administorod	for the c	vraoniz	otion			
Ja	by:	ssion of the organiza	tion that are new a			nganza			es N	lo
	(i) Unrelated organizations							3a(i)		x
	(ii) Related organizations							3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organization							3b	+	
4	Describe in Part XIII the intended uses of the							00		
	t VI Land, Buildings, and Equipm	<u>u</u>								—
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990, P	art X, line	e 10.				
	Description of property	(a) Cost or of basis (investment)	ther (b) Cos	t or other	(c) Accu	umulate	ed	(d) Book	value	
		`	Dasis	(other)	uepre	eciation				
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other								<u> </u>).
Iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>x, column (B), line 1</u>	(UC.)						/ •

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" of	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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" c		11d. See Form 990, Part X, line 15.	
	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 Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" of 1 . (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
			(b) BOOK value
(1) Federal income taxes			14,972.
(2) DEFERRED RENT			14,9/2.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			14 070
Total. (Column (b) must equal Form 990, Part X, col. (B) line			14,972.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o tne organization's financial statements tl	nat reports the

INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 3

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

X

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Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Sche	edule D (Form 990) 2019 INSTITUTE FOR JEWISH SP	IRITUALITY, INC.	36-4	1531559 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,007,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,007,452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,007,452.	
Ра	rt XII Reconciliation of Expenses per Audited Financial St		per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			2,367,398.
а				2,30/,398.
I	Donated services and use of facilities	2a		2,307,398.
b	Prior year adjustments			2,367,398.
D C		2b 		2,367,398.
d D	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2,367,398.
d d e	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		0.
c d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		<u>0.</u> 2,367,398.
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d		0.
c d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a		0.
c d e 3 4	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 4a		0.
c d e 3 4	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2b 2c 2d 4a 4b	2e 3 3	0. 2,367,398. 0.
c d e 3 4 a b c 5	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 4a 4b	2e 3 3	0.

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

PART V, LINE 4:

IN APRIL 2018, A DONOR ESTABLISHED AN ENDOWMENT FUND IN THE AMOUNT OF	
\$30,000. DONATIONS TO THIS FUND WERE HELD IN A SEPARATE ACCOUNT. IN	
ACCORDANCE WITH DONOR WISHES, NET INVESTMENT EARNINGS FROM THIS FUND WERE	
TO BE USED WITHOUT DONOR RESTRICTIONS. DURING THE YEAR ENDED JUNE 30,	
2020, THE DONOR RELEASED THE FUNDS FROM RESTRICTION FOR THE INSTITUTE TO	
USE THE CORPUS FOR GENERAL PURPOSE.	

PART X, LINE 2:

THE INSTITUTE BELIEVES IT HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30,

2020 AND 2019, IN ACCORDANCE WITH FASB ASC TOPIC 740, "INCOME TAXES,"

WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX

		тис	mmm		темтец	מסדסדתואו	r TMV	TNO	³⁰ 36-4531559	
Schedule D (Form 99 Part XIII Supp	90) 2019 lemen	tal Informatio	n _{(contin}	ued)	DEMISH	SPIRIIUA	<u>uiii,</u>	INC.	30-4551559	Page 5
PROVISIONS	FOR	UNCERTAL	N TAX	POST	FIONS.					

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

31 OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

INSTITUTE FOR JEWISH SPIRITUALITY, INC.

Employer identification number
36-4531559

Par	t 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 dete noncash contributi			3
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	Х	271	39,047.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	, the tax year for co	ontributions				
	for which the organization completed Form 828	-	•					
						١	/es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	ions?	31	x	
	Does the organization hire or use third parties o				····· F			
			0	, p, c		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	,,,	(, 0.10	,			

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

Schedule M (Form 990) 2019 INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 2 Part II Supplemental Information. Provide the information required by Part L lines 30b, 32b, and 33, and whether the organization

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559

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

COMMUNITY AND REINVIGORATE THE SPIRITUAL DIMENSION OF AMERICAN JUDAISM

FORM 990, PART I:

THE RETURN IS BEING AMENDED TO REFLECT THE UPDATED FINANCIALS SINCE THE

AUDIT WAS FINALIZED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EFFECTIVE LEADERSHIP WHILE CREATING OPPORTUNITIES TO DEEPEN THEIR SPIRITUAL LIVES AND CONNECT MEANINGFULLY AND AUTHENTICALLY WITH THE DIVINE. BY STRENGTHENING OUR CLERGY AND LEADERS IN THIS WAY, WE INTRODUCE COMMUNITIES AND INSTITUTIONS TO NEW FORMS OF AUTHENTIC JEWISH PRACTICE, ENRICH EVERYDAY LIFE WITH JEWISH WISDOM, LINK THE SEARCH FOR INNER WHOLENESS WITH TIKKUN OLAM AND CREATE A VIBRANT, ENDURING JUDAISM FOR THE NEXT GENERATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FACILITATE A DEEP TURNING INWARD TO EXPLORE AND CULTIVATE THE INNER LIFE. THIS RETREATS HAS APPROXIMATELY 70+ PARTICIPANTS DEDICATED TO GROWING THEIR SILENT, MINDFULNESS MEDITATION PRACTICE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PRAYER PROJECT: THE PRAYER PROJECT IS DESIGNED TO HELP JEWS EXPLORE

PRAYER AS SPIRITUAL PRACTICE: SOMETHING WE ENGAGE IN WITH SPECIFIC

AIMS, FORMS, AND TECHNIQUES TO CULTIVATE OUR CONSCIOUS CONNECTION WITH

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization INSTITUTE FOR JEWISH SPIRITUALITY, INC.	Employer identification number 36-4531559
GOD. TOWARD THIS END WE HAVE DEVELOPED MONTH-LONG INTENS	IVES
FEATURING VIDEO INSTRUCTION AND ON-LINE DISCUSSION (WITH A	N OPTIONAL,
LIVE, SMALL-GROUP, WEEKLY PROCESSING CALLS WITH THE INSTRU	CTOR). EACH
INTENSIVE FOCUSES ON ONE PARTICULAR PRAYER MODALITY, SUCH	AS: CHANT;
TRADITIONAL, PRAYER BOOK-BASED JEWISH PRAYER; CONTEMPLATIV	E PRAYER;
AND, ENGAGEMENT WITH PSALMS.	

HEVRAYA: AS A WAY TO KEEP CLERGY ALUMNI ENGAGED, IJS OFFERS A PARTIALLY-SILENT RETREAT THAT IS OPEN TO ALUMNI OF THE IJS CLERGY AND EDUCATOR LEADERSHIP TRAINING PROGRAMS. ALL PARTICIPANTS WILL IMMERSE TOGETHER IN CONTEMPLATIVE PRACTICE, INCLUDING PRAYER, MEDITATION, YOGA OR OTHER EMBODIED PRACTICE, TEXT STUDY, AND SMALL GROUP WORK. IN ADDITION TO THIS RETREAT, WE ALSO OFFER A WEEKLY TEXT STUDY PROGRAM TO DEEPEN THEIR EXPERIENCE OF TORAH, ENRICH THEIR TEACHINGS AND SERMONS, LEAD COMMUNITY STUDY GROUPS, AND GROW IN PRACTICE.

GIFT OF AWARENESS/AWARENESS IN ACTION:

GIFT OF AWARENESS AND AWARENESS IN ACTION ARE ONLINE COURSES IJS LAUNCHED IN JUNE 2019 AND FEBRUARY 2020 RESPECTIVELY. THE GIFT OF AWARENESS: CULTIVATING MINDFULNESS THROUGH JEWISH MEDITATION A FIRST-OF-ITS-KIND, SELF-PACED, ONLINE JEWISH MEDITATION COURSE THAT OFFERS NEW ACCESS TO EXPANDED AWARENESS TO SUPPORT YOU IN BECOMING MORE CONSISTENTLY WHO YOU WANT TO BE IN THE WORLD. AWARENESS IN ACTION: CULTIVATING CHARACTER THROUGH MINDFULNESS AND MIDDOT, IS A SELF-PACED ONLINE COURSE THAT HELPS YOU MORE CONSISTENTLY ALIGN YOUR INNER VALUES WITH HOW YOU ARE IN THE WORLD. BOTH OF THESE COURSES RUN 3-4 TIMES PER YEAR AND HAVE ENROLLMENT OF HUNDREDS OF PARTICIPANTS EACH TIME. EACH OF THESE COURSES CAN BE TAKEN ALONE OR AS A "FIRST COURSE, FOLLOW UP

Schedule O (Form 990 or 9	990-EZ) (2019)	35 Page 2
Name of the organization	INSTITUTE FOR JEWISH SPIRITUALITY, INC.	Employer identification number 36-4531559
COURSE" TO FUI	RTHER DEVELOP A LIFE LONG PRACTICE.	

EXPENSES \$ 811,003. INCLUDING GRANTS OF \$ 0. REVENUE \$ 505,503.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, AND CIRCULATED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

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

BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES (IF ANY) ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST WITH THE GOVERNING BOARD. AFTER DISCLOSURE, AN INVESTIGATION IS HELD DURING WHICH THE INDIVIDUAL MUST RECUSE THEMSELVES FROM VOTING ON THE MATTER. SUCH MATTERS INVOLVING THE EXISTENCE OF CONFLICTS OF INTEREST ARE TO BE DOCUMENTED IN THE MINUTES OF THE GOVERNING BODY. ON AN ANNUAL BASIS, EACH BOARD MEMBER AND OFFICER IS REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT THEY RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEMENT LISTING ANY EXISTING CONFLICTS OF INTEREST.

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

COMPENSATION OF THE EXECUTIVE DIRECTOR IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE BOARD UTILIZES SALARY SURVEYS AND FORM 990S OF SIMILARLY SITUATED ORGANIZATIONS TO DETERMINE COMPENSATION. IJS COMPILES A LIST OF APPROXIMATELY 6 SIMILAR ORGANIZATIONS IN EITHER SIZE OR BUDGET. ONCE THE LIST IS COMPILED, THE DIRECTOR OF FINANCE AND OPERATIONS CONDUCTS A SEARCH ON GUIDESTAR TO PULL THE 990'S OF THESE ORGANIZATIONS TO SEE WHAT THEY ARE PAYING THEIR TOP EMPLOYEES. EACH YEAR, IJS TAKES PART IN A NEW YORK CITY NONPROFIT SURVEY. THIS SURVEY FACTORS INTO IT POSITIONS, BUDGET AND SIZE OF THE ORGANIZATION. BY TAKING PART IN Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	36 Page 2
Name of the organization INSTITUTE FOR JEWISH SPIRITUALITY, INC.	Employer identification number 36-4531559
THE SURVEY, IJS RECEIVES THE RESULTS. THE DELIBERATION AND	DECISION IS
DOCUMENTED IN THE MINUTES OF THE GOVERNING BOARD. THE PROC	ESS WAS LAST
CONDUCTED IN FY2020.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990, GOVERNING DOCUMENTS A	ND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	175,857.
MANAGEMENT AND GENERAL EXPENSES	21,048.
FUNDRAISING EXPENSES	31,342.
TOTAL EXPENSES	228,247.
FACULTY CONSULTANTS:	
PROGRAM SERVICE EXPENSES	87,190.
MANAGEMENT AND GENERAL EXPENSES	24,008.
FUNDRAISING EXPENSES	14,891.
TOTAL EXPENSES	126,089.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	354,336.
FORM 990, PART XII, LINE 2C:	

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.