		PUB	LIC DISCLOSURE COPY - STATE REGISTR			-
	Ω	00	Return of Organization Exempt Fr	om Ir	ncome Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			^{1S)} 2020
Dene			Do not enter social security numbers on this form as	s it may be	e made public.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the second seco			Inspection
AF	or th	e 2020 calend	ar year, or tax year beginning $ { m JUL}1$, 2020 and er	nding J	UN 30, 2021	
	heck if pplicab	le: C Name o	forganization		D Employer identific	cation number
	Addre	ge INST	ITUTE FOR JEWISH SPIRITUALITY, INC.			
	Name	ge Doing b	usiness as		36-45315	59
	Initial return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Ro AVENUE OF THE AMERICAS	oom/suite	E Telephone number (646) 462	
	termir		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,207,324.
X	Amen return	ded NTTTTAT	YORK, NY 10020		H(a) Is this a group re	
	Applic tion		nd address of principal officer: RABBI JOSHUA FEIGELS	SON	for subordinates	
	pendi		AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status:		527		list. See instructions
			JEWISHSPIRITUALITY.ORG		H(c) Group exemption	
ΚF	orm o	f organization:	X Corporation Trust Association Other ►	L Year of	of formation: 2003 N	A State of legal domicile: MA
	rt I	Summary				
	1	Briefly describ	be the organization's mission or most significant activities: $\ {f THE} \ {f IB}$	NSTIT	UTE SEEKS TO) TRANSFORM
Activities & Governance			LIFE BY CREATING MINDFUL LEADERSHIP			
'nar	2	Check this bo	x if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	sets.
ING	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	20
ğ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			20
s S	5		of individuals employed in calendar year 2020 (Part V, line 2a)			16
/itie			of volunteers (estimate if necessary)			20
ctiv			d business revenue from Part VIII, column (C), line 12			0.
A			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)		1,980,681.	1,650,263.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		1,022,187.	556,698.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		344.	363.
Я	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,240.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,007,452.	2,207,324.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	43,000.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		1,185,032.	1,701,669.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
kpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	<u> </u>		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,182,366.	814,569.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,367,398.	2,559,238.
	19	Revenue less	expenses. Subtract line 18 from line 12		640,054.	<351,914.>
Net Assets or -und Balances				Beg	jinning of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)		1,783,739.	1,728,068.
t As Id B	21	Total liabilities	; (Part X, line 26)		352,768.	649,011.
			fund balances. Subtract line 21 from line 20		1,430,971.	1,079,057.
	rt II	Signature				
	-		I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.	
			a fallan			
Sigr	ו		e of officer		Date	
Har	-		T TOSHIIA FEIGELSON EXECUTIVE DIREC	UDU R		

nere	Type or print name and title	, EARCOILVE DIRECTOR				
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN		
Paid	MAGDALENA CZERNIAWSKI	MAGDALENA CZERNIAWSK	08/08/24 self-employed	P00535099		
Preparer	Firm's name 🕒 CBIZ MARKS PANET	H LLC	Firm's EIN 🕨 87	7-3707167		
Use Only	Firm's address 🖕 685 THIRD AVENUE					
	NEW YORK, NY 100	17	Phone no. 212-	503-8800		
May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 2
Par	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	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? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,634,303. including grants of \$ 43,000.) (Revenue \$ 468,571.)
чa	IJS HAS DEVELOPED SEVERAL ONLINE LEARNING COURSES OVER THE YEAR.
	STARTING WITH TORAH STUDY AND PRAYER PROJECT WHICH IS ACCRESSIBLE TO A
	WIDE RANGE OF PARTICIPANTS TO FURTHER DEVELOP THEIR PRACTICE WHETHER
	ALONE, IN A GROUP SETTING OR WITH A PARTNER. 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
4b	(Code:) (Expenses \$110,504. including grants of \$) (Revenue \$) (Reven
	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.
	0.0.001
4c	(Code:) (Expenses \$ 80,871. including grants of \$) (Revenue \$ 28,210.)
	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,825,678.
032002	Form 990 (2020) SEE SCHEDULE O FOR CONTINUATION(S)

 Form 990 (2020)
 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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>X</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>X</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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

 Form 990 (2020)
 INSTITUTE FOR JEWISH SPIRITUALITY, INC.

 Part IV
 Checklist of Required Schedules (continued)

22 Did the organization report moot than 85:000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27, Wey," complete Schedule 1, Part and M 23 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization a complete Schedule X, If Yes, 'complete Schedule X, Part I 24 Did the organization avait that ingaged in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule L, Part I Zes 25 Section SO(16), SO(Yes	No
23 Did the organization answer 'Ves' to Part VII. Section A, Ine 3.4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? # 'Yes, ' complete Schedule L, H'No, ' yo to Ine 25e. 23 X 24 Did the organization invest my proceeds of trave-sempt bonds beyond a temporary period exception? 24a X 24a Did the organization invest my proceeds of trave-sempt bonds beyond a temporary period exception? 24d X 25 Did the organization matrix in an escow account other than a refunding escow at any time during the year' 24d X 26 Did the organization matrix in an escow account other than a refunding escow at any time during the year' 24d X 26 Section 50(16)(3), 50(164)(4) and 50(16)(29) organizations. Did the organization access benefit transaction with a disqualified person during the year? H'Na, ' complete Schedule L, Part I 25a X 27 Did the organization action morth an ave of the organization specified person in a prory yee, and that the transaction with a disqualified person during the year? (4 my access benefit transaction with a disqualified person during the year? (4 my access benefit transaction with a disqualified person during the year? (4 my access benefit transaction with a disqualified person in a prory yee, and that the transaction theor and poly the organization reports or a 35% controlled and yo these person? H'Yes, ' complete Schedule L, Part IV 26a X 27 <t< td=""><td>22</td><td>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</td><td></td><td></td><td></td></t<>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Dit the organization answer "Ves" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current tand forms officient, directors, trustees, key employees, and highest compensated employees? <i>II</i> 'Yes, "complete Schedule J, Dit the organization have a tax-exempt bond size 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? <i>II</i> 'Yes, "answer lines 24b through 24d and complete Schedule J, <i>IV</i> (No, 'Yos,' or b line 25a. 24a 24b 24b 24b 24a			22		Х
Schedule / 23 X 4a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K if 'No,' go to life 25a X 4b Dit the organization matura an escrew account other than a refunding secrew at any time during the year to delease any tax-exempt bonds? 24a 5b Dit the organization matura an escrew account other than a refunding secrew at any time during the year to delease any tax-exempt bonds? 24d 6b Dit the organization amount at the magodin an excess benefit transaction with a disqualified person during the year? 24d 7b Dit the organization access benefit transaction with a disqualified person during the year? 24d 7b Dit the organization access benefit transaction with a disqualified person during the year? 24d 7c Did the organization access benefit transaction with a disqualified person during the year? 24d 7c Did the organization access benefit transaction with a disqualified person during the year? 25d 7c Did the organization access benefit transaction with a disqualified person during the year? 26b X 7c Did the organization access benefit transaction with a disqualified person during the year? 26b X 7c Did the organization access the end transaction with a disqualified person during the year? 26b X 7c Did the organization access thenet transaction with a did grand transaction wi	23				
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 /f 'No.' go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25a Section 501(c)(3). 601(c)(4), and 501(c)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person taining the year? 24d X 25a Section 501(c)(3). 601(c)(4), and 501(c)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person taining the year? 24d X 25a Is the organization exerces them reported on any of the organization is prior Forms 980 or 590.27? If 'Yes,' complete Schedule L, Part I 25b X 25b Did the organization provide a grant or other assistance to any comments or former office, ricutes, two indives, exercent or formed fice, ricutes, two indives, exercent or formed fice, ricutes, two indives, and exceptions? 26b X 25b Did the organization provide a grant or other assistance to any comment or former office, ricutes, two indives, and exceptions? 27b Yes,' complete Schedule L, Part II 26 X 26b X Did the organization provide agrant or otherassistance to any comment or formor office, ricutes, two		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24 Did the organization have a tax-exampt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the vegan, tax vasis sixed after December 31, 2002? If "Yes," answer lines 24 brough 24d and complete Schedule K, If "No," go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Did the organization meets an encore account of ther than a refunding secrow at any time during the year 0 defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), and 501(c)(4), and 501(c)(29) organizations. Did the organization areas benefit transaction with a disqualified person in a prory sen, and that the transaction with a disqualified person in a prory sen, and that the transaction with a disqualified person in a prory sen, and that the transaction with a controlled on any of the organization proves a grant or other assittants or any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled ontity or family member of any of these persons? If "ves," complete Schedule L, Part II 26 X 27 Did the organization proved a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity for tanking description in the apert of the apert apert of the apert apert of the ap		Schedule J	23		Х
Schedule K. If "Main go to line 25a. 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization and sam y proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? // Yes, "complete Schedule L, Part I 25a X 25a Did the organization are not been reported on any of the organization's prior Form 990 or 990 CE2? // Yrs," complete Schedule L, Part I 25b X 25a Did the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or employee thereof, or tamily member of any of these persons? // Yes," complete Schedule L, Part II 26 X 27b Did the organization parvide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributors or any othread schedule and and as and association committee member, or to a 35% controlled entry of nor any individual described in an excese benedule L, Part II 27 X <td>24a</td> <td></td> <td></td> <td></td> <td></td>	24a				
Schedule K. If "Main go to line 25a. 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization and sam y proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? // Yes, "complete Schedule L, Part I 25a X 25a Did the organization are not been reported on any of the organization's prior Form 990 or 990 CE2? // Yrs," complete Schedule L, Part I 25b X 25a Did the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or employe thereof, and selection committee member, or to a 35% controlled entity on tamily member of any of these persons? // Yes," complete Schedule L, Part II 26 X 27 Did the organization party to a business transactor with no eff the lowing parties (see Schedule L, Part II) 27 X 27 Main member of any individual described in line 28a? // Yes," complete Schedule L, Part II)		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25 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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 900 E2? // ***, ** complete Schedule L, Part 1 25a X 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 5%6 27b Y 27 Did the organization payatistic portunations prior Forms 990 or 900 E2? // ** V***, ** complete Schedule L, Part 1 28b X 28 Did the organization payatistic portunation and any of these persons? // ** ** organizet on payatistic portunation and any of these persons? // ** ** organizet on payatistic portunation. 28c X 29 Did the organization payatistic provide director, trustee, key employee, creator or founder, or substantial contributor? // ** ** organizet on controlled entity or a burinses transaction with one of the following parties (see Schedule L, Part I/ 28a X 20 Did the organization neceive norms indivi		Schedule K. If "No," go to line 25a	24a		Х
any tax-exempt bonds? 24c Did the organization act as an "on behall of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 25a Did the organization area 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-E27 # 'Yes," complete Schedule L, Part I 25a 25b Did the organization area that the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction in these persons? If 'Yes,' completes to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee threed) or family of these persons? If 'Yes,' complete Schedule L, Part II 26 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II) 27 28 Was the organization receive emore individuals accortication exceptions? a Accurrent or forme officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a X 29 Did the organization receive more than \$25,000 in non-cash contributors? # 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributors? # 'Yes,' complete Schedule M, Part I, Mar I 30 X	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O contains a response or note to any line in this Part V 38 X 37 Did the organization complete Schedule O contains a response or note to any line in this Part V 38 X 38 X Ye	00		30		х
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Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable la 44		Note: All Form 990 filers are required to complete Schedule O	38	Х	
Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 44 44	Pai				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
				Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			-		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-		

1c

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Form Par	990 (2020) INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	559	P	age 5
T ai	Statements Regarding Other Ins Things and Tax Compliance (continued)		X	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Zđ	filed for the calendar year ending with or within the year covered by this return 2a 16			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	20		
30		3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	ти		
D	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
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** (2020)

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	Page 6

Form 990 (2					SPIRITUALITY		36-4531559	Pag
Part VI	Governance, N	<i>l</i> lanagement, an	nd Dis	closure _{Fol}	r each "Yes" response to	lines 2 through	7b below, and for a "No" res	ponse
					cesses, or changes on So			

Section A Governing Body and Management			
Check if Schedule O contains a response or note	to any line in this Part VI		X
		<u> </u>	

Sec	tion A. Governing Body and Management					
			2.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	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 relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	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 9	990 was	filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9				00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	<u></u>		9		77
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (20ae.)		Vee	Ne
10-	Did the superior tion have lead at entry, two sheets or efficience			10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101		
				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	scribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
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 only)	availal	ble
-	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Sci	nedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	ial	
15	statements available to the public during the tax year.	/ mot 0	interest policy, and	manc	nai	
20	State the name, address, and telephone number of the person who possesses the organization's boo		rocords			
20	ALYSE ERMAN, CHIEF OPERATING OFFICER - 646-461-6499					
	1230 AVENUE OF THE AMERICAS, NEW YORK, NY 10020	,				
	1220 VARIOR OL THE WEEKICVS' HEM TOLK' HI TOAA					

Form 990 (2		NC. 36-4531559 Pag	_{ge} 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

Name and tile Average hours per hours per hour	(A)	(B)				C)			(D)	(E)	(F)
house per week (list any nours for eleted organizations belows line) box, unservation to below and all of the servation of the servation of the servation of the servation of the servation the servation of the servation (W-2/1099-MISC) compensation the servation and related organizations (1) DENISE KIRCHNER (II) DENISE KIRCHNER (II) DENISE KIRCHNER (III) DENISE (III) DENISE KIRCHNER (III) DENISE KIRCHNER (III) DENISE KIRCHNER (III) DENISE (III) DENISE KIRCHNER (III) DENISE (III) DENISE (IIII) DENISE (III) DENISE (IIII) DENISE (IIIII) DENISE (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
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(14) MONTE DUBE 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) RABBI DANIEL LIBEN 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) RABBI REX PERLMETER 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) RABBI SHULI PASSOW 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		1.00									_
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(17) RABBI SHULI PASSOW1.00X0.0.0.DIRECTORX0.0.0.0.		1.00									
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		1.00								<u> </u>	
	DIRECTOR		Х						0.	0.	

											8
Form 990 (2020) INSTITUT:	E FOR JE	EWI	SH	[S	PI	RI	ΤU	ALITY, INC.	36-453	1559	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss per	more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	anizations
(18) STEVEN TARGUM DIRECTOR	1.00	x						0.	0		0.
(19) SUE ELLEN CORNING	1.00										
DIRECTOR		х						0.	0	•	0.
(20) SUSAN P. SCHECHTER DIRECTOR	1.00	x						0.	0		0.
(21) TERRY ROSENBERG	1.00	1				\vdash		0.	0	•	
IMMEDIATE PAST CHAIR	1.00	x						0.	0		0.
(22) WILLIAM KLINGENSMITH	1.00										
DIRECTOR		X				-		0.	0	•	0.
										-	
						<u> </u>				-	
1b Subtotal								182,801.	0		0,538.
c Total from continuation sheets to Part V	I, Section A							0.	0		0.
d Total (add lines 1b and 1c)								182,801.	0	• 7	0,538.
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	iose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable		1
3 Did the organization list any former officer	diractor truct			mol			hia	host componented ampl	0000 00		Yes No
line 1a? If "Yes," complete Schedule J for s				•	•		Ũ	nesi compensated empi	•	3	X
4 For any individual listed on line 1a, is the su	um of reportabl	le co									X
and related organizations greater than \$15Did any person listed on line 1a receive or a										4	
rendered to the organization? If "Yes." con	nplete Schedul	e J f	or su	ıch ı	bers	on .				5	X
Section B. Independent Contractors	manage to d inc	1000	nda					at reactived mare than the	100 000 of compon	action fr	
1 Complete this table for your five highest co the organization. Report compensation for										Sation	
(A) Name and business	address	N	ONE	Ξ				(B) Description of s	ervices		C) ensation
							+				
							_				
2 Total number of independent contractors (i \$100.000 of compensation from the organi		ot lir	niteo	d to		se lis)	ted	above) who received mo	ore than		

				E FOR	JEWISH	SPIRITUALI	TY, INC.	36-4531	9 559 _{Page} 9
Pa	rt VII								[]
		Check if Schedule O	contains a n	esponse (or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns		1a					
ran	b			1b					
S, G	с	Fundraising events		1c					
Gift: lar /	d	Related organizations		1d		-			
Contributions, Gifts, Grants and Other Similar Amounts	е	5 (1e		-			
er S	f	All other contributions, gifts,							
Oth		similar amounts not included			<u>650,263.</u> 69,220.	-			
ont	g		-	1g \$		1,650,263.			
0 0	n	Total. Add lines 1a-1f			Business Code	1,050,205.			
	2 a	PROGRAM FEES			624100	556,698.	556,698.		
Program Service Revenue	z a b				021100				
Ser	c								
am	d								
ogra	е								
Pre	f	All other program service	revenue						
	g					556,698.			
	3	Investment income (includ							
		other similar amounts)				363.			363.
	4	Income from investment of							
	5	Royalties		Real					
	c -	Overe verte		neai	(ii) Personal	-			
	6а ь		6a 6b			1			
	b c		60 6c			1			
	d		· · ·		►				
		Gross amount from sales of		curities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis				1			
ne		and sales expenses	7b						
ven	с	Gain or (loss)	7c						
Other Revenue		Net gain or (loss)			>				
ther	8 a	Gross income from fundraisi							
ō		including \$							
		contributions reported on	,						
	h	Part IV, line 18 Less: direct expenses				1			
	b c			·····					
		Gross income from gamin							
		Part IV, line 19							
	b	Less: direct expenses				1			
		Net income or (loss) from							
	10 a	Gross sales of inventory, I	less returns						
		and allowances				-			
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of inve	entory					
sn	44 .				Business Code				
neo l	11 a								
ellar ven	b c								
Miscellaneous Revenue	d d	All other revenue							
Σ	e	Total. Add lines 11a-11d							
		Total revenue. See instruction				2,207,324.	556,698,	0.	363.

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

⁻ orm Pa i	1990 (2020) INSTITUTE FC	DR JEWISH SPI	RITUALITY, I	NC. 36-45	10 31559 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response				X
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, i	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	43,000.	43,000.		
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	295,789.	52,993.	124,506.	118,290.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,255,063.	982,602.	88,475.	183,986.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	45 640	E0 000	E 720	.10 110 .
9	Other employee benefits	<u>45,640.</u> 105,177.	50,020. 71,520.	<u>5,738.</u> 14,410.	<10,118.> 19,247.
10	Payroll taxes	105,177.	/1,520•	14,410.	19,247
11 a	Fees for services (nonemployees): Management				
b	Legal	4.		4.	
	Accounting	68,050.		68,050.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	430,700.	387,968.	20,770.	21,962.
12		7,266.	5,185.	891.	1,190.
13	Office expenses	61,831.	44,126.	7,580.	10,125.
14	Information technology				
15 16	Royalties	89,000.	60,520.	12,193.	16,287.
10 17	Occupancy Travel	23,045.	16,470.	2,815.	3,760.
18	Payments of travel or entertainment expenses	,0100		_, • _ •	-,,
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,832.	87,832.		
23	Insurance	7,878.	5,927.	1,185.	766.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER FEES	23,281.	17,515.	3,503.	2,263.
b	BAD DEBT	13,190.		13,190.	
С	MISCELLANEOUS	2,492.		2,492.	
d					
	All other expenses	2,559,238.	1,825,678.	365,802.	367,758.
25 26	Joint costs. Complete this line only if the organization	2,000,200.		505,002.	
-	reported in column (B) joint costs from a combined				

Net Assets or Fund Balances

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_				26	¹¹ 4531559 Page 11
	<u>1990 (</u> r t X	2020) INSTITUTE FOR JEWISH SPIRITUALI Balance Sheet	LII, INC.	30-	4531559 Page 11
ľ					
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	9,488.	1	8,337.
	2	Savings and temporary cash investments	645,258.	2	314,421.
	3	Pledges and grants receivable, net	712,672.	3	752,884.
	4	Accounts receivable, net	4,239.	4	26,671.
	5	Loans and other receivables from any current or former officer, director,	-		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	21,649.	9	17,412.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	305,142.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	370,071.	14	282,239.
	15	Other assets. See Part IV, line 11	20,362.	15	20,962.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,783,739.	16	1,728,068.
	17	Accounts payable and accrued expenses	121,221.	17	184,647.
	18	Grants payable	4 800	18	4 400
	19	Deferred revenue	4,700.	19	4,400.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	211,875.	23	150 000
	24	Unsecured notes and loans payable to unrelated third parties	۵۱۵٬۵۰	24	450,889.
	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	14,972.	25	9 075
	26	of Schedule D Total liabilities. Add lines 17 through 25	352,768.	25 26	<u>9,075.</u> 649,011.

Organizations that follow FASB ASC 958, check here
X

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here 🕨 🗌

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

40,716.

1,038,341.

730,971.

700,000.

1,430,971.

1,783,739.

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1,728,068. Form 990 (2020)

1,079,057.

-	1990 (2020) INSTITUTE FOR JEWISH SPIRITUALITY, INC.	36-15	1 31559	2	. 12
	n 990 (2020) INSTITUTE FOR JEWISH SPIRITUALITY, INC.	50-45	91979	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	2,20	7,3	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,559		
3	Revenue less expenses. Subtract line 2 from line 1	3	<351		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,430		
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	1,079	9,0	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 (Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			v
_	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2020)

(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.

13 OMB No. 1545-0047
2020
Open to Public Inspection

	Department of the Treasury Internal Revenue Service				Open to Public Inspection						
		the organizati		Go to www.irs.go	v/Form990 for instruction	ons and tr	ie latest li	iformation.	Employe	r identification number	
Name	011	ine organizati					п. 7 т.				
Par	•	Bosson	INS'I'	TTUTE FOR	JEWISH SPIRI (All organizations must c		L'Y, LL			6-4531559	
								ee instruction	15.		
Г	rgan		•		(For lines 1 through 12, c						
1					on of churches described			I)(A)(i).			
2					(Attach Schedule E (Forn						
3 [anization described in se						
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
_		city, and stat									
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governi	mental unit described in	section 17	70(b)(1)(A)	(v).			
7 [X	An organizati	on that norma	Ily receives a substa	antial part of its support fr	rom a gove	ernmental	unit or from tl	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8 [A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 [An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		-	-	•	culture (see instructions).		-		-	-	
		university:		, , ,	· · · · · ·			,	Ũ		
10			on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	nip fees, an	d aross receipts from	
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment									
					e (less section 511 tax) fro						
				mplete Part III.)			sees as qui				
11					sively to test for public sa	fetv See	section 50	19(2)(4)			
12		-	-	-	sively for the benefit of, to	•			arry out the	nurnoses of one or	
					ed in section 509(a)(1) o						
-		7			of supporting organization					aivina	
а					supervised, or controlled	•	-		•••••		
			-		egularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	apporting	
	_	¬ -		complete Part IV, S					<i>.</i>		
b				-	d or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		¬ ~		t complete Part IV,							
С			-		ng organization operated				lly integrate	ed with,	
	_	its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		_ Type III no	n-functionally	/ integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
		that is not	functionally int	egrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	veness	
		requiremer	nt (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	v .			
е		_	0		written determination fro			Туре I, Туре	II, Type III		
		functionally	/ integrated, or	r Type III non-functio	onally integrated supportion	ng organiz	ation.				
f	Ente	er the number	of supported c	organizations							
g				n about the support			e sinchi e e li ste d				
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
										1	

Schedule A (Form 990 or 990 EZ) 2020 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1236577.	1088784.	1543163.	1980681.	1650263.	7499468.		
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	1236577.	1088784.	1543163.	1980681.	1650263.	7499468.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1602920.		
6	Public support. Subtract line 5 from line 4.						5896548.		
	tion B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	1236577.	1088784.	1543163.	1980681.	1650263.	7499468.		
	Gross income from interest,								
Ũ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	3,992.	4,432.	4,220.	2,629.	363.	15,636.		
٩	Net income from unrelated business	0,5520	1,1021	1,2200					
5	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	•		62.	42.	1,955.		2,059.		
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10		02.	120	1,555.		7517163.		
	Gross receipts from related activities,		20)			12 2	,310,334.		
	First 5 years. If the Form 990 is for th	•	,	iourth or fifth tox y			,510,554.		
13	organization, check this box and stop								
Sec	ction C. Computation of Publi		centage						
	Public support percentage for 2020 (I			column (f))		14	78.44 %		
	Public support percentage from 2019		•			15	79.57 %		
	33 1/3% support test - 2020. If the c								
104	stop here. The organization qualifies						N V		
h	33 1/3% support test - 2019. If the o		-			or more, check thi			
N									
47-	and stop here . The organization qual								
1/8	10% -facts-and-circumstances test	-							
	and if the organization meets the fact			-		•			
	meets the facts-and-circumstances te	•	•		•				
b	10% -facts-and-circumstances test	•				-	10% or		
	more, and if the organization meets th						. —		
	organization meets the facts-and-circu				• •				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						_
	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.)			fourth and the tr			
14	First 5 years. If the Form 990 is for the	0			•		·
<u>So</u>	check this box and stop here ction C. Computation of Publi						
	•		•	(f)		15	0/
	Public support percentage for 2020 (li			.,,		15	<u>%</u>
-	Public support percentage from 2019 ction D. Computation of Inves					10	%
	•			no 12 oclumn (f))		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2 a 33 1/3% support tests - 2020. If the			on line 14 and line		18	17 is not
	more than 33 1/3%, check this box an	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	►
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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

No

Schedule A (Form 990 or 990-EZ) 2020 INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Page 5 Part 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

rait vi now providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

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

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental ent	ty (see instruction <u>s).</u>
-----	--	-------------------------	----------------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" 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.*

2a

2b

3a

3b

17

2

1

Yes No

No

Yes

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990 EZ) 2020 INSTITUTE FOR JEWISH SPIRITUALITY,

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) 2020

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36-4531559 Page 6

INC.

-	(Form 990 or 990-EZ) 2020					INC.	36-4531559	Page 7
Dort V	Type III Nen Eunetic	nally Intograto	4 600/	2)/2) Quinna	rtina Organizatione	/	0	

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	<u>led)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	tion E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2020		Underdistribution	ıs	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

OTHER REVENUE
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

** 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

2020

Employer identification number

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

Organization type (check one):

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990	-PF) (2020)	
--------------------------------------	-------------	--

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) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 50,000. 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 50,000. 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 45,000. 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 70,000. 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 150,000. 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 161,103. Noncash \$ (Complete Part II for

Page 2

Employer identification number

36-4531559

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

023452 11-25-20

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2020)

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) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 35,100. 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 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 100,307. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person X Payroll 102,270. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 40,093. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

36-4531559

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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)	ash Property (see instructions). Use duplicate copies of Pa	art 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

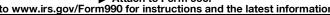
Employer identification number

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page 4
Name of or	rganization		Employer identification number
INSTIT	TUTE FOR JEWISH SPIRITU	ALITY, INC.	36-4531559
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tions to organizations described in sec a) through (e) and the following line entri charitable, etc., contributions of \$1,000 or lo	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	t
-	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) Na			
(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	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	l
-	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

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.





INSTITUTE FOR JEWISH SPIRITUALITY, INC. 36-4531559 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Aggregate value of grants from (during year) (b) Funds and other accounts 3 Aggregate value at end of year (c) Point advised funds (c) Point advised funds 4 Aggregate value at end of year (c) Point advised funds (c) Point advised funds 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Preservation of land for public use (for example, recreation or education)	nber
organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	
1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year)	
 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 	
 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 	
 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 	
 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 	
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
 are the organization's property, subject to the organization's exclusive legal control? G Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 	
 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	No
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	No
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area	
Protection of natural habitat Preservation of a certified historic structure	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	:
day of the tax year. Held at the End of the Tax Y	Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax	
year 🕨	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	1
violations, and enforcement of the conservation easements it holds?	No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	1
and section 170(h)(4)(B)(ii)? Yes I In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	No
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of 	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

Schedule D	(Form 990)	2020
Schedule D		2020

		TE FOR JEW						36-45			ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historio	cal Tre	asures, or	Other	Simila	r Assets	(continu	<u>ied)</u>	
3	Using the organization's acquisition, accession	on, and other record	s, check any	y of the f	ollowing that	make się	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	l 🔄 Loa	n or excl	hange progra	m					
b	Scholarly research	e	e 🔄 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they f	urther th	e organizatio	n's exem	ipt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, histori	ical treas	sures, or othe	r similar :	assets		_		
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	ganizatio	n answered ""	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								_		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1 f		7		
	Did the organization include an amount on Fe						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										<u> </u>
Fai	t V Endowment Funds. Complete i								() [
4.	Desiration of a second statement	(a) Current year	(b) Prior	year 0,000.	(c) Two years	,000.	(d) Inree	years back	(e) Four y	/ears c	Jack
	Beginning of year balance			0,000.	50	,000.		30,000.			
b	Contributions							50,000.			
C In	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities		3	0,000.							
	and programs		J	0,000.							
	Administrative expenses				30	,000.		30,000.			
g	End of year balance Provide the estimated percentage of the curr	ant year and belong		alumn (a)		,000.		50,000.			
2	Board designated or quasi-endowment			biumn (a)) neiù as.						
a h	Permanent endowment	%	70								
b		% %									
C	The percentages on lines 2a, 2b, and 2c sho	, -									
32	Are there endowment funds not in the posse	•	ation that ar	a hold an	d administor	ad for the	organiz	ation			
ou	by:		ation that are				Jorganiz			Yes	No
	(i) Unrelated organizations								3a(i)		110
	(ii) Related organizations								3a(ii)	-	
b	If "Yes" on line 3a(ii), are the related organiza								3b	\rightarrow	
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	<u>u</u>									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	e 11a. S	ee Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or c basis (investr	other		or other	(c) Ac	cumulat		(d) Book	value	,
1a	Land		,		. ,						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X column (l	3) line 1()) ()						0.
		quari onni 330, i all			<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Schedule D (Form 990) 2020

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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.			
	an Fauna 000 Davit IV (line	11. Cas Faure 000 Bast V line 10	
<u>Complete if the organization answered "Yes"</u> (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
		(c) Method of Valdation. Cost of en	u-or-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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			9,075.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			9,075.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide		······	
- Easing to uncertain tax positions. In rait All, provide		s and organization o illianoial statements t	

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) 2020

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2020 INSTITUTE FOR JEWISH SE	IRITUALITY, INC.	36-4	4531559 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue p	per 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	2,207,324.
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	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,207,324.
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			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)</u>		2,207,324.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atomonte With Fynoneog	s ner Returr	1
		•		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.		2,559,238.
	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ne 12a. 		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ne 12a. 2a 2b 2c		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ne 12a.	1	2,559,238.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ne 12a.	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 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:	ne 12a.	1	2,559,238.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 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	2a 2b 2c 2d 4a	1	2,559,238.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 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.)	2a 2b 2c 2d 4a	1	2,559,238.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 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	2a 2b 2c 2d 4a 4b	1 	2,559,238. 0. 2,559,238. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 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.)	2a 2b 2c 2d 4a 4b	1 2e 3 4c	2,559,238.

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 X, LINE 2:

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

2021 AND 2020, IN ACCORDANCE WITH FASB ASC TOPIC 740, "INCOME TAXES,"

WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX

PROVISIONS FOR UNCERTAIN TAX POSITIONS.

SCHEDULE I			rants and Oth					30 OMB No. 1545-0047
(Form 990)			vernments, an ete if the organization					2020
Department of the Treasury Internal Revenue Service		Comp	-	Attach to Fori s.gov/Form990 for	n 990.			Open to Public Inspection
Name of the organization		FOR JEWIS	SH SPIRITUAI	LITY, INC.				Employer identification number $36-4531559$
Part I General Info	ormation on Grants a	nd Assistance						
criteria used to aw	tion maintain records t vard the grants or assis	tance?				-		
	/ the organization's pro Other Assistance to I					anization answered "V	as" on Form 990 Part	IV line 21 for any
	at received more than \$	-				anization answered i	es on on 530,1 an	
1 (a) Name and add		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JCC ASSOCIATION OF 520 EIGHTH AVENUE NEW YORK, NY 10018	NORTH AMERICA	13-5599486	501(C)(3)	43,000.	0.			BRING MINDFULNESS AND MIDDOT PRACTICES TO 220 JCC PROFESSIONALS.
2 Enter total number	r of section 501(c)(3) ar	nd government org	anizations listed in the	line 1 table			1	
	r of other organizations Reduction Act Notice,			<u></u>				Schedule I (Form 990) 2020

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

032102 11-02-20

Part III

INSTITUTE FOR JEWISH SPIRITUALITY, INC. Schedule I (Form 990) 2020

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.									
PART I, LINE 2:									
THE GRANTS ARE BEING MONITORED BY 1	THE GRANTS ARE BEING MONITORED BY TRACKING THE PARTICIPANTS. THE GRANTS FOR								
REGISTRATION AND PROGRAM PARTICIPAT	TION ARE	TRACKED BY	MONITORIN	G ATTENDANCE					

IN THE PROGRAM EACH WEEK TO ENSURE THAT THOSE WHO REGISTERED AND RECEIVED A

GRANT ARE IN FACT ATTENDING THE PROGRAM. FOR THE PIECE RELATED DIRECTLY TO

THE JCC, WE ARE TRACKING THAT THE PROGRAM IS BEING TAUGHT BASED ON A

SPECIAL REGISTRATION CODE THAT ONLY JCC MEMBERS RECEIVED TO ENROLL.

Page 2

36-4531559

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

32 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.

2020 Open to Public . Inspection

Employer identification number

INSTITUTE FOR JEWISH SPIRITUALITY TNC.

	INSTITUTE FO	R JEWI	SH SPIRIT	JALITY, INC.	36-4	5315	559	
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 de noncash contribu	etermini	•	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	X	445	69,220.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
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 organized							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	-	•••••		-			
	must hold for at least three years from the date							77
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.						v	
31	Does the organization have a gift acceptance p		•	•		31	X	
32a	Does the organization hire or use third parties contributions?		•			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedule N	l (Form	n 990)	2020

Schedule M (Form 990) 2020 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 NUMBER 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 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COURSES CAN BE TAKEN ALONE OR AS A "FIRST COURSE, FOLLOW UP COURSE" TO FURTHER DEVELOP A LIFE LONG PRACTICE.

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:

	55
Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization INSTITUTE FOR JEWISH SPIRITUALITY, INC.	Employer identification number 36-4531559
BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES (IF ANY) ARE REQ	UIRED TO DISCLOSE
ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST WITH THE GOVER	NING BOARD. AFTER
DISCLOSURE, AN INVESTIGATION IS HELD DURING WHICH THE INDI	VIDUAL 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 RECEI	VED A COPY OF THE
CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEM	ENT 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 THE SURVEY, IJS RECEIVES THE RESULTS. THE DELIBERATION AND DECISION IS DOCUMENTED IN THE MINUTES OF THE GOVERNING BOARD. THE PROCESS WAS LAST CONDUCTED IN FY2020.

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

THE ORGANIZATION MAKES ITS FORM 990, GOVERNING DOCUMENTS AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020	36 Page 2
Name of the organization INSTITUTE FOR JEWISH SPIRITUALITY, INC.	Employer identification number 36-4531559
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	387,968.
MANAGEMENT AND GENERAL EXPENSES	20,770.
FUNDRAISING EXPENSES	21,962.
TOTAL EXPENSES	430,700.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	430,700.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	