	000
Form	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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



AF	or the	e 2020 calendar year, or tax year beginning and	ending		
B c	heck if pplicabl	e: C Name of organization THE SHALOM HARTMAN INSTITUTE OF		D Employer identific	cation number
	Addre chang	e NORTH AMERICA			
	Name chang			13-3014387	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		1450	212-268-0300	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,306,133.
	Amen	NEW IORK, NI IOIIS		H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: TEHODA RORIZER		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions
		te: WWW.SHALOMHARTMAN.ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other >	L Year	of formation: 1978 N	State of legal domicile: NY
Pa	art I	Summary			
ø		Briefly describe the organization's mission or most significant activities: A PLURA		ENTER OF RESEARCH	I
Activities & Governance		AND EDUCATION DEEPENING AND ELEVATING THE QUALITY OF JEWISH			
ern		Check this box if the organization discontinued its operations or disposed in the second sec			
202					41
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b)		115	
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		40	
tivit		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		23,494,862.	15,912,367.
Revenue	1	Program service revenue (Part VIII, line 2g)		810,194.	141,624.
ver		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		264,956.	252,142.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,570,012.	16,306,133.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,022,545.	8,197,601.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		٥.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,675,329.	6,259,543.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		Ο.	0.
Del		Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,239,416.	4,106,154.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,937,290.	18,563,298.
	19	Revenue less expenses. Subtract line 18 from line 12		4,632,722.	-2,257,165.
OC			Be	ginning of Current Year	End of Year
Net Assets (Fund Balanc	20	Total assets (Part X, line 16)		34,746,381.	33,544,814.
tAs	21	Total liabilities (Part X, line 26)		2,596,493.	2,878,054.
ERe I	22	Net assets or fund balances. Subtract line 21 from line 20		32,149,888.	30,666,760.
Pa	nrt II	Signature Block			

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

Sign	Signature of officer		Date	9	
Here	YEHUDA KURTZER, PRESIDENT				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date		
Paid	MATT BURKE		11/05/21	self-employed P00760659	
Preparer	Firm's name 🕒 CERINI & ASSOCIATES, LLP		Firn	n's EIN 🕨 11-3066459	
Use Only	Firm's address 🖕 3340 VETERANS MEMORIAL HV	NY			
	BOHEMIA, NY 11716	Pho	Phone no.631-582-1600		
May the I	RS discuss this return with the preparer shown abov	ve? See instructions		X Yes No	
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice	e, see the separate instructions.		Form 990 (2020)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) NORTH AMERICA	13-3014387	Page
Pai	t III Statement of Program Service Accomplishments		[
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE SHALOM HARTMAN INSTITUTE OF NORTH AMERICA IS A PLURALISTIC CENTER		
	OF RESEARCH AND EDUCATION DEEPENING AND ELEVATING THE QUALITY OF		
	JEWISH LIFE IN ISRAEL AND NORTH AMERICA. THROUGH OUR WORK, WE ARE		
	REDEFINING THE CONVERSATION ABOUT JUDAISM IN (CONTINUED ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, ,	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$16,605,477. including grants of \$8,197,601.) (Revenue	\$	141,624.
	1) THE KOGOD RESEARCH CENTER FOR CONTEMPORARY JEWISH THOUGHT IS SHI		
	NA'S THINK THANK, HOME TO INTERNATIONALLY RECOGNIZED SCHOLARS WHO ARE		
	COMMITTED TO APPLYING THEIR SCHOLARSHIP TO ISSUES OF CENTRAL IMPORTANCE TO JEWISH LIFE IN ISRAEL AND AROUND THE WORLD. THE RESEARCH SEMINARS		
	INVOLVE COLLABORATIVE STUDY WITH THE PURPOSE OF DEVELOPING DEEP THOUGHT		
	ON ISSUES OF IMPORT TO JEWISH LIFE TODAY. EACH SEMINAR IS ORGANIZED		
	AROUND A CENTRAL QUESTION AND IS LED BY A MEMBER OF THE RESEARCH		
	CENTER. (CONTINUED IN SCHEDULE O).		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c		\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	\$ \$)	
	Other program services (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		Form 990 (202

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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	Ť		<u> </u>
-		4		x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		44	х	
	Part VI	11a	А	<u> </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		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </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> </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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a	х	<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		<u> </u>
U.	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		446	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15			v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<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,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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
	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? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		x
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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		──
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	. 20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
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 II	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 II, 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
Fal	Check if Schedule O contains a reasonable or pate to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
		08		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
00000	(gambling) winnings to prize winners?	1c		(2020)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 115			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
d	Is the organization licensed to issue qualified health plans in more than one state?	158		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b	t –	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

THE	SHALOM	HARTMAN	INSTITUTE	OF

Form	990 (2020) NORTH AMERICA 13-301	1387		Pa	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "No	" res	pons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	41			
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	41			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	· –			
	of officers, directors, trustees, or key employees to a management company or other person?	3	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		1		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		х
6	Did the organization have members or stockholders?		3		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	· –			
	more members of the governing body?	7	a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7	b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8	a	х	
	Each committee with authority to act on behalf of the governing body?			x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	g	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10)a	х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	Db	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	1a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	. 12	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	12	2c	х	
13	Did the organization have a written whistleblower policy?	. 1:	3	х	
14	Did the organization have a written document retention and destruction policy?	. 1	4	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	. 15	ōa	х	
	Other officers or key employees of the organization		ōb	Х	
	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 arrangement with a				
	taxable entity during the year?	16	6a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	. 16	6b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NY , FL , CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s on	nly) a	vailat	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	anci	al	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	RACHEL J. ROSENFIELD - 212-268-0300				
	475 RIVERSIDE DRIVE, NO. 1450, NEW YORK, NY 10115			000	
032006	12-23-20	Fo	orm	990	(2020)
	8				

	THE SHALOM HARTMAN INSTIT	UTE OF						
Form 990 (2020)	NORTH AMERICA		13-3014387	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees	Employees, and Independent Contractors							
Check if Scheo	dule O contains a response or note to an	y line in this Part VII						
Section A. Officers, Dire	ectors, 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 w	ith or within the organizatior	n's tax year.				
 List all of the organiz 	ation's current officers, directors, truste	ees (whether individuals or organizations), rega	ardless of amount of comper	nsation.				
Enter -0- in columns (D), (E)), and (F) if no compensation was paid.							

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

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		vold	t con	_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DONNIEL HARTMAN	40.00	_	_		-					
EXECUTIVE CHAIR					х			388,360.	0.	90,623.
(2) YEHUDA KURTZER	40.00									
PRESIDENT				х				364,544.	0.	50,343.
(3) RACHEL JACOBY ROSENFIELD	40.00									
SECRETARY & EXECUTIVE VICE PRESIDENT	с			х				269,422.	0.	29,973.
(4) JUSTUS BAIRD	40.00									
SENIOR VP OF NATIONAL PROGRAMS						X		185,090.	0.	29,501.
(5) LAUREN BERKUN	40.00									
VICE PRESIDENT, RABBINIC INITATIVES						X		200,000.	0.	12,298.
(6) JENNY LYSS	40.00									
SENIOR DEVELOPMENT OFFICER						X		160,955.	0.	28,459.
(7) DAVID KATZ	40.00									
SENIOR DEVELOPMENT OFFICER						X		175,000.	0.	10,493.
(8) ELANA STEIN	40.00									
SCHOLAR IN RESIDENCE AND DIRECTOR O	_					X		167,140.	0.	9,509.
(9) DIANA ANDERSON	1.00									_
DIRECTOR		х						0.	0.	0.
(10) JACQUIE BAYLEY	1.00									_
DIRECTOR		х						0.	0.	0.
(11) PAUL BERGER	1.00									_
DIRECTOR		х						0.	0.	0.
(12) MATT BERLER	1.00									_
DIRECTOR		х						0.	0.	0.
(13) STACY DICK	1.00									
DIRECTOR		х						0.	0.	0.
(14) DR. RAY FINK	1.00									
DIRECTOR		х						0.	0.	0.
(15) ALAN FISCHER	1.00									
DIRECTOR		х						0.	0.	0.
(16) LARAINE FISCHER	1.00									
DIRECTOR		х	<u> </u>		<u> </u>			0.	0.	0.
(17) JOEL FLEISHMAN	1.00									<u>^</u>
DIRECTOR		X						0.	0.	0. Form 990 (2020)

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Form 990 (2020)

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THE SHAL	OM HAR	TMAN II	NSTITUTE	OF
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Form 990 (2020) NORTH AMERICA									13-301	.438'	7	Р	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			ition) than c	one	Reportable	Reportable		Es	timate	əd
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	ו י	an	nount	of
	week		cer ar		recio	r/trus [.]	lee)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS0	-)		om th anizat	
	organizations	ruster	l trustee		ee	npen		(00-2/1099-00130)			•	d relat	
	below	Individual trustee or director	utiona	L_	nploy	st col	Ju Ju					anizati	
	line)	Indivi	Institutional t	Officer	Key employee	Highest compensated employee	Former				5		
(18) DR. ANITA FRIEDMAN	1.00												
DIRECTOR		х						0.		٥.			Ο.
(19) DR. SIDNEY FRIEDMAN	1.00												
DIRECTOR		х						0.		0.			0.
(20) DONALD FRIEND	1.00												
DIRECTOR		Х						٥.		٥.			0.
(21) CHARLES GOODMAN	1.00												
DIRECTOR		Х						0.		٥.			0.
(22) ETHAN HORWITZ	1.00												
DIRECTOR		Х						0.		٥.			0.
(23) PETER JOSEPH	1.00												
DIRECTOR		Х						0.		0.			٥.
(24) SYLVIA KAUFMAN	1.00												
DIRECTOR		х						0.		0.			٥.
(25) AMY KLEIN	1.00												
DIRECTOR		х						0.		0.			0.
(26) STUART KOGOD	1.00												_
DIRECTOR		X						0.		0.			0.
1b Subtotal								1,910,511.		0.		261,	199.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								1,910,511.		٥.		261,	199.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization													8
										ſ		Yes	No
3 Did the organization list any former officer,	-			•	•		Ŭ						
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a					-			-					
rendered to the organization? <i>If "Yes," com</i>	olete Schedule	e J fe	or si	ıch i	oers	on .					5		X
Section B. Independent Contractors									100.000 . (
1 Complete this table for your five highest cor										ensat	ion tro	om	
the organization. Report compensation for t	ne calendar ye	ear e	enair	ig w	ith C	or wi	<u>tnin</u>		ear.				
(A) Name and business	address							(B) Description of s	ervices	С	(C ompei		'n
ATID CONSULTING, LLC							_						
7419 N. BOYD WAY, FOX POINT, WI 53217	,						c	CONSULTING				110	833.
,												,	
							\uparrow						
							1						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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Form 990 NORTH AME	RICA								13-30143	387
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per					e e		from the	from related	other
	week (list any	tor				plo ye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ed em		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	related	tee or	ustee			ensate				and related
	organizations	ul trus	nal tr		loyee	dwo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	pul	Ins	0ff	Key	Ξ	For			
(27) GORDON LAFER	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(28) BERNIE PLUM	1.00	x						0.	0.	0
DIRECTOR (29) DAN RUBIN	1.00	^				-		· · ·	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(30) NATHALIE RUBENS	1.00							•.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(31) NATY SAIDOFF	1.00									
DIRECTOR		x						0.	Ο.	0.
(32) DEBBIE SAIDOFF	1.00									
DIRECTOR		х						0.	0.	0.
(33) DAVID SCHNELL	1.00									
DIRECTOR		х						0.	0.	0.
(34) RONALD SEDLEY	1.00									
DIRECTOR		х						٥.	0.	0.
(35) BARBARA SEGAL	1.00									
DIRECTOR		Х						0.	0.	0.
(36) ROBERT SULKIN	1.00								_	_
DIRECTOR		х						0.	0.	0.
(37) ALAYNE SULKIN	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(38) ROSELYNE SWIG DIRECTOR	1.00	x						0.	0.	0
(39) JOEL TAUBER	1.00	^						· · ·	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(40) SHELLEY TAUBER	1.00							`` •		
DIRECTOR		x						0.	Ο.	0
(41) PHILIP WACHS	1.00									
DIRECTOR		х						0.	0.	0.
(42) KAREN GANTZ ZAHLER	1.00									
DIRECTOR		х						0.	0.	0.
(43) MARSHALL ZOLLA	1.00									
DIRECTOR		Х						٥.	0.	0.
(44) ANGELICA BERRIE	1.00									
CHAIR		Х		х				0.	0.	0.
(45) ROBERT KOGOD	1.00									
DIRECTOR		х						0.	0.	0
(46) DONALD MELTZER	1.00									
CHAIR OF EXECUTIVE COMMITTEE		Х						0.	0.	0

THE	SHALOM	HARTMAN	INSTITUTE	OF

Form 990 NORTH AMERICA		110		01					13-30143	87
Part VII Section A. Officers, Directors, Tru		nplo	yee	s, a	nd H	ligh	est (Compensated Employe		
(A) Name and title	(B) Average hours			(Pos	C) ition that			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) ERIC ZAHLER TREASURER	1.00	x		x				0.	0.	0.
(48) RUTH RASKAS	1.00									
DIRECTOR (49) HOWARD ZACK	1.00	х						0.	0.	0
DIRECTOR	1.00	x						0.	0.	0 .
		-								
	1			I						
Total to Part VII, Section A, line 1c										

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		(2020) NORTH AMERICA				13-301438	7 Page 9
Pa	rt VI						
		Check if Schedule O contains a response of	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	857,605. 15,054,762.				
<u>a č</u>	h	Total. Add lines 1a-1f	>	15,912,367.			
Service nue	2a b c	EDUCATIONAL MATERIALS	Business Code 611600 611600	132,804. 8,820.	132,804. 8,820.		
Program Service Revenue	d e f	All other program service revenue					
	g			141,624.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	252,142.			252,142.
	6 a b c	Gross rents (i) Real Gross rental expenses (b)	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory Ta Less: cost or other basis	(ii) Other				
Revenue		and sales expenses 7b Gain or (loss) 7c Net gain or (loss)	>				
Other R	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	b						
	С	, , , , , , , , , , , , , , , , , , ,	····· ►				
	9 a b	Gross income from gaming activities. SeePart IV, line 19Less: direct expenses9b					
	c		>				
		Gross sales of inventory, less returns and allowances10a					
		Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory	Business Code				
sņ	11 a		Dusiness Coue				
Miscellaneous Revenue	l i a b		+				
ella ver	c						
lisc. Be	d	All other revenue	1				
Σ	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		16,306,133.	141,624.	0.	252,142.
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NORTH AMERICA

Form 990 (2020)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othei	r organizations must corr	nplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general expenses	
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	8,197,601.	8,197,601.		
4	Benefits paid to or for members	, ,	, ,		
5	Compensation of current officers, directors, trustees, and key employees	1,298,529.	1,008,832.	97,591.	192,106
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	1,250,0251	1,000,002.		
7	persons described in section 4958(c)(3)(B)	4,210,278.	3,155,425.	460,474.	594,379
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,210,270.	5,255,725.	100,1/1.	
	section 401(k) and 403(b) employer contributions)	115,487.	77,325.	19,900.	18,262.
9	Other employee benefits	348,935.	262,569.	36,578.	49,788.
10	Payroll taxes	286,314.	215,897.	29,457.	40,960.
11 а	Fees for services (nonemployees): Management				
b	Legal				
С	Accounting				
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.)	193,918.	5,408.	186,760.	1,750
12	Advertising and promotion	11,796.			11,796
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	222,061.	138,198.	61,224.	22,639
23 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	CONFERENCES AND ACTIVIT	1,402,399.	1,402,399.		
b	SEMINARS AND EVENT COST	1,110,993.	1,110,993.		
С	OFFICE EXPENSES, INSURA	648,960.	514,803.	32,449.	101,708.
d	FACULTY AND FELLOWSHIPS	495,508.	495,508.		
е	All other expenses	20,519.	20,519.		4 000 00-
25	Total functional expenses. Add lines 1 through 24e	18,563,298.	16,605,477.	924,433.	1,033,388.
26	Joint costs. Complete this line only if the organization				

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

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reported in column (B) joint costs from a combined

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Form 990 (2020)

THE SHALOM HARTMAN INSTITUTE OF

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Form 990 (2020)
Part X Balance Sheet

NORTH AMERICA

I a		Check if Schedule O contains a response or n	ote to an	v line in this Part V			
		Check in Schedule O contains a response or h	ole lo an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,214,759.	1	8,195,881.
	2	Savings and temporary cash investments			9,470.	2	4,206.
	3	Pledges and grants receivable, net			21,071,318.	3	15,211,315.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second state for an effective state of the second			158,702.	9	161,112.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	2,052,374.			
	b	Less: accumulated depreciation		873,185.	1,391,099.	10c	1,179,189.
	11	Investments - publicly traded securities			2,648,692.	11	2,857,738.
	12	Investments - other securities. See Part IV, line			5,213,812.	12	5,896,844.
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			38,529.	15	38,529.
	16	Total assets. Add lines 1 through 15 (must ed			34,746,381.	16	33,544,814.
	17	Accounts payable and accrued expenses			2,492,969.	17	2,670,355.
	18	Grants payable		18			
	19	Deferred revenue	103,524.	19	207,699.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet				21	
ŝ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
litie		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax,)	bayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26				2,596,493.	26	2,878,054.
		Organizations that follow FASB ASC 958, cl	heck her	e 🕨 🗴			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			9,015,965.	27	9,771,199.
Ba	28	Net assets with donor restrictions		<u>.</u>	23,133,923.	28	20,895,561.
pun		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📃			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current func				29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
t As	31	Retained earnings, endowment, accumulated	-	······		31	
Nei	32	Total net assets or fund balances			32,149,888.	32	30,666,760.
	33	Total liabilities and net assets/fund balances			34,746,381.	33	33,544,814.

Form 990 (2020)

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Form 990 (2020) NORTH AMERICA 13-3014387 Page 12 Part XII Reconciliation of Net Assets		THE SHALOM HARTMAN INSTITUTE OF				
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 16, 306, 133. 2 Total expenses (must equal Part IX, column (A), line 25) 2 18, 563, 298. 3 Revenue less expenses. Subtract line 2 from line 1 3 -2, 257, 155. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 32, 149, 888. 5 Not transport of the spenses 6 774, 037. 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 (explain on Schedule O) 9 0. 10 Net changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Ca	Form	990 (2020) NORTH AMERICA	13-3014387		Pag	_{ge} 12
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Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
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	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCHEDULE A	Dublic (Sharity Status on		uia Cu	nnart		OMB No. 1545-0047
(Form 990 or 990-EZ)		Charity Status an organization is a section 50 ⁻					2020
	Complete il tile	4947(a)(1) nonexempt cha			or a section		Ζυζυ
Department of the Treasury Internal Revenue Service	b a	Attach to Form 990 or I					Open to Public Inspection
Name of the organization		rs.gov/Form990 for instruction	ons and th	ne latest ir	formation.	Employor	identification number
Name of the organization	NORTH AMERICA	AN INSTITUTE OF					13-3014387
Part I Reason		tus. (All organizations must o	omplete th	nis part.) S	ee instruction		10 001100,
		it is: (For lines 1 through 12, c					
		ociation of churches described			I)(A)(i).		
		(iii). (Attach Schedule E (Forr					
3 A hospital or	a cooperative hospital servic	e organization described in s	ection 170)(b)(1)(A)(ii	i).		
4 A medical res	earch organization operated	in conjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and state							
		f a college or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	b)(1)(A)(iv). (Complete Part						
		overnmental unit described in					
-	on that normally receives a s o)(1)(A)(vi). (Complete Part II	ubstantial part of its support f	rom a gove	ernmental	unit or from tr	ie general p	Dudiic described in
· · · ·		., I 70(b)(1)(A)(vi). (Complete Par	+ 11 \				
		cribed in section 170(b)(1)(A)	,	ed in conii	inction with a	land-grant	college
	•	f agriculture (see instructions).				Ū.	•
university:				·····, -··,	,		
10 An organizati	on that normally receives (1)	more than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
activities rela	ed to its exempt functions, s	subject to certain exceptions;	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
income and u	nrelated business taxable in	come (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
	509(a)(2). (Complete Part III.						
		exclusively to test for public sa					
-	•	exclusively for the benefit of, to	-			•	
		scribed in section 509(a)(1) o					Check the box in
	•	type of supporting organization		-		-	niuina
		tted, supervised, or controlled r to regularly appoint or elect a	• • • •	-			
	n. You must complete Part	• • • •	i majonty c				pporting
— ĭ	•	rvised or controlled in connec	tion with it	s supporte	d organizatio	n(s). bv hav	ina
		ng organization vested in the s			-		-
organizatio	n(s). You must complete Pa	art IV, Sections A and C.					
c 📃 Type III fur	ctionally integrated. A sup	porting organization operated	in connect	tion with, a	and functional	ly integrate	d with,
its supporte	ed organization(s) (see instru	ctions). You must complete	Part IV, Se	ections A,	D, and E.		
		A supporting organization oper				· ·	. ,
	, .	rganization generally must sat	•		•	an attentiv	veness
	,	st complete Part IV, Sections					
	e e	ved a written determination fro unctionally integrated supporti			турет, туре	п, туре п	
	ng information about the su						
(i) Name of supp	orted (ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orgoin (in your govern	anization listed ing document?	(v) Amount of	-	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total							
			~~~		<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 17

## Schedule A (Form 990 or 990-EZ) 2020 NORTH AMERICA

13 - 3014387

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>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	13,182,009.	18,548,379.	23,554,665.	23,494,862.	15,054,762.	93,834,677.
2	Tax revenues levied for the organ-	, , .	, , -	, , -		, , , -	, , ,
-	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	• • …	13,182,009.	18,548,379.	23,554,665.	23,494,862.	15,054,762.	93,834,677.
	Total. Add lines 1 through 3	13,102,003.	10,540,575.	23,334,003.	23,494,002.	15,051,702.	55,054,077.
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)						28,370,632.
	Public support. Subtract line 5 from line 4.						65,464,045.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	13,182,009.	18,548,379.	23,554,665.	23,494,862.	15,054,762.	93,834,677.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	363,857.	314,225.	237,265.	264,956.	252,142.	1,432,445.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						95,267,122.
12	Gross receipts from related activities,	etc. (see instructio	ins)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	68.72 %
	Public support percentage from 2019					15	75.12 %
	33 1/3% support test - 2020. If the o					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	-			
h	10% -facts-and-circumstances test	-			-		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization		•		•••••		
10				, 100, 17a, 01 17D		dule A (Form 990	

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### Schedule A (Form 990 or 990-EZ) 2020 NORTH AMERICA

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</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						
<b>3</b> 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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
<ul> <li>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)			faculta au COL d			
<b>14 First 5 years.</b> If the Form 990 is for the	C C					
check this box and stop here Section C. Computation of Publi						<b>P</b>
15 Public support percentage for 2020 (I		•	column (f))		15	0/
		•	.,,		16	<u> </u>
16 Public support percentage from 2019 Section D. Computation of Invest						70
17 Investment income percentage for 20			ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the						17 is not
more than 33 1/3%, check this box ar						▶∟
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
032023 01-25-21		19	)	Sch	edule A (Form 9	90 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 NORTH AMERICA

#### Part IV Supporting Organizations

(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")? // "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 disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2020

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2

3a

3b

3c

4a

Yes No

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Sche	dule A (Form 990 or 990-EZ) 2020 NORTH AMERICA 1.	3-3014387	Pa	age 5
	rt IV Supporting Organizations (continued)			9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a		11a		
h	11c below, the governing body of a supported organization?			
	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	44-		
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	be		
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•				
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	tions).		
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (	see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	_	Yes	No
			T	

- 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.

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Sche	dule A (Form 990 or 990-EZ) 2020 NORTH AMERICA			13-3014387 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	r ugo o
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		,	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

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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Sche	dule A (Form 990 or 990-EZ) 2020 NORTH AMERICA				13-3014387	Page <b>7</b>
Pa	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)		
Sect	ion D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	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	e 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			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributabl Amount for 2	-
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: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
C	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.					
8	Breakdown of line 7:					
a	Excess from 2016					
b	Excess from 2017					
c	Excess from 2018					
d	Excess from 2019					
е	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	Form 990 or 990-EZ) 2020 NORTH AMERICA	13-3014387	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b: Part III. line 12:	
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines	s 1 and 2; Part IV, Section (	C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par	t V, Section B, line 1e; Part	t Ý,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section Section D, lines 5, 6, and 8; an	tional information.	,
	(See instructions.)		
	•		
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	,	<b>-</b> .			
	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)	► Complete if the orga Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection
-	e of the organization			Emp	bloyer identification number
		NORTH AMERICA			13-3014387
Pa		-	d Funds or Other Similar Funds or Ac	coun	Its. Complete if the
	organization a	answered "Yes" on Form 990, Part IV, lin		h) Fun	ds and other accounts
1	Total number at end	of year		<b>bj</b> i un	
2		ontributions to (during year)			
3		rants from (during year)			
4		nd of year			
5			writing that the assets held in donor advised func	ls	
			exclusive legal control?		Yes No
6	6	0, , ,	dvisors in writing that grant funds can be used or		
			r donor advisor, or for any other purpose conferri	0	
Pa	impermissible private	on Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	lino 7	Yes No
1		vation easements held by the organization		nne /.	
•		f land for public use (for example, recrea		rically	important land area
	Protection of n		Preservation of a certi	-	•
	Preservation of	f open space			
2	Complete lines 2a thi	rough 2d if the organization held a qualif	fied conservation contribution in the form of a cor	nservat	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of cons	servation easements		2a	
b	v			2b	
С			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
2			eased, extinguished, or terminated by the organi	2d	during the toy
3	year	ion easements modified, transferred, re-	eased, extinguished, or terminated by the organi.	Zation	duning the tax
4		ere property subject to conservation eas	sement is located		
5			iodic monitoring, inspection, handling of		
	violations, and enford	cement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and volunteer h	ours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio		
	▶	_			
7	Amount of expenses	incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sement	ts during the year
	►\$				
8			e satisfy the requirements of section 170(h)(4)(B)		
9			on easements in its revenue and expense statem		
9		•	note to the organization's financial statements that		
		nting for conservation easements.		11 0030	
Pa	t III Organizati	ons Maintaining Collections of	Art, Historical Treasures, or Other S	imila	r Assets.
	Complete if th	e organization answered "Yes" on Form	990, Part IV, line 8.		
<b>1</b> a	If the organization ele	ected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ince sh	neet works
	of art, historical treas	ures, or other similar assets held for pub	olic exhibition, education, or research in furtheran	ice of p	public
	· •		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
			exhibition, education, or research in furtherance	of put	blic service,
		amounts relating to these items:		•	¢
					¢
2	(ii) Assets included i		asures, or other similar assets for financial gain, p	-	\$
2		s required to be reported under FASB A		Jovide	
а	-				\$
					·

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule D (Form 990) 2020

		HARTMAN INSTIT	DIF OF					_		~
	dule D (Form 990) 2020 NORTH AMER						301438	7	P	age <b>2</b>
Pa	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or C	Other S	milar As	sets _{(c}	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that m	ake signif	icant use of	its			
	collection items (check all that apply):									
а	Public exhibition	c	Loan or exc	hange program						
b	Scholarly research	e	• Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	s exempt	purpose in l	Part XIII.			
5	During the year, did the organization solicit o	or receive donations of	of art, historical trea	sures, or other s	similar ass	ets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			<b>Y</b>	es		No
Pa	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizatio	on answered "Ye	es" on Foi	m 990, Parl	: IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	s or other asset	s not inclu	uded				
	on Form 990, Part X?						<b>Y</b>	es		No
b	If "Yes," explain the arrangement in Part XIII									
							An	nount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe						Y	es		No
	If "Yes," explain the arrangement in Part XIII.				-					1
Pa										
	·	(a) Current year	(b) Prior year	(c) Two years I		Three years b	ack (e	) Four	vears	back
1a	Beginning of year balance	(1)	5,026,193.			6,801,0			<i>.</i>	410.
	Contributions		3,748.			5,6				000.
	Net investment earnings, gains, and losses		826,818.	-87,2	221.	681,8	60.			156.
	Grants or scholarships		,	,		,			,	
	Other expenditures for facilities									
e			5,856,759.	319,9	968	2,412,2	18		833	487.
f	and programs Administrative expenses		-,,	,		-,,-			,	
	End of year balance			5,026,3	193	5,076,3	49	6	801	079.
-	Provide the estimated percentage of the curr		l (ling 1g. golumn (g	, ,		0,010,0			,	
2				)) Helu as.						
	Board designated or quasi-endowment		_%							
	Permanent endowment									
с		<u>%</u>								
•	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	for the o	rganization		Г		
	by:						L		Yes	No
	(i) Unrelated organizations						····· ⊢	Ba(i)	X	
	(ii) Related organizations							la(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						L	3b		L
4	Describe in Part XIII the intended uses of the		wment funds.							
Fai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or c	.,	t or other	(c) Accu		(d)	Book	valu	е
		basis (investr	Dasis	(other)	depred	Jation				
	Land									
	Buildings									<u> </u>
	Leasehold improvements		1	,708,320.		683,635.		1,		685.
d	Equipment			95,063.		60,567.				496.
e	Other			248,991.		128,983.				008.
									1 7 0	4 0 0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 NORTH AMERICA Part VII Investments - Other Securities.

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

	on i on 330, i art iv, ine	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN PERPETUAL		
(B) TRUST	2,621,344.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT IN PARTNERSHIPS	2,880.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME MUTUAL FUNDS	3,272,620.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,896,844.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.) X Other Liabilities.	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Schedule D (Form 990) 2020

X

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(7) (8) (9)

	THE SHALOM HARTMAN INSTITUTE OF				
_	dule D (Form 990) 2020 NORTH AMERICA			13-301	.4387 Page <b>4</b>
Par	· · · · · · · · · · · · · · · · · · ·		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line "	12a.			
1				1	17,133,432.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		774,037.	-	
b	Donated services and use of facilities		53,262.	-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	827,299.
3	Subtract line <b>2e</b> from line <b>1</b>			3	16,306,133.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,306,133.
Par	t XII Reconciliation of Expenses per Audited Financial State	ements With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line "	12a.			
1	Total expenses and losses per audited financial statements			1	18,616,560.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	53,262.		
	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	53,262.
3	Subtract line 2e from line 1			3	18,563,298.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	18,563,298.
Par	t XIII Supplemental Information.				

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

33

PART V, LINE 4:

ENDOWMENT ASSETS FOR THE TERM ENDOWMENT FUND ARE APPROPRIATED FOR

EXPENDITURE BY THE INSTITUTE'S BOARD OF DIRECTORS BASED ON PROGRAM NEEDS

AND THE TERMS OF THE GIFT INSTRUMENT. LONG-TERM EXPECTED RETURNS ON

ENDOWMENT ASSETS AND THE DURATION OF THE ENDOWMENT FUND ARE CONSIDERED IN

DETERMINING APPROPRIATIONS FOR EXPENDITURE.

PART X, LINE 2:

ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT

HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. THERE ARE NO UNCERTAIN TAX POSITIONS

THAT REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS OR

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Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

FURTHER DISCLOSURE IN THE NOTES TO THE FINANCIAL STATEMENTS. THE INSTITUTE

NORTH AMERICA

IS REQUIRED TO FILE FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME

TAX). THE INSTITUTE IS SUBJECT TO AUDITS BY TAXING JURISDICTIONS; HOWEVER,

NO AUDITS FOR ANY PERIODS ARE CURRENTLY IN PROGRESS.

Schedule D (Form 990) 2020

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SCHEDULE F (Form 990)	Stateme Complete if		OMB No. 1545-0047			
Department of the Treesury			Attach to Form 990.		0	pen to Public
Department of the Treasury Internal Revenue Service	Go to v	www.irs.gov/Fa	rm990 for instructions and the latest	information.		spection
Name of the organization					Employer ide	entification number
THE SHALOM HARTMAN I	NSTITUTE OF					
NORTH AMERICA					13-301438	
Part I General In	formation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answere	d "Yes" on
Form 990, Pa						
•	•		ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance o	outside the
3 Activities per Region.			n be duplicated if additional space is n	1		
(a) Region	(b) Number of	(c) Number of employees,	• •		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
	in the region	independent contractors	recipients located in the region)		(s) in the region	investments
		in the region	·····		(c)c . c g.c	in the region
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,						
DJIBOUTI, EGYPT,			GRANTMAKING			8,197,601.
MIDDLE EAST AND				COMMUNITY I		
NORTH AFRICA -					ELLOWSHIP FO	R
ALGERIA, BAHRAIN,				COMPUS PROP	FESSIONALS,	
DJIBOUTI, EGYPT,			PROGRAM SERVICES	IENGAGE, MU	JSLIM	1,402,399.
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,						
DJIBOUTI, EGYPT,	0	1				458,963.
3 a Subtotal	0	1				10,058,963.
<b>b</b> Total from continuati						
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	0	1				10,058,963.

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

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Schedule F (Form 990) 2020

NORTH AMERICA

13-3014387

Schedule F (Form 990) 2020

# Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	IENGAGE	8,197,601.	WIRE	٥.		
2 Enter total number of	recipient organizatio	ns listed above that are r	recognized as charities by the f	i oreian country	recognized as a tax			1
			or counsel has provided a sect			►		
							Sched	ule F (Form 990) 2020

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Page 2

# THE SHALOM HARTMAN INSTITUTE OF NORTH AMERICA 13-3014387 Schedule F (Form 990) 2020 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2020

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

	THE SHALOM HARTMAN INSTITUTE OF		
Sched	ule F (Form 990) 2020 NORTH AMERICA	13-3014387	Page 4
Part			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes."		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4			
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	Yes	X No
	Fund (see Instructions for Form 8621)		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
	,		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Schedule F	(Form 990) 2020 NORTH AMERICA	13-3014387	Pag
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation. See instructions.	

032075 12-03-20

09481112 130600 SHALOM01

sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	20	<u> </u>	
•		Compensated Employees		20	ZU	J
Dana	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.			Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatior	THE SHALOM HARTMAN INSTITUTE OF	Employer i	dentificatio	on nui	mber
		NORTH AMERICA	13-3	014387		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	<b>;</b>			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee X Written employment contract				
	X Independent c	ompensation consultant X Compensation survey or study				
	X Form 990 of of	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	a Receive a severance payment or change-of-control payment?			4a		X
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					X
с	c Participate in or receive payment from an equity-based compensation arrangement?			4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re	evenues of:				
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
b		ation?				X
	If "Yes" on line 6a o	r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	<b>;</b>			
	not described on lin	es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	) 2020

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NORTH AMERICA

Schedule J (Form 990) 2020

13-3014387

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DONNIEL HARTMAN	(i)	388,360.	0.	0.	73,500.	17,123.	478,983.	0.
EXECUTIVE CHAIR	(ii)	0.	0.	0.	0.	٥.	0.	0.
(2) YEHUDA KURTZER	(i)	364,544.	Ο.	0.	30,000.	20,343.	414,887.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	٥.	0.	0.
(3) RACHEL JACOBY ROSENFIELD	(i)	269,422.	0.	0.	13,750.	16,223.	299,395.	0.
SECRETARY & EXECUTIVE VICE PRESIDENT		0.	0.	0.	0.	٥.	0.	0.
(4) JUSTUS BAIRD	(i)	185,090.	0.	0.	9,750.	19,751.	214,591.	0.
SENIOR VP OF NATIONAL PROGRAMS	(ii)	0.	0.	0.	0.	٥.	0.	0.
(5) LAUREN BERKUN	(i)	200,000.	Ο.	0.	10,000.	2,298.	212,298.	0.
VICE PRESIDENT, RABBINIC INITATIVES	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(6) JENNY LYSS	(i)	160,955.	Ο.	0.	8,750.	19,709.	189,414.	0.
SENIOR DEVELOPMENT OFFICER	(ii)	Ο.	Ο.	0.	0.	Ο.	0.	0.
(7) DAVID KATZ	(i)	175,000.	Ο.	0.	8,750.	1,743.	185,493.	0.
SENIOR DEVELOPMENT OFFICER	(ii)	Ο.	Ο.	0.	0.	Ο.	0.	0.
(8) ELANA STEIN	(i)	167,140.	Ο.	0.	8,357.	1,152.	176,649.	0.
SCHOLAR IN RESIDENCE AND DIRECTOR OF	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

NORTH AMERICA

Page 3

Part III Supplemental Information

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

PART I, LINE 1A:

SOME SENIOR STAFF DO FLY BUSINESS CLASS OR FIRST CLASS FOR TRAVEL RELATED

TO WORK.

Schedule J (Form 990) 2020

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.



Employer identification number 13-3014387

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

NORTH AMERICA

THE SHALOM HARTMAN INSTITUTE OF

ISRAEL AND NORTH AMERICA.

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

MODERNITY, RELIGIOUS PLURALISM, ISRAELI DEMOCRACY, ISRAEL AND WORLD

JEWRY, AND THE RELATIONSHIP WITH OTHER FAITH COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ONE OF THE CENTRAL RESEARCH TEAMS OF THE KOGOD RESEARCH CENTER IS

IENGAGE. THE GOAL OF THE IENGAGE PROJECT IS TO CREATE A NEW NARRATIVE

REGARDING THE SIGNIFICANCE OF ISRAEL FOR JEWISH LIFE. ELEVATING THE

EXISTING DISCOURSE FROM ONE WITH A CRISIS-BASED FOCUS TO ONE ROOTED IN

JEWISH VALUES AND IDEAS. THE IENGAGE TEAM, LED BY INTERNATIONALLY

RENOWNED SCHOLARS IN THE FIELDS OF JEWISH STUDIES, MIDDLE EAST

POLITICS, AND HISTORY, DEVELOPS ROBUST AND EASY-TO-USE CURRICULA THAT

PROVIDES A FRAMEWORK FOR ONGOING STUDY, ENRICHMENT AND INTELLECTUAL

LEADERSHIP TRAINING TO EMPOWER EDUCATORS AND RABBIS TO LEAD

VALUES-BASED DISCUSSIONS TAILORED TO THE NEEDS AND QUESTIONS OF THEIR

COMMUNITIES. IENGAGE HAS PRODUCED FIVE VIDEO-BASED LECTURE SERIES (VLS)

THAT ENABLE RABBIS AND EDUCATORS TO BRING A MORE SOPHISTICATED

DISCOURSE AND CONVERSATION ABOUT ISRAEL INTO THEIR SYNAGOGUES AND

SCHOOLS, AND TO CHALLENGE THE PREVAILING WISDOM THAT THERE CANNOT BE AN

ETHICAL AND PLURALISTIC JEWISH CONVERSATION ABOUT ISRAEL.

2) THE DAVID HARTMAN CENTER FOR INTELLECTUAL EXCELLENCE IS AN INCUBATOR

FOR EMERGING INTELLECTUAL TALENT, SUPPORTING YOUNG RESEARCHERS AS THEY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

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BECOME APPLIED THINKERS WHO WILL ADDRESS THE CRITICAL QUESTIONS FACING	
THE JEWISH PEOPLE TODAY. FELLOWS ARE EMERGING THOUGHT LEADERS AND	
PUBLIC INTELLECTUALS, EITHER ACADEMICS IN THE ADVANCED DOCTORAL OR	
IMMEDIATE POST-DOCTORAL STAGES OR RABBIS IN THE EARLY STAGES OF	
CUTTING-EDGE RABBINATES. THESE EXCEPTIONAL INDIVIDUALS GAIN A DEEPER	
UNDERSTANDING OF HARTMAN METHODOLOY AND THE EVOLVING JEWISH LANDSCAPE,	
AND LEARN HOW TO GENERATE AND COMMUNICATE THE GREAT IDEAS THAT JUDAISM	
NEEDS TO THRIVE. IN 2017 THE INSTITUTE LAUNCHED THE FIRST NORTH	
AMERICAN COHORT OF DAVID HARTMAN CENTER FELLOWS AS AN INCUBATOR OF	
EMERGING ACADEMIC TALENT, PUSHING YOUNG SCHOLARS FROM ACCROSS THE	
COUNTRY TO APPLY THEIR RESEARCH TO THE BIG QUESTIONS FACING JEWISH LIFE	
IN NORTH AMERICA TODAY.	
3) REGIONAL WORK: THE SHALOM HARTMAN INSTITUTE OF NORTH AMERICA ENGAGES	
WITH PROFESSIONAL AND LAY LEADERS AT MAJOR COMMUNAL ORGANIZATIONS	
THROUGHOUT NORTH AMERICA, PROVIDING CURRICULA, FACULTY, AND ONGOING	
COLLABORATIVE PARTNERSHIPS. SHI NA AIMS TO BRING JEWISH VALUES-BASED	
DISCUSSIONS TO THE FOREFRONT. THROUGH SEMINARS AND TEXT-BASED STUDY	
PROGRAMS, SHI NA CONVENES JEWISH ORGANIZATIONAL LEADERS TO ANIMATE A	
CULTURE OF LEARNING ABOUT MAJOR JEWISH QUESTIONS AFFECTING THEIR	
COMMUNITIES. CURRENTLY, PROGRAMMING EFFORTS ARE FOCUSED IN BOSTON, NEW	
YORK/NEW JERSEY, LOS ANGELES, SAN FRANCISCO BAY AREA/PACIFIC NORTHWEST,	
WASHINGTON, DC, DETROIT, MONTREAL, AND TORONTO. AN ANNUAL WEEK-LONG	
SUMMER STUDY RETREAT IN JERUSALEM IS THE FLAGSHIP TO OUR LEADERSHIP	
PROGRAMS.	
4) NATIONAL PROGRAMS - THE FOLLOWING ARE SHI NA'S PRIMARY NATIONAL	

INITIATIVES, WHICH TARGET SPECIFIC GROUPS OF JEWISH LEADERS ACROSS

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NORTH AMERICA:				
- RABBINIC PROGRAMS: THROUGH HARTMAN RABBINIC PROGRAMS, RABBIS ENRICH				
THEIR TEXTUAL KNOWLEDGE, BROADEN THE RANGE OF IDEAS THEY ENCOUNTER, AND				
DEEPEN THEIR RELATIONSHIP WITH ISRAEL. THE RABBINIC LEADERSHIP				
INITIATIVE (RLI) IS A THREE-YEAR INTENSIVE FELLOWSHIP PROGRAM THAT				
IMMERSES RABBIS IN THE HIGHEST LEVEL OF JEWISH LEARNING, EQUIPPING THEM				
TO MEET CONTEMPORARY CHALLENGES WITH EVER-INCREASING INTELLECTUAL AND				
MORAL SOPHISTICATION. PARTICIPANTS SPEND A MONTH EACH SUMMER AND A WEEK				
EACH WINTER STUDYING AT THE HARTMAN INSTITUTE IN JERUSALEM AS WELL AS				
ONGOING STUDY THROUGHOUT THE YEAR. SIX COHORTS OF RABBIS OF ALL				
DENOMINATIONS HAVE COMPLETED RLI AND A SEVENTH IS CURRENTLY UNDERWAY.				
OUR RABBINIC PROGRAMS ALSO INCLUDE WORK WITH RABBINICAL STUDENTS AND				
WITH RABBIS AND RABBINICAL STUDENTS IN THE CITIES WHERE THEY WORK. THE				
RABBINIC TORAH STUDY SEMINAR (RTS) IS AN ANNUAL TEN-DAY STUDY SEMINAR				
THAT BRINGS TOGETHER RABBIS OF ALL DENOMINATIONS TO STUDY AT THE				
HARTMAN INSTITUTE IN JERUSALEM TO ENGAGE IN THOUGHT-PROVOKING,				
PLURALISTIC STUDY THAT HELPS THEM TO ENHANCE THEIR SPIRITUALITY, GAIN				
NEW INSIGHTS, AND ENRICH THEIR CAPACITY TO INSPIRE AND MEET THE COMPLEX				
NEEDS OF THEIR COMMUNITIES WITH RENEWED ENERGY. THE SEMINAR IS				
COMPRISED OF LECTURES BY INSTITUTE SCHOLARS, SMALL GROUP LEARNING, AND				
ENCOUNTERS WITH LEADING THINKERS, ARTISTS, WRITERS AND LEADERS. THE				
PROGRAM FOCUSES ON STUDY OF TRADITIONAL AND CONTEMPORARY JEWISH AND				
ISRAELI SOURCES, CROSS-DENOMINATIONAL COMMUNITY BUILDING AND				
CULTIVATION OF RABBINIC IDENTITY.				
- THE HARTMAN FELLOWSHIP FOR CAMPUS PROFESSIONALS BRINGS TOGETHER				

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COHORTS OF THE MOST TALENTED AND BEST-POSITIONED CAMPUS PROFESSIONALS

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FROM ACROSS NORTH AMERICA FOR STUDY AND DISCUSSION OF ISRAEL'S CENTRAL	10 001100,
CHALLENGES. THE YEAR-LONG FELLOWSHIP TRAINS THIS SELECT GROUP OF	
LEADERS TO THINK IN VALUES-BASED TERMS ABOUT ISRAEL AS A CORE ELEMENT	
OF JEWISH LIFE AND PROVIDE THEM WITH A SET OF TOOLS TO HELP CULTIVATE	
SUBSTANTIVE, COMPELLING CONVERSATIONS ABOUT, AND EQUALLY SUBSTANTIVE	
AND COMPELLING RELATIONSHIPS WITH, ISRAEL. FELLOWS STUDY THE IENGAGE	
CURRICULUM THROUGH PEER-STUDY, LECTURES, DISCUSSIONS, FIELD TRIPS, AND	
WEEK-LONG SEMINARS AT THE HARTMAN INSTITUTE IN ISRAEL. THE FELLOWSHIP	
HAS EXPANDED TO ENGAGE DIRECTLY WITH STUDENT LEADERS THROUGH ON-CAMPUS	
SEMINARS AND A WEEK-LONG STUDY PROGRAM AT THE HARTMAN INSTITUTE IN	
JERUSALEM.	
- THE MUSLIM LEADERSHIP INITIATIVE (MLI) INVITES EMERGING RELIGIOUS AND	
INTELLECTUAL MUSLIM LEADERS IN THE UNITED STATES INCLUDING CLERGY,	
CHAPLAINS, JOURNALISTS, ACADEMICS, ENTREPRENEURS, AND CULTURAL FIGURES	
TO EXPLORE HOW JEWS UNDERSTAND JUDAISM, ISRAEL, AND JEWISH PEOPLEHOOD.	
THROUGH A RIGOROUS ACADEMIC CURRICULUM ENTITLED "ENCOUNTERING ISRAEL:	
FOUNDATIONS OF PEOPLEHOOD AND FAITH, MLI PARTICIPANTS EXPAND THEIR	
CRITICAL UNDERSTANDING OF THE COMPLEX RELIGIOUS, POLITICAL, AND	
SOCIOECONOMIC ISSUES FACING PEOPLE IN ISRAEL AND PALESTINE OVER A	
13-MONTH PERIOD.	
THE HARTMAN DAY SCHOOL FELLOWSHIP (DSF) BRINGS TOGETHER A SELECT GROUP	
OF DAY SCHOOLS FROM THE NEW YORK AREA WHO ARE INTERESTED IN	
STRENGTHENING JEWISH IDENTITY IN THE CONTEXT OF ISRAEL EDUCATION	
THROUGHOUT THEIR SCHOOL'S ECOSYSTEM - FROM COMMUNAL LEADERSHIP TO THE	
DAILY CLASSROOM EXPERIENCE OF THE STUDENTS AND EVERYTHING IN BETWEEN.	
THE FELLOWSHIP CULTIVATES THIS GROUP OF ELITE HEADS OF SCHOOL AND	
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EDUCATORS TO THINK IN JEWISH VALUES-BASED TERMS ABOUT ISRAEL AS A CORE	
ELEMENT OF JEWISH LIFE AND EDUCATION, AND PROVIDES THEM WITH A SET OF	
OOLS TO FOSTER SUBSTANTIVE AND COMPELLING EDUCATIONAL EXPERIENCES	
BOUT AND RELATIONSHIPS WITH ISRAEL.	
THE NATIONAL IENGAGE FELLOWSHIP FOR CAMP LEADERS INVESTIGATES SOME OF	
HE ASSUMPTIONS THAT JEWISH CAMPING LEADERS AND EDUCATORS HOLD AROUND	
WEWISH PEOPLEHOOD TO SEE WHETHER AND WHICH NEW PARADIGMS OF JEWISH	
COLLECTIVITY ARE NEEDED FOR THIS MOMENT. THE FELLOWSHIP EXPLORES WAYS	
SRAEL MIGHT PROVIDE A PLACE FOR CONNECTIVITY AND CHALLENGE TO	
COMMUNITY, AND HOW WE THINK ABOUT THAT AS A FEATURE IN OUR COMMUNITY.	
FORM 990, PART VI, SECTION A, LINE 2:	
THE FOLLOWING BOARD MEMBERS HAVE A FAMILIAL RELATIONSHIP:	
1) ALAN FISCHER AND LARAINE FISCHER - MARRIED	
2) ROBERT KOGOD AND STUART KOGOD - FATHER AND SON	
3) NATY SAIDOFF AND DEBBIE SAIDOFF - MARRIED	
4) ROBERT SULKIN AND ALAYNE SULKIN - MARRIED	
5) JOEL TAUBER AND SHELLEY TAUBER - MARRIED	
6) ERIC ZAHLER AND KAREN GANTZ - MARRIED	
FORM 990, PART VI, SECTION B, LINE 11B:	
PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE GLOBAL CFO OF SHI,	
EXECUTIVE VICE PRESIDENT, DIRECTOR OF OPERATIONS, AND SHI CONTROLLER. ONCE	
APPROVED, THE COMPLETE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR	
REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	

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SHINA HAS A CONFLICT OF INTERES	T POLICY WHICH COVERS OFFICERS, DIR	ECTORS,	
AND KEY EMPLOYEES OF THE ORGANI	ZATION, AND THEIR FAMILY MEMBERS WH	O HAVE A	
DIRECT OR INDIRECT FINANCIAL IN	TEREST IN THE COMPANY ABOVE \$100. T	HE	
POLICY REQUIRES THE DISCLOSURE	OF POTENTIAL CONFLICTS OF INTEREST	TO THE	
AUDIT COMMITTEE. AFTER DISCLOSU	RE, THE INTERESTED PARTY WILL NOT B	E	
PRESENT AT OR OTHERWISE PARTICI	PATE IN THE DELIBERATIONS OR VOTING	OF THE	
AUDIT COMMITTEE ABOUT THE POTEN	TIAL CONFLICT OF INTEREST. ANY CONF	LICTS OF	
INTEREST ARE SHOWN IN THE FINAN	CIAL REPORTS.		
FORM 990, PART VI, SECTION B, L	INE 15:		
THE EXECUTIVE COMMITTEE OF THE	BOARD OF DIRECTORS SETS AND REVIEWS	THE	
COMPENSATION OF THE PRESIDENT E	Y AN EMPLOYMENT AGREEMENT WHICH IS	BASED ON	
INDUSTRY STANDARDS. THE LAST RE	VIEW HAPPENED IN 2019. PERSONS WITH	А	
CONFLICT OF INTEREST REGARDING	THE COMPENSATION ARRANGEMENT ARE NO	Г	
INVOLVED. COMPENSATION IS BASED	ON COMPARABLE COMPENSATION FOR SIM	ILARLY	
QUALIFIED PERSONS IN FUNCTIONAL	LY COMPARABLE POSITIONS AT SIMILARL	Y	
SITUATED ORGANIZATIONS.			
THE PRESIDENT SETS THE SALARY C	F THE EXECUTIVE VICE PRESIDENT ACCO	RDING TO	
INDUSTRY STANDARDS AND COMPARAE	LE COMPENSATION. THE LATEST REVIEW	OF THE	
SALARY OF THE EXECUTIVE VICE PR	ESIDENT TOOK PLACE IN 2019. TOGETHE	R THE	
PRESIDENT AND EXECUTIVE VICE PR	ESIDENT SET THE SALARIES OF OTHER K	EY AND	
HIGHLY COMPENSATED EMPLOYEES BA	SED ON COMPARABLE COMPENSATION FOR	SIMILARLY	
QUALIFIED PERSONS.			
FORM 990, PART VI, SECTION C, L	INE 19:		
THE FORM 990 AND AUDITED FINANC	IAL STATEMENTS ARE AVAILABLE ON THE		

ORGANIZATION'S WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST.

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FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
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