

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>YIVO INSTITUTE FOR JEWISH RESEARCH, INC.</b>		<b>D</b> Employer identification number <b>13-1641082</b>
	Doing business as		<b>E</b> Telephone number <b>(212) 246-6080</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>7,333,127.</b>
	<b>15 WEST 16TH STREET</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10011</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>JONATHAN BRENT</b> <b>15 WEST 16TH STREET, NEW YORK, NY 10011</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.YIVOINSTITUTE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1940</b>	<b>M</b> State of legal domicile: <b>NY</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO STUDY THE HISTORY OF JEWISH LIFE IN EASTERN EUROPE AND RUSSIA IN ALL ITS ASPECTS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>64</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>6,606,283.</b>	<b>4,028,742.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>134,275.</b>	<b>192,441.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>809,990.</b>	<b>677,771.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>89,631.</b>	<b>49,124.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,640,179.</b>	<b>4,948,078.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>53,017.</b>	<b>76,837.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,339,196.</b>	<b>3,723,827.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>693,648.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,766,455.</b>	<b>1,888,974.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,158,668.</b>	<b>5,689,638.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,481,511.</b>	<b>-741,560.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>23,304,388.</b>	<b>End of Year</b> <b>25,045,647.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>251,944.</b>	<b>345,970.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>23,052,444.</b>	<b>24,699,677.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>JONATHAN BRENT, EXEC DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOEL DRESSNER, CPA</b>	Preparer's signature	Date <b>11/16/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00348540</b>
	Firm's name ▶ <b>GETTRY MARCUS CPA, P.C.</b>	Firm's EIN ▶ <b>13-3418879</b>	Phone no. <b>516-364-3390</b>		
	Firm's address ▶ <b>88 FROEHLICH FARM BLVD., 3RD FLOOR WOODBURY, NY 11797</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>YIVO INSTITUTE FOR JEWISH RESEARCH, INC.</b>	Taxpayer identification number (TIN)  <b>13-1641082</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>15 WEST 16TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10011</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JONATHAN BRENT**

- The books are in the care of ▶ **15 WEST 16TH STREET - NEW YORK, NY 10011**  
Telephone No. ▶ **212-246-6080** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part 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: YIVO'S MISSION IS TO STUDY THE THOUSAND-YEAR HISTORY OF JEWISH LIFE IN EASTERN EUROPE AND RUSSIA IN ALL ITS ASPECTS: LANGUAGE, HISTORY, RELIGION, FOLKWAYS AND MATERIAL CULTURE. YIVO'S ARCHIVE AND LIBRARY PRESERVES A SIGNIFICANT COLLECTION OF MATERIALS ON THIS SUBJECT. YIVO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,421,946. including grants of \$ 9,337. ) (Revenue \$ 59,340. ) LIBRARY & ARCHIVES (COLLECTIONS OF JUDAICA) - THE YIVO LIBRARY HOLDS NUMEROUS BOOKS AND PERIODICALS IN TWELVE LANGUAGES. THIS INCLUDES THE UNIQUE VILNA COLLECTION WITH RABBINICAL WORKS FROM AS EARLY AS THE 16TH CENTURY. THE LIBRARY HOLDINGS ARE PARTICULARLY STRONG IN DOCUMENTATION OF JEWISH HISTORY, CULTURE, AND RELIGION IN EASTERN EUROPE; THE HOLOCAUST PERIOD; THE EXPERIENCE OF IMMIGRATION TO THE UNITED STATES; ANTI-SEMITISM; AND THE CONTINUING INFLUENCE OF ASHKENAZIC JEWISH CULTURE TODAY.

4b (Code: ) (Expenses \$ 1,165,099. including grants of \$ ) (Revenue \$ ) YIVO VILNA PROJECT - YIVO'S VILNA COLLECTIONS PROJECT, RENAMED IN THE YEAR ENDING DECEMBER 31, 2017 TO THE EDWARD BLANK YIVO VILNA COLLECTIONS PROJECT, IS A SEVEN-YEAR PROJECT, WHICH BEGAN IN APRIL 2015, TO PRESERVE, DIGITIZE AND REUNITE YIVO'S PREWAR LIBRARY AND ARCHIVAL COLLECTIONS LOCATED IN NEW YORK CITY AND VILNIUS, LITHUANIA, THROUGH A DEDICATED WEB PORTAL. THE PROJECT WILL ALSO DIGITALLY RECONSTRUCT THE HISTORIC PRIVATE STRASHUN LIBRARY OF VILNA, ONE OF THE GREAT PREWAR LIBRARIES IN EUROPE.

4c (Code: ) (Expenses \$ 786,480. including grants of \$ 67,500. ) (Revenue \$ 124,039. ) EDUCATION & RESEARCH (MAX WEINREICH CENTER) - YIVO'S MAX WEINREICH CENTER FOR ADVANCED JEWISH STUDIES, ESTABLISHED IN 1968, IS DEDICATED TO EDUCATION AND TO THE ADVANCEMENT OF RESEARCH IN THE AREA OF JEWISH LIFE AND CULTURE. NAMED AFTER RENOWNED SCHOLAR AND YIVO FOUNDER MAX WEINREICH, THE CENTER WORKS TO MAKE YIVO'S UNIQUE RESOURCES AND ITS SPECIALIZED KNOWLEDGE AVAILABLE TO UNIVERSITIES AND OTHER INSTITUTIONS OF HIGHER LEARNING, TO ENCOURAGE STUDY AND PROMOTE RESEARCH CONCERNING THE LIFE AND CULTURE OF EAST EUROPEAN JEWRY AND RELATED TOPICS, TO MARSHAL THE INTELLECTUAL RESOURCES IN THE FIELD OF SCHOLARSHIP, AND TO ASSIST YOUNG SCHOLARS IN QUALIFYING FOR WORK IN THIS FIELD.

4d Other program services (Describe on Schedule O.) (Expenses \$ 907,860. including grants of \$ ) (Revenue \$ 70,496.)

4e Total program service expenses 4,281,385.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b 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 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
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 only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JONATHAN BRENT - 212-246-6080 15 WEST 16TH STREET, NEW YORK, NY 10011

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE SLOVIN CHAIRMAN EMERITAS	1.00	X					0.	0.	0.	
(2) LISA NEW DIRECTOR	0.00	X					0.	0.	0.	
(3) CHAVA LAPIN DIRECTOR	0.00	X					0.	0.	0.	
(4) RUTH LEVINE CHAIRPERSON	1.00	X					0.	0.	0.	
(5) LEO MELAMED DIRECTOR	0.00	X					0.	0.	0.	
(6) JACOB MOROWITZ DIRECTOR	0.00	X					0.	0.	0.	
(7) EMIL KLEINHAUS DIRECTOR	0.00	X					0.	0.	0.	
(8) MARTIN FLUMENBAUM DIRECTOR	0.00	X					0.	0.	0.	
(9) IRENE PLETKA DIRECTOR	0.00	X					0.	0.	0.	
(10) STUART SHEAR DIRECTOR	0.00	X					0.	0.	0.	
(11) EDWARD BLANK DIRECTOR	0.00	X					0.	0.	0.	
(12) KAREN UNDERHILL DIRECTOR	0.00	X					0.	0.	0.	
(13) ILYA PRIZEL DIRECTOR	0.00	X					0.	0.	0.	
(14) JON RICHMOND DIRECTOR	0.00	X					0.	0.	0.	
(15) HARRY WAGNER DIRECTOR	0.00	X					0.	0.	0.	
(16) JONATHAN BRENT EXEC.DIRECTOR	40.00			X			212,260.	0.	27,993.	
(17) ROBERT WAGMAN CHIEF FINANCIAL OFFICER	40.00			X			137,150.	0.	33,990.	





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	249,426.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	18,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,761,316.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 314,312.				
	<b>h Total.</b> Add lines 1a-1f .....			4,028,742.			
Program Service Revenue	<b>2 a</b> TUITION, RESEARCH, ETC.	Business Code	611710	138,330.	138,330.		
	<b>b</b> FILMS & PHOTOSTATS		611710	46,221.	46,221.		
	<b>c</b> SALE OF BOOKS		451211	7,890.	7,890.		
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			192,441.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			298,555.		298,555.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			48,315.	48,315.		
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				2,717,955.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		2,338,739.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		379,216.			
<b>d</b> Net gain or (loss) .....			379,216.		379,216.		
<b>8 a</b> Gross income from fundraising events (not including \$ 249,426. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>			34,000.			
				46,310.			
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....				-12,310.		-12,310.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUES	Business Code	900099	13,119.	13,119.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			13,119.			
<b>12 Total revenue.</b> See instructions .....			4,948,078.	253,875.	0.	665,461.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	40,087.	40,087.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	36,750.	36,750.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	546,890.	250,287.	148,948.	147,655.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,519,846.	2,137,849.	203,577.	178,420.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	58,958.	45,262.	7,712.	5,984.
9 Other employee benefits .....	365,898.	318,306.	3,338.	44,254.
10 Payroll taxes .....	232,235.	159,852.	48,976.	23,407.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	696,458.	444,505.	128,666.	123,287.
12 Advertising and promotion .....	11,763.	8,091.	26.	3,646.
13 Office expenses .....	86,220.	39,299.	24,337.	22,584.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	104,370.	104,370.		
17 Travel .....	60,653.	39,107.	15,338.	6,208.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	42,610.	20,367.	18,909.	3,334.
20 Interest .....	19,628.			19,628.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	76,173.	74,421.	1,402.	350.
23 Insurance .....	48,568.	14,812.	33,756.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FACILITY SERVICES</b>	400,208.	344,179.	40,021.	16,008.
b <b>MICROFILM REPRODUCTION</b>	93,352.	93,352.	0.	0.
c <b>PRINTING, FILMS AND PHO</b>	80,935.	26,354.	1,549.	53,032.
d <b>MISCELLANEOUS</b>	64,847.	11,601.	26,020.	27,226.
e All other expenses .....	103,189.	72,534.	12,030.	18,625.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>5,689,638.</b>	<b>4,281,385.</b>	<b>714,605.</b>	<b>693,648.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	386,738.	<b>1</b>	525,927.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,899,874.	<b>3</b>	3,065,521.
	<b>4</b> Accounts receivable, net .....	972,107.	<b>4</b>	543,614.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	67,924.	<b>9</b>	48,499.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 643,165.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 574,358.	70,061.	<b>10c</b> 68,807.
	<b>11</b> Investments - publicly traded securities .....	11,219,048.	<b>11</b>	14,007,306.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	9,513.	<b>12</b>	9,386.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	165,616.	<b>14</b>	263,080.
	<b>15</b> Other assets. See Part IV, line 11 .....	6,513,507.	<b>15</b>	6,513,507.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,304,388.	<b>16</b>	25,045,647.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	179,822.	<b>17</b>	277,037.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	32,246.	<b>19</b>	34,344.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	39,876.	<b>25</b>	34,589.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	251,944.	<b>26</b>	345,970.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	14,729,695.	<b>27</b>	16,426,605.
	<b>28</b> Net assets with donor restrictions .....	8,322,749.	<b>28</b>	8,273,072.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	23,052,444.	<b>32</b>	24,699,677.
	<b>33</b> Total liabilities and net assets/fund balances .....	23,304,388.	<b>33</b>	25,045,647.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,948,078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,689,638.
3	Revenue less expenses. Subtract line 2 from line 1	3	-741,560.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,052,444.
5	Net unrealized gains (losses) on investments	5	2,418,793.
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	-30,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,699,677.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3594459.	5265960.	3630051.	6641583.	4030742.	23162795.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	155,445.	162,872.	219,572.	136,141.	175,560.	849,590.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	3749904.	5428832.	3849623.	6777724.	4206302.	24012385.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	710,770.	1140861.	981,747.	1361439.	1748452.	5943269.
<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 .....						0.
<b>c</b> Add lines 7a and 7b .....	710,770.	1140861.	981,747.	1361439.	1748452.	5943269.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						18069116.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	3749904.	5428832.	3849623.	6777724.	4206302.	24012385.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	615,397.	680,404.	506,251.	878,107.	726,086.	3406245.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	615,397.	680,404.	506,251.	878,107.	726,086.	3406245.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	4365301.	6109236.	4355874.	7655831.	4932388.	27418630.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	65.90 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	70.13 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	12.42 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	11.39 %

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

YIVO INSTITUTE FOR JEWISH RESEARCH, INC.

Employer identification number

13-1641082

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>YIVO INSTITUTE FOR JEWISH RESEARCH, INC.</b>	Employer identification number  <b>13-1641082</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>ANNA ANITA LAYFELL TRUST</u>  <u>139 COOLIDGE HILL</u>  <u>CAMBRIDGE, MA 02138</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>ANNE E LEIBOWITZ FUND</u>  <u>1040 N LAKE SHORE DR APT 32A</u>  <u>CHICAGO, IL 60611</u>	\$ <u>85,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>ATLAN FOUNDATION INC.</u>  <u>155 N DEAN ST SUITE 3B</u>  <u>ENGLEWOOD, NJ 07631</u>	\$ <u>130,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>BRUCE SLOVIN</u>  <u>111 EAST 61 STREET</u>  <u>NEW YORK, NY 10065</u>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>ESTATE OF EDWIN HANTMAN</u>  <u>11 FIFTH AVENUE, STE 16M</u>  <u>NEW YORK, NY 10003</u>	\$ <u>436,205.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>ESTATE OF EVELYN BEREZIN</u>  <u>1050 FIFTH AVENUE, STE 15B</u>  <u>NEW YORK, NY 10028</u>	\$ <u>501,048.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>YIVO INSTITUTE FOR JEWISH RESEARCH, INC.</b>	Employer identification number  <b>13-1641082</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LEGACY HERITAGE FUND  55 EAST 59TH STREET, 20TH FLOOR  NEW YORK, NY 10022	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	IRENE PLETKA  123A/125 WEST 69TH STREET  NEW YORK, NY 10023	\$ 678,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	ROTHSCHILD FOUNDATION WINDMILL HILL, SILK STREET, WADDESDON, AYLESBURY BUCKINGHAMSHIRE, UNITED KINGDOM HP18 OJZ	\$ 109,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	RUTH AND DAVID LEVINE  262 CENTRAL PARK WEST, #14A  NEW YORK, NY 10024	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SEEDLINGS FOUNDATION  984 MAIN STREET  BRANFORD, CT 06405	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MARTIN FLUMENBAUM  1285 AVENUE OF THE AMERICAS  NEW YORK, NY 10019	\$ 20,607.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>YIVO INSTITUTE FOR JEWISH RESEARCH, INC.</b>	Employer identification number  <b>13-1641082</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	VARIOUS DONATED STOCKS _____ _____ _____	\$ 88,265.	07/26/19
8	VARIOUS DONATED STOCKS _____ _____ _____	\$ 205,440.	09/12/19
12	129 ISHARE RUSSELL 2000 ETF _____ _____ _____	\$ 20,607.	11/06/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>YIVO INSTITUTE FOR JEWISH RESEARCH, INC.</b>	Employer identification number  <b>13-1641082</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization YIVO INSTITUTE FOR JEWISH RESEARCH, INC. Employer identification number 13-1641082

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, completion of lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,176,845.	3,665,845.	3,654,345.	3,638,645.	3,510,023.
b Contributions	580,553.	511,000.	11,500.	15,700.	128,622.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,757,398.	4,176,845.	3,665,845.	3,654,345.	3,638,645.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		643,165.	574,358.	68,807.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				68,807.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (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) <b>MEMBERSHIP INTEREST IN THE CENTER FOR JEWISH HISTORY,</b>	
(2) <b>INC.</b>	6,500,000.
(3) <b>SECURITY DEPOSITS</b>	13,507.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,513,507.

**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) <b>ANNUITY PAYMENT LIABILITIES</b>	34,589.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,589.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	7,349,181.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,418,793.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-17,690.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,401,103.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,948,078.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,948,078.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,701,948.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	12,310.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	12,310.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,689,638.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,689,638.

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

THE ORGANIZATION HAS ADOPTED A POLICY OF NOT CAPITALIZING COLLECTIONS IN ITS FINANCIAL STATEMENTS. ACCORDINGLY, NO COLLECTION ITEMS (SUCH AS BOOKS, ARCHIVAL DOCUMENTS, ARTWORK AND RECORDINGS) ARE RECOGNIZED AS ASSETS, WHETHER THEY ARE PURCHASED OR RECEIVED AS A DONATION. PURCHASES OF COLLECTION ITEMS REDUCE NET ASSETS IN THE PERIOD WHEN PURCHASED. PROCEEDS FROM SALES OR INSURANCE RECOVERIES ARE RECORDED AS INCREASES IN NET ASSETS WHEN RECEIVED. ALTHOUGH THE FINANCIAL STATEMENTS DO NOT DISCLOSE THE CUMULATIVE COST OF COLLECTIONS, EACH OF THE ITEMS IN THE COLLECTION IS PROCESSED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTANCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

**Part XIII** Supplemental Information (continued)

## PART III, LINE 4:

THE YIVO LIBRARY HOLDS NUMEROUS BOOKS AND PERIODICALS IN TWELVE LANGUAGES. THIS INCLUDES THE UNIQUE VILNA COLLECTION WITH RABBINICAL WORKS FROM AS EARLY AS THE 16TH CENTURY. THE LIBRARY HOLDINGS ARE PARTICULARLY STRONG IN DOCUMENTATION OF JEWISH HISTORY, CULTURE, AND RELIGION IN EASTERN EUROPE; THE HOLOCAUST PERIOD; THE EXPERIENCE OF IMMIGRATION TO THE UNITED STATES; ANTI-SEMITISM; AND THE CONTINUING INFLUENCE OF ASHKENAZIC JEWISH CULTURE TODAY.

THE YIVO ARCHIVES HOLDS DOCUMENTS, PHOTOGRAPHS, RECORDINGS, POSTERS, FILMS, VIDEOTAPES AND ITEMS OF EPHEMERA. THESE INCLUDE A COLLECTION OF EAST EUROPEAN JEWISH SOUND RECORDINGS; PHOTOGRAPHS; VIDEOS AND FILMS; AND POSTERS DOCUMENTING JEWISH LIFE FROM THE 1900'S TO THE PRESENT. YIVO ALSO HAS THOUSANDS OF HANDWRITTEN EYEWITNESS ACCOUNTS BY HOLOCAUST SURVIVORS AND DISPLACED PERSONS; COMMUNITY RECORDS AND DOCUMENTS FROM THE WARSAW, LODZ AND VILNA GHETTOS; MEMORIAL BOOKS FROM JEWISH COMMUNITIES IN POLAND AND NEIGHBORING COUNTRIES; RECORDS OF EARLY IMMIGRANT RELIEF AND RESCUE ORGANIZATIONS; AUTOBIOGRAPHIES OF HUNDREDS OF AMERICAN JEWISH IMMIGRANTS; THE BUND ARCHIVES AND LIBRARY THAT TRACES THE JEWISH LABOR MOVEMENT FROM ITS INCEPTION IN VILNA IN 1897; AND AN EXTENSIVE YIDDISH MUSIC AND THEATER COLLECTION.

## PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO SUPPORT GENERAL OPERATIONS, THE LIBRARY AND ARCHIVES, FELLOWSHIPS, LECTURES, AND PUBLICATIONS.

## PART X, LINE 2:

THE ORGANIZATION HAS BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE



**Part XIII** Supplemental Information (continued)

INTERNAL REVENUE CODE ("CODE"). THE ORGANIZATION IS FURTHER CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(3) OF THE CODE. THE ORGANIZATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAIN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT. IT HAS BEEN DETERMINED THAT IS MORE LIKELY THAN NOT THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	12,310.
BAD DEBT EXPENSE	-30,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-17,690.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	12,310.
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**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DINA ABRAMOWICZ AWARD	POLAND	1	0.	CHECK	3,000.		
LITERATURE	ISRAEL	1	0.	CHECK	3,750.		
WORKMEN'S CIRCE/DR. EMANUEL PATT POST-DOCTORAL	ISRAEL	1	0.	CHECK	5,000.		
AMERICAN JEWISH STUDIES	ISRAEL	1	0.	CHECK	10,000.		
WORKMEN'S CIRCE/DR. EMANUEL PATT POST-DOCTORAL	CANADA	1	0.	CHECK	5,000.		
EAST EUROPEAN JEWISH STUDIES	ISRAEL	1	0.		10,000.		

**Part IV Foreign Forms**

- 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  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  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  No
  
- 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 Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 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  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  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART III, COL (C):

SCHEDULE F PART I, LINE 2

THE ORGANIZATION DOES RESEARCH OF THE DONEE BEFORE MAKING CONTRIBUTION  
AND RESULTS ARE EXAMINED.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		2019 GALA (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	283,426.			283,426.
	<b>2</b> Less: Contributions .....	249,426.			249,426.
	<b>3</b> Gross income (line 1 minus line 2) .....	34,000.			34,000.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	46,310.			46,310.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				46,310.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-12,310.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **YIVO INSTITUTE FOR JEWISH RESEARCH, INC.** Employer identification number **13-1641082**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2019)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIP IN EAST EUROPEAN ARTS, MUSIC, AND THEATER	1	7,000.	0.		
EAST EUROPEAN JEWISH STUDIES	1	9,000.	0.		
AMERICAN JEWISH STUDIES	1	2,750.	0.		
BAL TIC JEWISH STUDIES	1	2,500.	0.		
LIVING STIPENDS FOR SUMMER PROGRAM STUDENTS	5	7,000.	0.		

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

PART I, LINE 2:

FELLOWSHIP RECIPIENTS ARE REQUIRED TO PERFORM RESEARCH AT YIVO DURING THE AWARD YEAR AND MUST PRESENT THE RESULTS OF THEIR WORK IN A PUBLIC FORUM.

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION REIMBURSEMENT - CLAYTON STATE UNIVERSITY - ARCHIVAL STUDIES	1.	1,337.	0.		
DINA ABRAMOWICZ EMERGING SCHOLAR FELLOWSHIP	1.	2,500.	0.		
HIRSHBEIN INTERNSHIP STIPEND	1.	3,000.	0.		
HOROWITZ FAMILY SUMMER INTERNSHIP	3.	5,000.	0.		

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization: **YIVO INSTITUTE FOR JEWISH RESEARCH, INC.**  
 Employer identification number: **13-1641082**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JONATHAN BRENT EXEC.DIRECTOR	(i)	212,260.	0.	0.	0.	27,993.	240,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT WAGMAN CHIEF FINANCIAL OFFICER	(i)	137,150.	0.	0.	0.	33,990.	171,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **YIVO INSTITUTE FOR JEWISH RESEARCH, INC.** Employer identification number **13-1641082**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	314,312.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

YIVO INSTITUTE FOR JEWISH RESEARCH, INC.

Employer identification number

13-1641082

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

OFFERS CULTURAL EVENTS AND PROGRAMS THROUGHOUT THE YEAR, INCLUDING  
LECTURES, CONCERTS, FILMS, EXHIBITIONS AND SYMPOSIA. YIVO ALSO OFFERS  
ADULT EDUCATION AND YIDDISH LANGUAGE PROGRAMS, SCHOLARLY PUBLICATIONS,  
RESEARCH OPPORTUNITIES AND FELLOWSHIPS.

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

DIGITAL INITIATIVES - INCLUDES THE FUNCTIONS NECESSARY TO DEVELOP WORK  
PROCESSES TO ENSURE THE FUNCTIONALITY, FLEXIBILITY, AND SUSTAINABILITY  
OF ALL YIVO WEB AND SOCIAL MEDIA. PROJECTS INCLUDE FURTHER DEVELOPMENT  
OF THE ONLINE YIVO ENCYCLOPEDIA AND ONLINE GUIDE TO THE YIVO ARCHIVES  
AS WELL AS A COMPREHENSIVE REDESIGN OF THE YIVO.ORG WEBSITE.

EXPENSES \$ 148,548. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLICATIONS AND PUBLIC PROGRAMS - SINCE ITS INCEPTION IN 1925, IN  
PARALLEL WITH ITS RESEARCH, ARCHIVAL, AND BIBLIOGRAPHIC WORK, THE YIVO  
INSTITUTE HAS CARRIED OUT AN ACTIVE PROGRAM OF SCHOLARLY PUBLICATION.  
IN YIVO'S BOOKS, JOURNALS, CATALOGS, NEWSLETTERS, AND BROCHURES, EVERY  
ASPECT OF THE FIELD OF YIDDISH AND EAST EUROPEAN JEWISH HISTORY AND  
CULTURE, AS WELL AS MANY OTHER FIELDS OF MODERN JEWISH SCHOLARSHIP, HAS  
BEEN REPRESENTED: LINGUISTICS, CULTURE AND ECONOMIC HISTORY, FOLKLORE  
AND ANTHROPOLOGY, SOCIAL STUDIES, THEATER HISTORY AND MUSIC, LITERARY  
HISTORY AND BIBLIOGRAPHY.

EXPENSES \$ 352,105. INCLUDING GRANTS OF \$ 0. REVENUE \$ 70,496.

ONLINE MUSEUM - PROVIDE ACCESS WORLDWIDE TO YIVO'S ARCHIVAL AND LIBRARY

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization YIVO INSTITUTE FOR JEWISH RESEARCH, INC.	Employer identification number 13-1641082
--	--

COLLECTIONS, WHICH ARE MEANINGFUL AND IMPORTANT ARCHIVAL TREASURES INSTRUMENTAL IN PRESERVING THE HISTORY AND CULTURE OF THE JEWISH PEOPLE. THE MUSEUM WILL SELECT FROM THE EXTENSIVE ORIGINAL DOCUMENTS AND PAGES OF BOOKS THAT HAVE BEEN DIGITIZED AS PART OF THE EDWARD BLANK YIVO VILNA COLLECTIONS PROJECT TO CREATE ENGLISH LANGUAGE GALLERIES THAT REFLECT THE SPECTRUM OF JEWISH LIFE IN EASTERN EUROPE AND RUSSIA FROM MUSIC, LITERATURE, AND THEATER TO MERCANTILE GUILDS, MUNICIPAL ORGANIZATIONS, AND RABBINIC COURTS; FROM TRADITIONAL WAYS OF LIFE AND THE EDUCATION OF CHILDREN TO ZIONISM AND REVOLUTION. THE ONLINE MUSEUM WILL ALSO SERVE AS A COMPREHENSIVE HISTORICAL AND EDUCATIONAL PLATFORM FOR BOTH JEWS AND NON-JEWS, AND WILL SERVE AS A KEY RESOURCE FOR EUROPEANS WHO SEEK TO UNDERSTAND THEIR OWN COUNTRIES' MULTICULTURAL HISTORIES. THIS PROJECT BEGAN IN THE YEAR ENDED DECEMBER 31, 2018 WITH THE SUPPORT OF A MAJOR DONOR.

EXPENSES \$ 407,207. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 10B:

THE ONE SMALL CHAPTER THAT EXISTS HAS LIMITED ACTIVITY AND IS RUN BY A BOARD MEMBER WHO REGULARLY ATTENDS BOARD MEETINGS AND IS FAMILIAR WITH ALL OF THE ORGANIZATION'S POLICIES AND PROCEDURES.

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

A DRAFT OF THE TAX RETURN IS PROVIDED TO THE DIRECTOR OF FINANCE, THE EXECUTIVE DIRECTOR, AND THE AUDIT COMMITTEE FOR REVIEW. THEN IT IS DISCUSSED WITH THE OTHER BOARD MEMBERS.

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

A NEW CONFLICT OF INTEREST LETTER IS SIGNED BY EACH BOARD MEMBER EVERY

Name of the organization	YIVO INSTITUTE FOR JEWISH RESEARCH, INC.	Employer identification number	13-1641082
--------------------------	--	--------------------------------	------------

YEAR.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THE AFOREMENTIONED FORMS ARE AVAILABLE ON REQUEST. FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG.

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

THE AFOREMENTIONED DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	129,906.
MANAGEMENT AND GENERAL EXPENSES	126,866.
FUNDRAISING EXPENSES	107,322.
TOTAL EXPENSES	364,094.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	314,599.
MANAGEMENT AND GENERAL EXPENSES	1,800.
FUNDRAISING EXPENSES	15,965.
TOTAL EXPENSES	332,364.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	696,458.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization YIVO INSTITUTE FOR JEWISH RESEARCH, INC.	Employer identification number 13-1641082
--	--

BAD DEBT EXPENSE -30,000.

FORM 990 PART XII, QUESTION 2(C)

THE ORGANIZATION'S AUDIT COMMITTEE MEETS REGULARLY AND IS RESPONSIBLE FOR THE OVERSIGHT AND SELECTION OF THE INDEPENDENT AUDITOR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **YIVO INSTITUTE FOR JEWISH RESEARCH, INC.** Employer identification number **13-1641082**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE CENTER FOR JEWISH HISTORY, INC. - 13-3863344, 15 WEST 16TH STREET, NEW YORK, NY 10011	REPOSITORY FOR THE INST'S ARCHIVAL DOCUMENTS, BOOKS &, ARTIFACTS	NEW YORK	7	501(C)3	N/A		X





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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
66	DISPLAY PRINT	06/30/16	SL	5.00	HY17	1,187.			594.	593.	297.		119.	416.
68	EQUIPMENT MW CENTER GENERAL	02/28/19	SL	5.00	HY19B	1,076.			1,076.				1,076.	
69	EQUIPMENT ARCHIVES	03/31/19	SL	5.00	HY19B	9,351.			9,351.				9,351.	
4	FURNITURE & EQUIPMENT	VARIOUS	SL	5.00	HY17	149,694.				149,694.	149,694.		0.	149,694.
5	EQUIPMENT	07/01/93	SL	5.00	HY17	2,154.				2,154.	2,154.		0.	2,154.
6	EQUIPMENT	07/01/94	SL	5.00	HY17	20,868.				20,868.	20,868.		0.	20,868.
7	FURNITURE	07/01/94	SL	7.00	HY17	54,151.				54,151.	54,151.		0.	54,151.
8	EQUIPMENT	07/01/95	SL	5.00	HY17	13,445.				13,445.	13,445.		0.	13,445.
9	FURNITURE	07/01/95	SL	7.00	HY17	2,375.				2,375.	2,375.		0.	2,375.
10	EQUIPMENT	07/01/96	SL	5.00	HY17	8,319.				8,319.	8,319.		0.	8,319.
11	EQUIPMENT	12/31/96	SL	7.00	HY17	2,395.				2,395.	2,395.		0.	2,395.
12	EQUIPMENT	12/31/96	SL	5.00	HY17	1,210.				1,210.	1,210.		0.	1,210.
13	EQUIPMENT	07/01/97	SL	5.00	HY17	28,813.				28,813.	28,813.		0.	28,813.
14	COMPUTERS	07/01/98	SL	5.00	HY17	5,750.				5,750.	5,750.		0.	5,750.
15	EQUIPMENT	07/01/98	SL	5.00	HY17	3,563.				3,563.	3,563.		0.	3,563.
16	EQUIPMENT	07/01/99	SL	5.00	HY17	5,762.				5,762.	5,762.		0.	5,762.
17	EQUIPMENT	07/01/00	SL	5.00	HY17	1,469.				1,469.	1,469.		0.	1,469.
18	COMPUTER	07/01/00	SL	5.00	HY17	6,111.				6,111.	6,111.		0.	6,111.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	EQUIPMENT	07/01/00	SL	5.00		HY17	2,367.				2,367.	2,367.		0.	2,367.
20	EQUIPMENT	07/01/00	SL	5.00		HY17	6,000.				6,000.	6,000.		0.	6,000.
21	EQUIPMENT	07/01/00	SL	5.00		HY17	1,266.				1,266.	1,266.		0.	1,266.
22	FURNITURE	01/01/01	SL	5.00		HY17	4,110.				4,110.	4,110.		0.	4,110.
23	FURNITURE	01/01/01	SL	5.00		HY17	3,945.				3,945.	3,945.		0.	3,945.
24	EQUIPMENT - COMPUTER	01/15/01	SL	5.00		HY17	4,993.				4,993.	4,993.		0.	4,993.
25	FURNITURE	03/01/01	SL	5.00		HY17	12,012.				12,012.	12,012.		0.	12,012.
26	FURNITURE	07/01/01	SL	5.00		HY17	667.				667.	667.		0.	667.
27	CD RECORDER & DIGITAL AM/FM TUNER	03/07/02	SL	5.00		HY17	889.				889.	889.		0.	889.
28	COMPUTER HARDWARE	06/28/02	SL	5.00		HY17	4,654.				4,654.	4,654.		0.	4,654.
29	STEEL SHELVING UNITS	07/26/02	SL	7.00		HY17	3,945.				3,945.	3,945.		0.	3,945.
30	MINITOWER	09/04/02	SL	5.00		HY17	6,958.				6,958.	6,958.		0.	6,958.
31	LASER JET	12/27/02	SL	5.00		HY17	692.				692.	692.		0.	692.
32	COMPUTER	06/26/02	SL	5.00		HY17	2,187.				2,187.	2,187.		0.	2,187.
33	COMPUTER	09/17/02	SL	5.00		HY17	2,599.				2,599.	2,599.		0.	2,599.
34	CABINET	01/29/02	SL	7.00		HY17	6,083.				6,083.	6,083.		0.	6,083.
35	DESKJET- PRINTER	07/10/02	SL	5.00		HY17	793.				793.	793.		0.	793.
36	MINITOWER	09/18/02	SL	5.00		HY17	1,870.				1,870.	1,870.		0.	1,870.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	COMPUTER	03/19/02	SL	5.00		HY17	1,285.				1,285.	1,285.		0.	1,285.
38	COMPUTER	11/29/02	SL	5.00		HY17	1,033.				1,033.	1,033.		0.	1,033.
39	COMPUTER	07/31/02	SL	5.00		HY17	1,225.				1,225.	1,225.		0.	1,225.
40	COMPUTER	07/01/02	SL	5.00		HY17	2,405.				2,405.	2,405.		0.	2,405.
41	COMPUTER	07/01/02	SL	5.00		HY17	7,960.				7,960.	7,960.		0.	7,960.
42	COMPUTER	06/15/03	SL	5.00		HY17	2,562.				2,562.	2,530.		0.	2,530.
43	EQUIPMENT PHOTO ARCHIVES	12/31/04	SL	5.00		MC17	2,163.			1,081.	1,082.	1,082.		0.	1,082.
44	COMPUTER	10/15/05	SL	5.00		MC17	1,200.				1,200.	1,200.		0.	1,200.
45	COMPUTER	06/30/06	SL	5.00		HY17	1,246.				1,246.	1,246.		0.	1,246.
46	COMPUTER	06/30/06	SL	5.00		HY17	2,182.				2,182.	2,182.		0.	2,182.
47	PRINTER	06/30/06	SL	5.00		HY17	1,663.				1,663.	1,663.		0.	1,663.
48	AUDIO EQUIPMENT	01/02/08	SL	5.00		HY17	1,557.			779.	778.	778.		0.	778.
49	COMPUTER 01	02/28/08	SL	5.00		HY17	1,178.			589.	589.	589.		0.	589.
50	COMPUTERS 02	09/03/08	SL	5.00		HY17	25,164.			12,370.	12,794.	12,794.		0.	12,794.
51	EQUIPMENT PHOTO ARCHIVES	05/03/11	SL	5.00		HY17	1,155.				1,155.	1,155.		0.	1,155.
52	EQUIPMENT ARCHIVES GENERAL	07/01/11	SL	5.00		HY17	34,995.				34,995.	34,995.		0.	34,995.
53	EQUIPMENT LIBRARY GENERAL	07/01/11	SL	5.00		HY17	34,995.				34,995.	34,995.		0.	34,995.
54	EQUIPMENT ADMIN GENERAL	07/01/12	SL	5.00		HY17	12,817.			6,409.	6,408.	6,408.		0.	6,408.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	EQUIPMENT SOUND ARCHIVES	04/26/12	SL	5.00		HY17	2,883.			1,442.	1,441.	1,441.		0.	1,441.
56	EQUIPMENT SOUND ARCHIVES	07/01/13	SL	5.00		HY17	1,837.			919.	918.	918.		0.	918.
57	EQUIPMENT ADMIN GENERAL	10/08/14	SL	5.00		HY17	5,728.				5,728.	5,157.		571.	5,728.
63	EQUIPMENT PHOTO ARCHIVES	03/25/15	SL	5.00		HY17	3,030.				3,030.	2,121.		606.	2,727.
64	EQUIPMENT LIBRARY GENERAL	03/27/15	SL	5.00		HY17	3,369.				3,369.	2,359.		674.	3,033.
	* 990 PAGE 10 TOTAL -						537,355.			34,610.	502,745.	499,927.		12,397.	501,897.
58	EQUIPMENT - WAGNER GALLERY	07/01/14	SL	5.00		HY17	5,279.				5,279.	4,752.		527.	5,279.
59	FURNITURE & FIXTURES - WAGNER GALLERY	07/01/14	SL	7.00		HY17	6,330.				6,330.	4,068.		904.	4,972.
60	LEASEHOLD IMPROVEMENTS - WAGNER GALLERY	07/01/14	SL	15.00		HY17	74,174.				74,174.	22,252.		4,945.	27,197.
61	FURNITURE & FIXTURES - WAGNER GALLERY	07/01/15	SL	7.00		HY17	10,578.				10,578.	5,289.		1,511.	6,800.
62	LEASEHOLD IMPROVEMENTS - WAGNER GALLERY	07/01/15	SL	15.00		HY17	9,449.				9,449.	2,205.		630.	2,835.
	* 990 PAGE 10 TOTAL -						105,810.				105,810.	38,566.		8,517.	47,083.
65	WEBSITE DEVELOPMENT	07/01/15		36M		HY43	57,850.				57,850.	57,850.		0.	57,850.
67	WEBSITE DEVELOPMENT - VILNA WEBSITE PROJECT	10/01/18		36M		HY43	180,672.				180,672.	15,056.		60,224.	75,280.
	* 990 PAGE 10 TOTAL -						238,522.				238,522.	72,906.		60,224.	133,130.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						881,687.			34,610.	847,077.	611,399.		81,138.	682,110.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						871,260.			24,183.	847,077.	611,399.			682,110.





**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**YIVO INSTITUTE FOR JEWISH RESEARCH, INC. FORM 990 PAGE 10**

**13-1641082**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	10,427.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	10,487.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	20,914.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - YIVO INSTITUTE FOR JEWISH RESEARCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
66	DISPLAY PRINT	063016	SL	5.00	17	1,187.		594.	593.	297.		119.
68	EQUIPMENT MW CENTER GENERAL	022819	SL	5.00	19B	1,076.		1,076.				1,076.
69	EQUIPMENT ARCHIVES	033119	SL	5.00	19B	9,351.		9,351.				9,351.
4	FURNITURE & EQUIPMENT	VARIES	SL	5.00	17	149,694.			149,694.	149,694.		0.
5	EQUIPMENT	070193	SL	5.00	17	2,154.			2,154.	2,154.		0.
6	EQUIPMENT	070194	SL	5.00	17	20,868.			20,868.	20,868.		0.
7	FURNITURE	070194	SL	7.00	17	54,151.			54,151.	54,151.		0.
8	EQUIPMENT	070195	SL	5.00	17	13,445.			13,445.	13,445.		0.
9	FURNITURE	070195	SL	7.00	17	2,375.			2,375.	2,375.		0.
10	EQUIPMENT	070196	SL	5.00	17	8,319.			8,319.	8,319.		0.
11	EQUIPMENT	123196	SL	7.00	17	2,395.			2,395.	2,395.		0.
12	EQUIPMENT	123196	SL	5.00	17	1,210.			1,210.	1,210.		0.
13	EQUIPMENT	070197	SL	5.00	17	28,813.			28,813.	28,813.		0.
14	COMPUTERS	070198	SL	5.00	17	5,750.			5,750.	5,750.		0.
15	EQUIPMENT	070198	SL	5.00	17	3,563.			3,563.	3,563.		0.
16	EQUIPMENT	070199	SL	5.00	17	5,762.			5,762.	5,762.		0.
17	EQUIPMENT	070100	SL	5.00	17	1,469.			1,469.	1,469.		0.
18	COMPUTER	070100	SL	5.00	17	6,111.			6,111.	6,111.		0.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - YIVO INSTITUTE FOR JEWISH RESEARCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	EQUIPMENT	070100	SL	5.00	17	2,367.			2,367.	2,367.		0.
20	EQUIPMENT	070100	SL	5.00	17	6,000.			6,000.	6,000.		0.
21	EQUIPMENT	070100	SL	5.00	17	1,266.			1,266.	1,266.		0.
22	FURNITURE	010101	SL	5.00	17	4,110.			4,110.	4,110.		0.
23	FURNITURE	010101	SL	5.00	17	3,945.			3,945.	3,945.		0.
24	EQUIPMENT - COMPUTER	011501	SL	5.00	17	4,993.			4,993.	4,993.		0.
25	FURNITURE	030101	SL	5.00	17	12,012.			12,012.	12,012.		0.
26	FURNITURE	070101	SL	5.00	17	667.			667.	667.		0.
27	CD RECORDER & DIGITAL AM/FM TUNER	030702	SL	5.00	17	889.			889.	889.		0.
28	COMPUTER HARDWARE	062802	SL	5.00	17	4,654.			4,654.	4,654.		0.
29	STEEL SHELVING UNITS	072602	SL	7.00	17	3,945.			3,945.	3,945.		0.
30	MINITOWER	090402	SL	5.00	17	6,958.			6,958.	6,958.		0.
31	LASER JET	122702	SL	5.00	17	692.			692.	692.		0.
32	COMPUTER	062602	SL	5.00	17	2,187.			2,187.	2,187.		0.
33	COMPUTER	091702	SL	5.00	17	2,599.			2,599.	2,599.		0.
34	CABINET	012902	SL	7.00	17	6,083.			6,083.	6,083.		0.
35	DESKJET- PRINTER	071002	SL	5.00	17	793.			793.	793.		0.
36	MINITOWER	091802	SL	5.00	17	1,870.			1,870.	1,870.		0.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - YIVO INSTITUTE FOR JEWISH RESEARCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	COMPUTER	031902	SL	5.00	17	1,285.			1,285.	1,285.		0.
38	COMPUTER	112902	SL	5.00	17	1,033.			1,033.	1,033.		0.
39	COMPUTER	073102	SL	5.00	17	1,225.			1,225.	1,225.		0.
40	COMPUTER	070102	SL	5.00	17	2,405.			2,405.	2,405.		0.
41	COMPUTER	070102	SL	5.00	17	7,960.			7,960.	7,960.		0.
42	COMPUTER	061503	SL	5.00	17	2,562.			2,562.	2,530.		0.
43	EQUIPMENT PHOTO ARCHIVES	123104	SL	5.00	17	2,163.		1,081.	1,082.	1,082.		0.
44	COMPUTER	101505	SL	5.00	17	1,200.			1,200.	1,200.		0.
45	COMPUTER	063006	SL	5.00	17	1,246.			1,246.	1,246.		0.
46	COMPUTER	063006	SL	5.00	17	2,182.			2,182.	2,182.		0.
47	PRINTER	063006	SL	5.00	17	1,663.			1,663.	1,663.		0.
48	AUDIO EQUIPMENT	010208	SL	5.00	17	1,557.		779.	778.	778.		0.
49	COMPUTER 01	022808	SL	5.00	17	1,178.		589.	589.	589.		0.
50	COMPUTERS 02	090308	SL	5.00	17	25,164.		12,370.	12,794.	12,794.		0.
51	EQUIPMENT PHOTO ARCHIVES	050311	SL	5.00	17	1,155.			1,155.	1,155.		0.
52	EQUIPMENT ARCHIVES GENERAL	070111	SL	5.00	17	34,995.			34,995.	34,995.		0.
53	EQUIPMENT LIBRARY GENERAL	070111	SL	5.00	17	34,995.			34,995.	34,995.		0.
54	EQUIPMENT ADMIN GENERAL	070112	SL	5.00	17	12,817.		6,409.	6,408.	6,408.		0.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - YIVO INSTITUTE FOR JEWISH RESEARCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	EQUIPMENT SOUND ARCHIVES	042612	SL	5.00	17	2,883.		1,442.	1,441.	1,441.		0.
56	EQUIPMENT SOUND ARCHIVES	070113	SL	5.00	17	1,837.		919.	918.	918.		0.
57	EQUIPMENT ADMIN GENERAL	100814	SL	5.00	17	5,728.			5,728.	5,157.		571.
63	EQUIPMENT PHOTO ARCHIVES	032515	SL	5.00	17	3,030.			3,030.	2,121.		606.
64	EQUIPMENT LIBRARY GENERAL	032715	SL	5.00	17	3,369.			3,369.	2,359.		674.
	* 990 PAGE 10 TOTAL -					537,355.		34,610.	502,745.	499,927.		12,397.
58	EQUIPMENT - WAGNER GALLERY	070114	SL	5.00	17	5,279.			5,279.	4,752.		527.
59	FURNITURE & FIXTURES - WAGNER G	070114	SL	7.00	17	6,330.			6,330.	4,068.		904.
60	LEASEHOLD IMPROVEMENTS - WAGN	070114	SL	15.00	17	74,174.			74,174.	22,252.		4,945.
61	FURNITURE & FIXTURES - WAGNER G	070115	SL	7.00	17	10,578.			10,578.	5,289.		1,511.
62	LEASEHOLD IMPROVEMENTS - WAGN	070115	SL	15.00	17	9,449.			9,449.	2,205.		630.
	* 990 PAGE 10 TOTAL -					105,810.		0.	105,810.	38,566.		8,517.
65	WEBSITE DEVELOPMENT	070115		36M	43	57,850.			57,850.	57,850.		0.
67	WEBSITE DEVELOPMENT - VILNA WEBSITE PRO	100118		36M	43	180,672.			180,672.	15,056.		60,224.
	* 990 PAGE 10 TOTAL -					238,522.		0.	238,522.	72,906.		60,224.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					881,687.		34,610.	847,077.	611,399.		81,138.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					871,260.		24,183.	847,077.	611,399.		



2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

YIVO INSTITUTE FOR JEWISH RESEARCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
66	DISPLAY PRINT	063016	SL	5.00	1,187.	594.	593.	416.	119.
68	EQUIPMENT MW CENTER GENERAL	022819	SL	5.00	1,076.	1,076.			0.
69	EQUIPMENT ARCHIVES	033119	SL	5.00	9,351.	9,351.			0.
4	FURNITURE & EQUIPMENT	VARIES	SL	5.00	149,694.		149,694.	149,694.	0.
5	EQUIPMENT	070193	SL	5.00	2,154.		2,154.	2,154.	0.
6	EQUIPMENT	070194	SL	5.00	20,868.		20,868.	20,868.	0.
7	FURNITURE	070194	SL	7.00	54,151.		54,151.	54,151.	0.
8	EQUIPMENT	070195	SL	5.00	13,445.		13,445.	13,445.	0.
9	FURNITURE	070195	SL	7.00	2,375.		2,375.	2,375.	0.
10	EQUIPMENT	070196	SL	5.00	8,319.		8,319.	8,319.	0.
11	EQUIPMENT	123196	SL	7.00	2,395.		2,395.	2,395.	0.
12	EQUIPMENT	123196	SL	5.00	1,210.		1,210.	1,210.	0.
13	EQUIPMENT	070197	SL	5.00	28,813.		28,813.	28,813.	0.
14	COMPUTERS	070198	SL	5.00	5,750.		5,750.	5,750.	0.
15	EQUIPMENT	070198	SL	5.00	3,563.		3,563.	3,563.	0.
16	EQUIPMENT	070199	SL	5.00	5,762.		5,762.	5,762.	0.
17	EQUIPMENT	070100	SL	5.00	1,469.		1,469.	1,469.	0.
18	COMPUTER	070100	SL	5.00	6,111.		6,111.	6,111.	0.
19	EQUIPMENT	070100	SL	5.00	2,367.		2,367.	2,367.	0.
20	EQUIPMENT	070100	SL	5.00	6,000.		6,000.	6,000.	0.
21	EQUIPMENT	070100	SL	5.00	1,266.		1,266.	1,266.	0.
22	FURNITURE	010101	SL	5.00	4,110.		4,110.	4,110.	0.
23	FURNITURE	010101	SL	5.00	3,945.		3,945.	3,945.	0.
24	EQUIPMENT - COMPUTER	011501	SL	5.00	4,993.		4,993.	4,993.	0.
25	FURNITURE	030101	SL	5.00	12,012.		12,012.	12,012.	0.
26	FURNITURE	070101	SL	5.00	667.		667.	667.	0.
27	CD RECORDER & DIGITAL AM/FM TUNER	030702	SL	5.00	889.		889.	889.	0.
28	COMPUTER HARDWARE	062802	SL	5.00	4,654.		4,654.	4,654.	0.
29	STEEL SHELVING UNITS	072602	SL	7.00	3,945.		3,945.	3,945.	0.
30	MINITOWER	090402	SL	5.00	6,958.		6,958.	6,958.	0.
31	LASER JET	122702	SL	5.00	692.		692.	692.	0.
32	COMPUTER	062602	SL	5.00	2,187.		2,187.	2,187.	0.
33	COMPUTER	091702	SL	5.00	2,599.		2,599.	2,599.	0.
34	CABINET	012902	SL	7.00	6,083.		6,083.	6,083.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone



2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

YIVO INSTITUTE FOR JEWISH RESEARCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
35	DESKJET- PRINTER	071002	SL	5.00	793.		793.	793.	0.
36	MINITOWER	091802	SL	5.00	1,870.		1,870.	1,870.	0.
37	COMPUTER	031902	SL	5.00	1,285.		1,285.	1,285.	0.
38	COMPUTER	112902	SL	5.00	1,033.		1,033.	1,033.	0.
39	COMPUTER	073102	SL	5.00	1,225.		1,225.	1,225.	0.
40	COMPUTER	070102	SL	5.00	2,405.		2,405.	2,405.	0.
41	COMPUTER	070102	SL	5.00	7,960.		7,960.	7,960.	0.
42	COMPUTER	061503	SL	5.00	2,562.		2,562.	2,530.	0.
43	EQUIPMENT PHOTO ARCHIVES	123104	SL	5.00	2,163.	1,081.	1,082.	1,082.	0.
44	COMPUTER	101505	SL	5.00	1,200.		1,200.	1,200.	0.
45	COMPUTER	063006	SL	5.00	1,246.		1,246.	1,246.	0.
46	COMPUTER	063006	SL	5.00	2,182.		2,182.	2,182.	0.
47	PRINTER	063006	SL	5.00	1,663.		1,663.	1,663.	0.
48	AUDIO EQUIPMENT	010208	SL	5.00	1,557.	779.	778.	778.	0.
49	COMPUTER 01	022808	SL	5.00	1,178.	589.	589.	589.	0.
50	COMPUTERS 02	090308	SL	5.00	25,164.	12,370.	12,794.	12,794.	0.
51	EQUIPMENT PHOTO ARCHIVES	050311	SL	5.00	1,155.		1,155.	1,155.	0.
52	EQUIPMENT ARCHIVES GENERAL	070111	SL	5.00	34,995.		34,995.	34,995.	0.
53	EQUIPMENT LIBRARY GENERAL	070111	SL	5.00	34,995.		34,995.	34,995.	0.
54	EQUIPMENT ADMIN GENERAL	070112	SL	5.00	12,817.	6,409.	6,408.	6,408.	0.
55	EQUIPMENT SOUND ARCHIVES	042612	SL	5.00	2,883.	1,442.	1,441.	1,441.	0.
56	EQUIPMENT SOUND ARCHIVES	070113	SL	5.00	1,837.	919.	918.	918.	0.
57	EQUIPMENT ADMIN GENERAL	100814	SL	5.00	5,728.		5,728.	5,728.	0.
63	EQUIPMENT PHOTO ARCHIVES	032515	SL	5.00	3,030.		3,030.	2,727.	303.
64	EQUIPMENT LIBRARY GENERAL	032715	SL	5.00	3,369.		3,369.	3,033.	336.
	* 990 PAGE 10 TOTAL -				537,355.	34,610.	502,745.	501,897.	758.
58	EQUIPMENT - WAGNER GALLERY	070114	SL	5.00	5,279.		5,279.	5,279.	0.
	FURNITURE & FIXTURES - WAGNER								
59	GALLERY	070114	SL	7.00	6,330.		6,330.	4,972.	904.
	LEASEHOLD IMPROVEMENTS - WAGNER								
60	GALLERY	070114	SL	15.00	74,174.		74,174.	27,197.	4,945.
	FURNITURE & FIXTURES - WAGNER								
61	GALLERY	070115	SL	7.00	10,578.		10,578.	6,800.	1,511.

(D) - Asset disposed

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