

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning** , 2020, and ending , 20

|                                                                                                                                                                                                                                                                                                          |                                                                                                |  |                                                                                                                                                                                                                                                                               |                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input checked="" type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ORT AMERICA, INC.                                             |  |                                                                                                                                                                                                                                                                               | <b>D</b> Employer identification number<br>13-5562424 |  |
|                                                                                                                                                                                                                                                                                                          | Doing Business As                                                                              |  |                                                                                                                                                                                                                                                                               | <b>E</b> Telephone number<br>(212) 505-7700           |  |
|                                                                                                                                                                                                                                                                                                          | Number and street (or P.O. box if mail is not delivered to street address)<br>75 MAIDEN LANE   |  | Room/suite<br>10                                                                                                                                                                                                                                                              |                                                       |  |
|                                                                                                                                                                                                                                                                                                          | City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10038 |  |                                                                                                                                                                                                                                                                               |                                                       |  |
| <b>F</b> Name and address of principal officer: BARBARA BIRCH<br>75 MAIDEN LANE, NEW YORK, NY 10038                                                                                                                                                                                                      |                                                                                                |  | <b>G</b> Gross receipts \$ 18,545,871.                                                                                                                                                                                                                                        |                                                       |  |
| <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>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |                                                       |  |
| <b>J</b> Website: ▶ ORTAMERICA.ORG                                                                                                                                                                                                                                                                       |                                                                                                |  | <b>H(c)</b> Group exemption number ▶                                                                                                                                                                                                                                          |                                                       |  |
| <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: 1969 <b>M</b> State of legal domicile: NY                                                                                                                                                                                                         |                                                       |  |

## Part I Summary

|                                                         |                                                                                                                                                         |                                                                               |                                  |                     |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                      | 1 Briefly describe the organization's mission or most significant activities: THE ADVANCEMENT OF JEWISH AND OTHER PEOPLE THROUGH TRAINING AND EDUCATION |                                                                               |                                  |                     |
|                                                         | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.               |                                                                               |                                  |                     |
|                                                         | 3                                                                                                                                                       | Number of voting members of the governing body (Part VI, line 1a)             | 3                                | 32.                 |
|                                                         | 4                                                                                                                                                       | Number of independent voting members of the governing body (Part VI, line 1b) | 4                                | 32.                 |
|                                                         | 5                                                                                                                                                       | Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | 5                                | 56.                 |
|                                                         | 6                                                                                                                                                       | Total number of volunteers (estimate if necessary)                            | 6                                | 150.                |
|                                                         | 7a                                                                                                                                                      | Total unrelated business revenue from Part VIII, column (C), line 12          | 7a                               | 92,328.             |
| 7b                                                      | Net unrelated business taxable income from Form 990-T, line 34                                                                                          | 7b                                                                            | 77,321.                          |                     |
| <b>Revenue</b>                                          |                                                                                                                                                         |                                                                               | <b>Prior Year</b>                | <b>Current Year</b> |
|                                                         | 8                                                                                                                                                       | Contributions and grants (Part VIII, line 1h)                                 | 13,526,593.                      | 11,919,845.         |
|                                                         | 9                                                                                                                                                       | Program service revenue (Part VIII, line 2g)                                  | 0.                               | 0.                  |
|                                                         | 10                                                                                                                                                      | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                 | 482,926.                         | 317,496.            |
|                                                         | 11                                                                                                                                                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)      | 95,895.                          | 646,095.            |
| 12                                                      | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                      | 14,105,414.                                                                   | 12,883,436.                      |                     |
| <b>Expenses</b>                                         | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                     |                                                                               | 6,474,445.                       | 6,486,401.          |
|                                                         | 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                        |                                                                               | 0.                               | 0.                  |
|                                                         | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                    |                                                                               | 3,884,999.                       | 4,298,715.          |
|                                                         | 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                       |                                                                               | 0.                               | 0.                  |
|                                                         | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 793,908.                                                                                  |                                                                               |                                  |                     |
|                                                         | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                         |                                                                               | 3,191,913.                       | 2,704,887.          |
|                                                         | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                            |                                                                               | 13,551,357.                      | 13,490,003.         |
| 19 Revenue less expenses. Subtract line 18 from line 12 |                                                                                                                                                         | 554,057.                                                                      | -606,567.                        |                     |
| <b>Net Assets or Fund Balances</b>                      |                                                                                                                                                         |                                                                               | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                                         | 20                                                                                                                                                      | Total assets (Part X, line 16)                                                | 33,182,116.                      | 25,996,266.         |
|                                                         | 21                                                                                                                                                      | Total liabilities (Part X, line 26)                                           | 12,038,579.                      | 8,376,626.          |
| 22                                                      | Net assets or fund balances. Subtract line 21 from line 20                                                                                              | 21,143,537.                                                                   | 17,619,640.                      |                     |

COPY FOR PUBLIC INSPECTION

## 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      |                                                 |           |
|                               | ▶ Type or print name and title |                           |           |                                                 |           |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name     | Preparer's signature      | Date      | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | PAUL HAMMERSCHMIDT             | <i>Paul Hammerschmidt</i> | 3/29/2022 |                                                 | P01384178 |
|                               | Firm's name ▶ BDO USA, LLP     | Firm's EIN ▶ 13-5381590   |           | Phone no. 212-885-8000                          |           |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

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:

THE ADVANCEMENT OF JEWISH AND OTHER PEOPLE THROUGH TRAINING AND EDUCATION BY FUNDRAISING FOR AND BUILDING AWARENESS OF THE GLOBAL ORT PROGRAMS, INCLUDING ORT SCHOOLS, COLLEGES, AND SCIENCE/TECHNOLOGY INITIATIVES.

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

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

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 \$ 6,623,239. including grants of \$ 6,486,401. ) (Revenue \$ 0. ) ATTACHMENT 1

4b (Code: ) (Expenses \$ 4,093,112. including grants of \$ 0. ) (Revenue \$ 0. ) SUPPORT OF THE GLOBAL ORT PROGRAM RELIES ON AN ACTIVE, KNOWLEDGEABLE, AND MOTIVATED LEADERSHIP AND MEMBERSHIP BASE. THIS, IN TURN, NECESSITATES A SUSTAINABLE STRUCTURE FOR OUTREACH, AS WELL AS LEADERSHIP TRAINING AND NEXT GENERATION INITIATIVES. ORT AMERICA'S MEMBERSHIP BASE INCLUDES SUPPORTERS FROM BOTH OF ITS PREDECESSOR ORGANIZATIONS, AMERICAN ORT AND WOMEN'S AMERICAN ORT.

4c (Code: ) (Expenses \$ 590,385. including grants of \$ 0. ) (Revenue \$ 0. ) COMMUNICATION AND MARKETING IS AN ESSENTIAL PART OF ORT AMERICA'S GOAL OF EDUCATING THE OVERALL COMMUNITY ABOUT ORT'S GLOBAL PROGRAMS, AS WELL AS PROMOTING ORT'S VALUES, THE IMPORTANCE OF EDUCATING INDIVIDUALS, WHICH IN TURN IMPACTS COMMUNITIES, AND IMPROVES THE WORLD.

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

4e Total program service expenses 11,306,736.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, 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 (32), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
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.
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

**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  X

**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)<br>Name and title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BARBARA BIRCH<br>PRESIDENT AND CEO              | 40.00<br>0.                                                                                |                                                                                                           |                       | X       |              |                              |        | 337,119.                                                             | 0.                                                                        | 7,806.                                                                                        |
| (2) JEFFREY COOPER<br>CFO & COO                     | 35.00<br>5.00                                                                              |                                                                                                           |                       | X       |              |                              |        | 243,610.                                                             | 0.                                                                        | 19,463.                                                                                       |
| (3) LILY JOY M. SEMBRANO<br>CONTROLLER              | 35.00<br>5.00                                                                              |                                                                                                           |                       |         |              | X                            |        | 163,701.                                                             | 0.                                                                        | 15,846.                                                                                       |
| (4) NICOLE MILLER<br>MIDWEST REGIONAL DIRECTOR      | 40.00<br>0.                                                                                |                                                                                                           |                       |         |              | X                            |        | 152,826.                                                             | 0.                                                                        | 15,581.                                                                                       |
| (5) HARRIS NADLER<br>SR. DEV. OFFICER (1/20 - 7/20) | 40.00<br>0.                                                                                |                                                                                                           |                       |         |              | X                            |        | 147,813.                                                             | 0.                                                                        | 5,614.                                                                                        |
| (6) STEVEN DRYSDALE<br>SENIOR DEVELOPMENT OFFICER   | 40.00<br>0.                                                                                |                                                                                                           |                       |         |              | X                            |        | 145,385.                                                             | 0.                                                                        | 5,735.                                                                                        |
| (7) JAMES LODGE<br>SENIOR DEVELOPMENT OFFICER       | 40.00<br>0.                                                                                |                                                                                                           |                       |         |              | X                            |        | 145,385.                                                             | 0.                                                                        | 5,699.                                                                                        |
| (8) HOWARD LANZNAR<br>BOARD CHAIR                   | 7.50<br>0.                                                                                 | X                                                                                                         | X                     |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) RICHARD BERNSTEIN<br>EXECUTIVE COMMITTEE CHAIR  | 3.00<br>1.00                                                                               | X                                                                                                         | X                     |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) CONRAD GILES<br>MEMBER - EXECUTIVE COMMITTEE   | 3.00<br>0.                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) ROBERT GREY<br>MEMBER - EXECUTIVE COMMITTEE    | 4.00<br>1.00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) LAWRENCE KADIS<br>MEMBER - EXECUTIVE COMMITTEE | 3.00<br>1.00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) SUELLEN KADIS<br>MEMBER - EXECUTIVE COMMITTEE  | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) BRADLEY KOLAR<br>MEMBER - EXECUTIVE COMMITTEE  | 4.00<br>0.                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |                                                                      |                                                                           |                                                                                               |
| ( 15) GAIL LANZNAR<br>MEMBER - EXECUTIVE COMMITTEE                       | 4.00<br>0.                                                                                 | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 16) JUDITH MENIKOFF<br>MEMBER - EXECUTIVE COMMITTEE                    | 4.00<br>1.00                                                                               | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 17) BUBBA URDAN<br>MEMBER - EXECUTIVE COMMITTEE                        | 1.00<br>1.00                                                                               | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 18) MARK ADLER (FROM 10/20)<br>BOARD MEMBER                            | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 19) SAUL BERKOWITZ<br>BOARD MEMBER                                     | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 20) SID BESMERTNIK<br>BOARD MEMBER                                     | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 21) AUSTIN CENTER (FROM 10/20)<br>BOARD MEMBER                         | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 22) BARON VIVIEN DE GUNZBURG<br>BOARD MEMBER                           | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 23) SHELLY DREIFUSS<br>BOARD MEMBER                                    | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 24) EVA LYNN GANS<br>BOARD MEMBER                                      | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| ( 25) SUSAN GOLDMAN<br>BOARD MEMBER                                      | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              | 1,335,839. | 0.                                                                   | 75,744.                                                                   |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              | 0.         | 0.                                                                   | 0.                                                                        |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              | 1,335,839. | 0.                                                                   | 75,744.                                                                   |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 13

|                                                                                                                                                                                                                                                        | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| ( 26) ROBERTA GOODMAN (FROM 10/20)<br>BOARD MEMBER                       | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 27) DEBBIE KANTER<br>BOARD MEMBER                                      | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 28) JONATHAN LANZNAR<br>BOARD MEMBER                                   | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 29) JOAN LEVIN<br>BOARD MEMBER                                         | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 30) JON LEVINE<br>BOARD MEMBER                                         | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 31) LEANDRO MARGULIS<br>BOARD MEMBER                                   | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 32) MICHAEL PERLMUTER<br>BOARD MEMBER                                  | .30<br>1.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 33) BARBARA ROSS<br>BOARD MEMBER                                       | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 34) BARBARA SIEGEL<br>BOARD MEMBER                                     | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 35) JOSE PEPE SIGAL<br>BOARD MEMBER                                    | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ( 36) LOUANNE SMOLIN<br>BOARD MEMBER                                     | .30<br>0.                                                                                  | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 13

|                                                                                                                                                                                                                                                        | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include ANDREA WOLFE, LAWRENCE WOLFE, and LEWIS ZIPKIN, all listed as BOARD MEMBERS.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. This table is currently empty.

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

**Part VIII Statement of Revenue**

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

|                                                                                  |                                                                                                                                                 |                                                                |                                                              | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|----------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                    | <b>1a</b> Federated campaigns . . . . .                                                                                                         | <b>1a</b>                                                      |                                                              |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>b</b> Membership dues . . . . .                                                                                                              | <b>1b</b>                                                      | 70,917.                                                      |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>c</b> Fundraising events . . . . .                                                                                                           | <b>1c</b>                                                      | 600,555.                                                     |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>d</b> Related organizations . . . . .                                                                                                        | <b>1d</b>                                                      | 200,000.                                                     |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>e</b> Government grants (contributions) . .                                                                                                  | <b>1e</b>                                                      | 784,200.                                                     |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .                                                    | <b>1f</b>                                                      | 10,264,173.                                                  |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>g</b> Noncash contributions included in<br>lines 1a-1f. . . . .                                                                              | <b>1g</b>                                                      | \$ 197,152.                                                  |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>h Total.</b> Add lines 1a-1f . . . . .                                                                                                       |                                                                |                                                              | 11,919,845.          |                                              |                                      |                                                               |  |
|                                                                                  | <b>Program Service Revenue</b>                                                                                                                  | <b>2a</b> _____                                                | Business Code                                                |                      |                                              |                                      |                                                               |  |
| <b>b</b> _____                                                                   |                                                                                                                                                 |                                                                |                                                              |                      |                                              |                                      |                                                               |  |
| <b>c</b> _____                                                                   |                                                                                                                                                 |                                                                |                                                              |                      |                                              |                                      |                                                               |  |
| <b>d</b> _____                                                                   |                                                                                                                                                 |                                                                |                                                              |                      |                                              |                                      |                                                               |  |
| <b>e</b> _____                                                                   |                                                                                                                                                 |                                                                |                                                              |                      |                                              |                                      |                                                               |  |
| <b>f</b> All other program service revenue . . . . .                             |                                                                                                                                                 |                                                                |                                                              |                      |                                              |                                      |                                                               |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .                                        |                                                                                                                                                 |                                                                |                                                              | 0.                   |                                              |                                      |                                                               |  |
| <b>Other Revenue</b>                                                             | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts). . . . .                                               |                                                                |                                                              | 142,533.             |                                              |                                      | 142,533.                                                      |  |
|                                                                                  | <b>4</b> Income from investment of tax-exempt bond proceeds .                                                                                   |                                                                |                                                              | 0.                   |                                              |                                      |                                                               |  |
|                                                                                  | <b>5</b> Royalties . . . . .                                                                                                                    |                                                                |                                                              | 5,287.               |                                              |                                      | 5,287.                                                        |  |
|                                                                                  | <b>6a</b> Gross rents . . . . .                                                                                                                 | <b>6a</b>                                                      | (i) Real                                                     | (ii) Personal        |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 |                                                                |                                                              | 112,428.             |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 |                                                                | <b>b</b> Less: rental expenses                               | <b>6b</b>            |                                              |                                      |                                                               |  |
|                                                                                  | <b>c</b> Rental income or (loss)                                                                                                                | <b>6c</b>                                                      | 112,428.                                                     |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>d</b> Net rental income or (loss) . . . . .                                                                                                  |                                                                |                                                              | 112,428.             |                                              | 92,328.                              | 20,100.                                                       |  |
|                                                                                  | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory                                                                          | <b>7a</b>                                                      | (i) Securities                                               | (ii) Other           |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 |                                                                |                                                              | 5,684,173.           |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 |                                                                | <b>b</b> Less: cost or other basis<br>and sales expenses . . | <b>7b</b>            | 5,509,210.                                   |                                      |                                                               |  |
|                                                                                  | <b>c</b> Gain or (loss) . . . . .                                                                                                               | <b>7c</b>                                                      | 174,963.                                                     |                      |                                              |                                      |                                                               |  |
|                                                                                  | <b>d</b> Net gain or (loss) . . . . .                                                                                                           |                                                                |                                                              | 174,963.             |                                              |                                      | 174,963.                                                      |  |
|                                                                                  | <b>8a</b> Gross income from fundraising<br>events (not including \$<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>                                                      |                                                              |                      |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 |                                                                |                                                              | 29,838.              |                                              |                                      |                                                               |  |
| <b>b</b> Less: direct expenses . . . . .                                         |                                                                                                                                                 |                                                                | <b>8b</b>                                                    | 153,225.             |                                              |                                      |                                                               |  |
| <b>c</b> Net income or (loss) from fundraising events. . . . .                   |                                                                                                                                                 |                                                                | -123,387.                                                    |                      |                                              | -123,387.                            |                                                               |  |
| <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19 . . . . . | <b>9a</b>                                                                                                                                       |                                                                |                                                              | 0.                   |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 | <b>b</b> Less: direct expenses . . . . .                       | <b>9b</b>                                                    | 0.                   |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 | <b>c</b> Net income or (loss) from gaming activities. . . . .  |                                                              |                      | 0.                                           |                                      |                                                               |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>10a</b>                                                                                                                                      |                                                                |                                                              | 0.                   |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 | <b>b</b> Less: cost of goods sold . . . . .                    | <b>10b</b>                                                   | 0.                   |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 | <b>c</b> Net income or (loss) from sales of inventory. . . . . |                                                              |                      | 0.                                           |                                      |                                                               |  |
| <b>Miscellaneous Revenue</b>                                                     | <b>11a</b> MISCELLANEOUS REVENUE                                                                                                                | Business Code                                                  |                                                              |                      |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 |                                                                | 900099                                                       | 611,767.             |                                              |                                      | 611,767.                                                      |  |
|                                                                                  |                                                                                                                                                 | <b>b</b> ADMINISTRATIVE INCOME                                 | 900099                                                       | 40,000.              |                                              |                                      | 40,000.                                                       |  |
|                                                                                  |                                                                                                                                                 | <b>c</b> _____                                                 |                                                              |                      |                                              |                                      |                                                               |  |
|                                                                                  |                                                                                                                                                 | <b>d</b> All other revenue . . . . .                           |                                                              |                      |                                              |                                      |                                                               |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      |                                                                                                                                                 |                                                                | 651,767.                                                     |                      |                                              |                                      |                                                               |  |
| <b>12 Total revenue.</b> See instructions . . . . .                              |                                                                                                                                                 |                                                                | 12,883,436.                                                  |                      | 92,328.                                      | 871,263.                             |                                                               |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                      | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                           | 65,000.               | 65,000.                         |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                      | 0.                    |                                 |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                               | 6,421,401.            | 6,421,401.                      |                                        |                             |
| 4 Benefits paid to or for members . . . . .                                                                                                                                                                                                                | 0.                    |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                       | 607,998.              | 408,313.                        | 111,656.                               | 88,029.                     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                   | 0.                    |                                 |                                        |                             |
| 7 Other salaries and wages . . . . .                                                                                                                                                                                                                       | 3,033,838.            | 2,037,435.                      | 557,148.                               | 439,255.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                             | 100,804.              | 67,697.                         | 18,512.                                | 14,595.                     |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                                        | 268,311.              | 180,189.                        | 49,274.                                | 38,848.                     |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                                 | 287,764.              | 193,254.                        | 52,846.                                | 41,664.                     |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                                     | 0.                    |                                 |                                        |                             |
| b Legal . . . . .                                                                                                                                                                                                                                          | 314,399.              |                                 | 314,399.                               |                             |
| c Accounting . . . . .                                                                                                                                                                                                                                     | 110,940.              | 88,234.                         | 10,848.                                | 11,858.                     |
| d Lobbying . . . . .                                                                                                                                                                                                                                       | 0.                    |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                        | 0.                    |                                 |                                        |                             |
| f Investment management fees . . . . .                                                                                                                                                                                                                     | 56,153.               |                                 | 56,153.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .                                                                                                                                   | 293,297.              | 233,267.                        | 28,681.                                | 31,349.                     |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                                     | 0.                    |                                 |                                        |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                                               | 217,912.              | 196,756.                        | 6,530.                                 | 14,626.                     |
| 14 Information technology . . . . .                                                                                                                                                                                                                        | 164,567.              | 121,280.                        | 25,098.                                | 18,189.                     |
| 15 Royalties . . . . .                                                                                                                                                                                                                                     | 0.                    |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                                     | 631,636.              | 500,509.                        | 76,028.                                | 55,099.                     |
| 17 Travel . . . . .                                                                                                                                                                                                                                        | 16,711.               | 11,887.                         | 3,264.                                 | 1,560.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                | 0.                    |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        | 108,175.              | 86,159.                         | 13,878.                                | 8,138.                      |
| 20 Interest . . . . .                                                                                                                                                                                                                                      | 0.                    |                                 |                                        |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                                        | 0.                    |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 5,642.                | 4,158.                          | 860.                                   | 624.                        |
| 23 Insurance . . . . .                                                                                                                                                                                                                                     | 51,199.               | 37,732.                         | 7,808.                                 | 5,659.                      |
| 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 LOCAL REGIONS & CHAPTERS EXP                                                                                                                                                                                                                             | 459,348.              | 459,348.                        |                                        |                             |
| b EQUIPMENT LEASE EXPENSE                                                                                                                                                                                                                                  | 64,822.               | 52,107.                         | 7,372.                                 | 5,343.                      |
| c CUSTODY ACCOUNT EXPENSES                                                                                                                                                                                                                                 | 25,678.               | 755.                            | 24,923.                                |                             |
| d SUPPLIES                                                                                                                                                                                                                                                 | 14,041.               | 8,649.                          | 5,111.                                 | 281.                        |
| e All other expenses                                                                                                                                                                                                                                       | 170,367.              | 132,606.                        | 18,970.                                | 18,791.                     |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                               | <b>13,490,003.</b>    | <b>11,306,736.</b>              | <b>1,389,359.</b>                      | <b>793,908.</b>             |
| <b>26 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) . . . . . | 0.                    |                                 |                                        |                             |

**Part X Balance Sheet**

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

|                                                                               |                                                                                                                                                                                                                                    | (A)                 |             | (B)                |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|--------------------|
|                                                                               |                                                                                                                                                                                                                                    | Beginning of year   |             | End of year        |
| <b>Assets</b>                                                                 | <b>1</b> Cash - non-interest-bearing . . . . .                                                                                                                                                                                     | 2,535,954.          | <b>1</b>    | 2,192,908.         |
|                                                                               | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                          | 296,503.            | <b>2</b>    | 230,880.           |
|                                                                               | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                              | 16,903,592.         | <b>3</b>    | 13,903,251.        |
|                                                                               | <b>4</b> Accounts receivable, net. . . . .                                                                                                                                                                                         | 0.                  | <b>4</b>    | 0.                 |
|                                                                               | <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 . . . . . | 0.                  | <b>5</b>    | 0.                 |
|                                                                               | <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). . . . .                                                                | 0.                  | <b>6</b>    | 0.                 |
|                                                                               | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                 | 0.                  | <b>7</b>    | 0.                 |
|                                                                               | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                     | 0.                  | <b>8</b>    | 0.                 |
|                                                                               | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           | 189,296.            | <b>9</b>    | 171,837.           |
|                                                                               | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                           | <b>10a</b> 178,096. |             |                    |
|                                                                               | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                  | <b>10b</b> 155,038. |             |                    |
|                                                                               |                                                                                                                                                                                                                                    |                     | 19,193.     | <b>10c</b> 23,058. |
|                                                                               | <b>11</b> Investments - publicly traded securities. . . . .                                                                                                                                                                        | 4,794,112.          | <b>11</b>   | 4,160,682.         |
|                                                                               | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .                                                                                                                                                           | 5,596,367.          | <b>12</b>   | 2,678,987.         |
|                                                                               | <b>13</b> Investments - program-related. See Part IV, line 11. . . . .                                                                                                                                                             | 0.                  | <b>13</b>   | 0.                 |
|                                                                               | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                              | 0.                  | <b>14</b>   | 0.                 |
| <b>15</b> Other assets. See Part IV, line 11 . . . . .                        | 2,847,099.                                                                                                                                                                                                                         | <b>15</b>           | 2,634,663.  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 33,182,116.                                                                                                                                                                                                                        | <b>16</b>           | 25,996,266. |                    |
| <b>Liabilities</b>                                                            | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                          | 564,649.            | <b>17</b>   | 519,021.           |
|                                                                               | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                 | 6,015,018.          | <b>18</b>   | 3,237,922.         |
|                                                                               | <b>19</b> Deferred revenue. . . . .                                                                                                                                                                                                | 622,009.            | <b>19</b>   | 0.                 |
|                                                                               | <b>20</b> Tax-exempt bond liabilities. . . . .                                                                                                                                                                                     | 0.                  | <b>20</b>   | 0.                 |
|                                                                               | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .                                                                                                                                           | 0.                  | <b>21</b>   | 0.                 |
|                                                                               | <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 . . . . .     | 0.                  | <b>22</b>   | 0.                 |
|                                                                               | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                 | 0.                  | <b>23</b>   | 0.                 |
|                                                                               | <b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .                                                                                                                                                    | 0.                  | <b>24</b>   | 0.                 |
|                                                                               | <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 . . . . .                                          | 4,836,903.          | <b>25</b>   | 4,619,683.         |
|                                                                               | <b>26 Total liabilities.</b> Add lines 17 through 25. . . . .                                                                                                                                                                      | 12,038,579.         | <b>26</b>   | 8,376,626.         |
| <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 . . . . .                                                                                                                                                                          | -1,629,532.         | <b>27</b>   | -4,454,384.        |
|                                                                               | <b>28</b> Net assets with donor restrictions. . . . .                                                                                                                                                                              | 22,773,069.         | <b>28</b>   | 22,074,024.        |
|                                                                               | <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 . . . . .                                                                                                                                                                              | 21,143,537.         | <b>32</b>   | 17,619,640.        |
| <b>33</b> Total liabilities and net assets/fund balances. . . . .             | 33,182,116.                                                                                                                                                                                                                        | <b>33</b>           | 25,996,266. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |             |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 12,883,436. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 13,490,003. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -606,567.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 21,143,537. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 248,622.    |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | -3,165,952. |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 17,619,640. |

**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 |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Form **990** (2020)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

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

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

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

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    |                                                   |                                                 |

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
0E1210 0.030

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (96.21%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (95.12%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.



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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2020. 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.

19b 33 1/3% support tests - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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) |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                               | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                               | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                               | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                               | Add lines 1 through 3.                                                                                                                                                                                   | <b>4</b>       |                             |
| <b>5</b>                               | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                               | 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) | <b>6</b>       |                             |
| <b>7</b>                               | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>       |                             |

| <b>Section B - Minimum Asset Amount</b> |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| <b>a</b>                                | Average monthly value of securities                                                                                             | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances                                                                                                   | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets                                                                                | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  | <b>1e</b>      |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d.                                                                                                   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by 0.035.                                                                                                       | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions                                                                                          | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | <b>8</b>       |                             |

| <b>Section C - Distributable Amount</b> |                                                                                                                                                                           |          | Current Year |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | <b>1</b> |              |
| <b>2</b>                                | Enter 0.85 of line 1.                                                                                                                                                     | <b>2</b> |              |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | <b>3</b> |              |
| <b>4</b>                                | Enter greater of line 2 or line 3.                                                                                                                                        | <b>4</b> |              |
| <b>5</b>                                | Income tax imposed in prior year                                                                                                                                          | <b>5</b> |              |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | <b>6</b> |              |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |          |              |

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

| Section D - Distributions |                                                                                                                                                     | Current Year |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                               | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | 3            |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                           | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | 5            |
| 6                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | 8            |
| 9                         | Distributable amount for 2020 from Section C, line 6                                                                                                | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                              | 10           |

| Section E - Distribution Allocations (see instructions) |                                                                                                                                                                                 | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1                                                       | Distributable amount for 2020 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| 2                                                       | Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| 3                                                       | Excess distributions carryover, if any, to 2020                                                                                                                                 |                             |                                        |                                           |
| a                                                       | From 2015 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| b                                                       | From 2016 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| c                                                       | From 2017 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| d                                                       | From 2018 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| e                                                       | From 2019 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| f                                                       | <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| g                                                       | Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| h                                                       | Applied to 2020 distributable amount                                                                                                                                            |                             |                                        |                                           |
| i                                                       | Carryover from 2015 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| j                                                       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| 4                                                       | Distributions for 2020 from Section D, line 7: \$                                                                                                                               |                             |                                        |                                           |
| a                                                       | Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| b                                                       | Applied to 2020 distributable amount                                                                                                                                            |                             |                                        |                                           |
| c                                                       | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| 5                                                       | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| 6                                                       | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| 7                                                       | <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| 8                                                       | Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| a                                                       | Excess from 2016 . . . .                                                                                                                                                        |                             |                                        |                                           |
| b                                                       | Excess from 2017 . . . .                                                                                                                                                        |                             |                                        |                                           |
| c                                                       | Excess from 2018 . . . .                                                                                                                                                        |                             |                                        |                                           |
| d                                                       | Excess from 2019 . . . .                                                                                                                                                        |                             |                                        |                                           |
| e                                                       | Excess from 2020 . . . .                                                                                                                                                        |                             |                                        |                                           |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION       | 2016             | 2017            | 2018            | 2019           | 2020            | TOTAL           |
|-------------------|------------------|-----------------|-----------------|----------------|-----------------|-----------------|
| MISCELLANEOUS REV | -146,713.        | 141,715.        | 106,042.        | 52,704.        | 651,767.        | 805,515.        |
| <b>TOTALS</b>     | <u>-146,713.</u> | <u>141,715.</u> | <u>106,042.</u> | <u>52,704.</u> | <u>651,767.</u> | <u>805,515.</u> |

**Schedule of Contributors**

**2020**

▶ 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.

Name of the organization  
 ORT AMERICA, INC.

Employer identification number  
 13-5562424

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

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

**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 **ORT AMERICA, INC.**

**Employer identification number**  
13-5562424

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | N/A                               | \$ 1,833,642.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | N/A                               | \$ 1,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | N/A                               | \$ 784,200.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | N/A                               | \$ 575,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | N/A                               | \$ 551,421.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization **ORT AMERICA, INC.**

**Employer identification number**

13-5562424

**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 |
|---------------------|-------------------------------------------|-------------------------------------------|-------------------|
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |

Name of organization **ORT AMERICA, INC.**

Employer identification number  
13-5562424

**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 information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

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 2 columns: (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 questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and questions about monitoring and expenses.

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 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2020

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, 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.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 5.8500 %
b Permanent endowment 46.5700 %
c Term endowment 47.5800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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<br>(including name of security)       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                           |                |                                                              |
| (2) Closely held equity interests . . . . .                                   |                |                                                              |
| (3) Other                                                                     |                |                                                              |
| (A) POOLED INVESTMENT FUNDS                                                   | 2,647,326.     | FMV                                                          |
| (B) STATE OF ISRAEL BONDS                                                     | 24,700.        | FMV                                                          |
| (C) INVST. IN LIFE INSUR. CONTRACT                                            | 6,961.         | FMV                                                          |
| (D)                                                                           |                |                                                              |
| (E)                                                                           |                |                                                              |
| (F)                                                                           |                |                                                              |
| (G)                                                                           |                |                                                              |
| (H)                                                                           |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | 2,678,987.     |                                                              |

**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:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                           |                |                                                              |
| (2)                                                                           |                |                                                              |
| (3)                                                                           |                |                                                              |
| (4)                                                                           |                |                                                              |
| (5)                                                                           |                |                                                              |
| (6)                                                                           |                |                                                              |
| (7)                                                                           |                |                                                              |
| (8)                                                                           |                |                                                              |
| (9)                                                                           |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ |                |                                                              |

**Part IX Other Assets.**

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

| (a) Description                                                                       | (b) Book value |
|---------------------------------------------------------------------------------------|----------------|
| (1) BENEFICIAL INTERESTS                                                              | 1,640,212.     |
| (2) DUE FROM AFFILIATES                                                               | 521,996.       |
| (3) INVESTMENTS IN R/E PARTNERSHIP                                                    | 352,462.       |
| (4) SECURITY DEPOSIT                                                                  | 119,993.       |
| (5)                                                                                   |                |
| (6)                                                                                   |                |
| (7)                                                                                   |                |
| (8)                                                                                   |                |
| (9)                                                                                   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ | 2,634,663.     |

**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) ACCRUED PENSION PAYABLE                                                           | 2,323,340.     |
| (3) SPLIT-INTEREST AGREEMENT OBLIGATION                                               | 1,579,912.     |
| (4) ACCRUED POSTRETIREMENT BENEFIT COST                                               | 407,157.       |
| (5) DEFERRED RENT PAYABLE                                                             | 196,221.       |
| (6) EMPLOYEES' SEVERANCE PAYABLE                                                      | 113,053.       |
| (7)                                                                                   |                |
| (8)                                                                                   |                |
| (9)                                                                                   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶ | 4,619,683.     |

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 XIII** Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION ENDOWMENT FUNDS ARE FOR EDUCATION ASSISTANCE AND SCHOLARSHIPS. THE INCOME EARNED ON THE ENDOWMENTS IS AVAILABLE TO SUPPORT GENERAL OPERATIONS AND EDUCATIONAL PROGRAMS.

PART X, LINE 2:

UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. ORT AMERICA, INC. DOES NOT BELIEVE IT HAS TAKEN ANY MATERIALLY UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. FOR THE YEAR ENDED DECEMBER 31, 2020, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF DECEMBER 31, 2020, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **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  
ORT AMERICA, INC.

Employer identification number  
13-5562424

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region                                                  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|-------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1) EUROPE                                                  | 0.                                  | 0.                                                                         | GRANTMAKING                                                                                                                                        |                                                                                                        | 3,567,622.                                               |
| (2) MIDDLE EAST AND NORTH AFRICA                            | 0.                                  | 0.                                                                         | GRANTMAKING                                                                                                                                        |                                                                                                        | 2,638,754.                                               |
| (3) RUSSIA/INDEPENDENT STATES                               | 0.                                  | 0.                                                                         | GRANTMAKING                                                                                                                                        |                                                                                                        | 112,025.                                                 |
| (4) SOUTH AMERICA                                           | 0.                                  | 0.                                                                         | GRANTMAKING                                                                                                                                        |                                                                                                        | 103,000.                                                 |
| (5)                                                         |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (6)                                                         |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (7)                                                         |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (8)                                                         |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (9)                                                         |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (10)                                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (11)                                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (12)                                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (13)                                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (14)                                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (15)                                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (16)                                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (17)                                                        |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| <b>3a</b> Subtotal . . . . .                                |                                     |                                                                            |                                                                                                                                                    |                                                                                                        | 6,421,401.                                               |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |                                                                            |                                                                                                                                                    |                                                                                                        | 6,421,401.                                               |

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

Schedule F (Form 990) 2020



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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|----------------------------------------------|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| (1)  |                          |                                              | EUROPE/ICELAND/GREENLAND | FINANCIAL AID        | 3,567,622.               | CHECK/WIRE                      |                                  |                                       |                                                       |
| (2)  |                          |                                              | MIDDLE EAST/NORTH AFRICA | FINANCIAL AID        | 2,638,754.               | CHECK/WIRE                      |                                  |                                       |                                                       |
| (3)  |                          |                                              | RUSSIA/NEWLY IND. STATES | FINANCIAL AID        | 112,025.                 | CHECK/WIRE                      |                                  |                                       |                                                       |
| (4)  |                          |                                              | SOUTH AMERICA            | FINANCIAL AID        | 103,000.                 | CHECK/WIRE                      |                                  |                                       |                                                       |
| (5)  |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (6)  |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (7)  |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (8)  |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (9)  |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (10) |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (11) |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (12) |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (13) |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (14) |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (15) |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |
| (16) |                          |                                              |                          |                      |                          |                                 |                                  |                                       |                                                       |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . 2.

3 Enter total number of other organizations or entities . . . ▶

**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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| (1)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (2)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (3)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (4)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (5)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (6)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (7)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (8)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (9)                             |            |                          |                          |                                 |                                  |                                       |                                                       |
| (10)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (11)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (12)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (13)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (14)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (15)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (16)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (17)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| (18)                            |            |                          |                          |                                 |                                  |                                       |                                                       |

**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 I, LINE 2:

THE ENTITIES THAT RECEIVE GRANTS OVERSEAS RECEIVE SPECIFIC INSTRUCTIONS FOR THE PURPOSE OF THE GRANTS. FUNDS ARE EARMARKED FOR THE TEACHING SALARIES, BENEFITS, SCHOLARSHIPS AND SCHOOL BUILDING. THE RESULTS OF OPERATIONS ARE THEN REPORTED BY THE FOREIGN ENTITY AND REVIEWED.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization  
ORT AMERICA, INC.

Employer identification number  
13-5562424

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |                                                             |                                                                  |
|-------------------------------------------------------------|------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |                                                                  |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                   |                                                   |
| <b>Total</b>                                              |               |                                                                |    |                                   |                                                                   |                                                   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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                |           |
|-----------------|----|--------------------------------------------------------------|--------------|------------------|---------------------------------|-----------|
|                 |    | SUMMER AUCTION                                               | ART AUCTION  | 7.               | (add col. (a) through col. (c)) |           |
|                 |    | (event type)                                                 | (event type) | (total number)   |                                 |           |
| Revenue         | 1  | Gross receipts                                               | 323,727.     | 122,990.         | 183,676.                        | 630,393.  |
|                 | 2  | Less: Contributions                                          | 323,592.     | 112,900.         | 164,063.                        | 600,555.  |
|                 | 3  | Gross income (line 1 minus line 2)                           | 135.         | 10,090.          | 19,613.                         | 29,838.   |
| Direct Expenses | 4  | Cash prizes                                                  |              |                  |                                 |           |
|                 | 5  | Noncash prizes                                               |              |                  |                                 |           |
|                 | 6  | Rent/facility costs                                          |              |                  |                                 |           |
|                 | 7  | Food and beverages                                           |              |                  |                                 |           |
|                 | 8  | Entertainment                                                |              |                  |                                 |           |
|                 | 9  | Other direct expenses                                        | 41,321.      | 43,356.          | 68,548.                         | 153,225.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                  |                                 | 153,225.  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                  |                                 | -123,387. |

**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))                    |
|-----------------|--------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
|                 |                                                                    | 1                     | Gross revenue                                                       |                                                                     |                                                                     |
| Direct Expenses | 2                                                                  | Cash prizes           |                                                                     |                                                                     |                                                                     |
|                 | 3                                                                  | Noncash prizes        |                                                                     |                                                                     |                                                                     |
|                 | 4                                                                  | Rent/facility costs   |                                                                     |                                                                     |                                                                     |
|                 | 5                                                                  | Other direct expenses |                                                                     |                                                                     |                                                                     |
|                 | 6                                                                  | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |                       |                                                                     |                                                                     |                                                                     |
| 8               | 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:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</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 ▶ \_\_\_\_\_

- 15 a 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 explanation 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)**

**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.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

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

- 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
- 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.

| 1 (a) Name and address of organization or government                           | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) HERMELIN ORT RESOURCE CENTER JVS<br>6600 W. MAPLE RD, W B. TWNSP, MI 48322 | 38-1358013 | 501(C)(3)                       | 40,000.                  |                                   |                                                       |                                       | SCHOLARSHIP/<br>STUDENT ASSISTANCE |
| (2) THE BARUCH COLLEGE FUND<br>55 LEXINGTON AVENUE, NEW YORK, NY 10010         | 23-7039817 | 501(C)(3)                       | 25,000.                  |                                   |                                                       |                                       | SCHOLARSHIP/<br>STUDENT ASSISTANCE |
| (3)                                                                            |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (4)                                                                            |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (5)                                                                            |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (6)                                                                            |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (7)                                                                            |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (8)                                                                            |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (9)                                                                            |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (10)                                                                           |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (11)                                                                           |            |                                 |                          |                                   |                                                       |                                       |                                    |
| (12)                                                                           |            |                                 |                          |                                   |                                                       |                                       |                                    |

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020



**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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1                               |                          |                          |                                   |                                                       |                                        |
| 2                               |                          |                          |                                   |                                                       |                                        |
| 3                               |                          |                          |                                   |                                                       |                                        |
| 4                               |                          |                          |                                   |                                                       |                                        |
| 5                               |                          |                          |                                   |                                                       |                                        |
| 6                               |                          |                          |                                   |                                                       |                                        |
| 7                               |                          |                          |                                   |                                                       |                                        |

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

PART I, LINE 2:

THE ENTITIES THAT RECEIVE GRANTS RECEIVE SPECIFIC INSTRUCTIONS FOR THE PURPOSE OF THE GRANTS. FUNDS ARE EARMARKED FOR THE TEACHING SALARIES, BENEFITS, SCHOLARSHIPS AND SCHOOL BUILDING. THE RESULTS OF OPERATIONS ARE THEN REPORTED BY THE ENTITY AND REVIEWED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ORT AMERICA, INC.

**Compensation Information**

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.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

13-5562424

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

**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>  |     |    |

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

Schedule J (Form 990) 2020

**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 JEFFREY COOPER<br>CFO & COO                     | (i)  | 243,610.                                           | 0.                                  | 0.                                  | 9,769.                                         | 9,694.                  | 263,073.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 2 LILY JOY M. SEMBRANO<br>CONTROLLER              | (i)  | 162,201.                                           | 1,500.                              | 0.                                  | 6,335.                                         | 9,511.                  | 179,547.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 3 NICOLE MILLER<br>MIDWEST REGIONAL DIRECTOR      | (i)  | 152,826.                                           | 0.                                  | 0.                                  | 6,046.                                         | 9,535.                  | 168,407.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 4 HARRIS NADLER<br>SR. DEV. OFFICER (1/20 - 7/20) | (i)  | 147,813.                                           | 0.                                  | 0.                                  | 5,193.                                         | 421.                    | 153,427.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 5 JAMES LODGE<br>SENIOR DEVELOPMENT OFFICER       | (i)  | 145,385.                                           | 0.                                  | 0.                                  | 5,643.                                         | 56.                     | 151,084.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 6 STEVEN DRYSDALE<br>SENIOR DEVELOPMENT OFFICER   | (i)  | 145,385.                                           | 0.                                  | 0.                                  | 5,643.                                         | 92.                     | 151,120.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 7 ALLISON HALPERN<br>DIRECTOR OF OPERATIONS       | (i)  | 144,614.                                           | 0.                                  | 0.                                  | 5,643.                                         | 9,511.                  | 159,768.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 8 HEATH BLUMSTEIN<br>DIRECTOR, SOUTHWEST REGION   | (i)  | 137,841.                                           | 0.                                  | 0.                                  | 5,462.                                         | 9,511.                  | 152,814.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 9 BARBARA BIRCH<br>PRESIDENT AND CEO              | (i)  | 337,119.                                           | 0.                                  | 0.                                  | 0.                                             | 7,806.                  | 344,925.                        | 0.                                                                    |
|                                                   | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| 10                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                   | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| 11                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                   | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| 12                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                   | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| 13                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                   | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| 14                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                   | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| 15                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                   | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
| 16                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                   | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

**Part III Supplemental Information**

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

PART I, LINE 7:

SCHEDULE J, PART II, COLUMN (B)(II) REPORTS DISCRETIONARY INCENTIVE

AMOUNTS THAT WERE APPROVED BY THE BOARD BASED UPON PERFORMANCE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**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<br>ORT AMERICA, INC. | Employer identification number<br>13-5562424 |
|-----------------------------------------------|----------------------------------------------|

**Part I Types of Property**

|                                                                              | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art - Works of art . . . . .                                               |                               |                                                        |                                                                                    |                                                              |
| 2 Art - Historical treasures . . . . .                                       |                               |                                                        |                                                                                    |                                                              |
| 3 Art - Fractional interests . . . . .                                       |                               |                                                        |                                                                                    |                                                              |
| 4 Books and publications . . . . .                                           |                               |                                                        |                                                                                    |                                                              |
| 5 Clothing and household<br>goods . . . . .                                  |                               |                                                        |                                                                                    |                                                              |
| 6 Cars and other vehicles. . . . .                                           |                               |                                                        |                                                                                    |                                                              |
| 7 Boats and planes . . . . .                                                 |                               |                                                        |                                                                                    |                                                              |
| 8 Intellectual property . . . . .                                            |                               |                                                        |                                                                                    |                                                              |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 20.                                                    | 197,152.                                                                           | MARKET QUOTATION                                             |
| 10 Securities - Closely held stock . . . . .                                 |                               |                                                        |                                                                                    |                                                              |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                    |                                                              |
| 12 Securities - Miscellaneous . . . . .                                      |                               |                                                        |                                                                                    |                                                              |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |                                                        |                                                                                    |                                                              |
| 14 Qualified conservation<br>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 V, 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? . . . . . | <b>30a</b> |     | 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? . . . . .                                                                                                                                                                                   | <b>31</b>  |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .                                                                                                                                                                    | <b>32a</b> |     | 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.                                                                                                                                                                     |            |     |    |

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

Schedule M (Form 990) 2020

JSA

OE 1298 1.000

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

---

PART I, COLUMN (B):

THE NUMERICAL DATA HERE REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ORT AMERICA, INC.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

13-5562424

FORM 990, PART VI, SECTION A, LINE 2:

LAWRENCE KADIS AND SUELLEN KADIS ARE HUSBAND AND WIFE; HOWARD LANZNAR AND  
GAIL LANZNAR ARE HUSBAND AND WIFE, AND JONATHAN LANZNAR IS THEIR SON.

FORM 990, PART VI, SECTION A, LINE 6:

THE QUALIFICATIONS FOR MEMBERSHIP ARE AS FOLLOWS:

ANY PERSON WHO SUBSCRIBES TO THE PURPOSES OF ORT AMERICA AND PAYS ANNUAL  
DUES OR MAKES A CONTRIBUTION EQUAL TO OR GREATER THAN THE ANNUAL DUES  
AMOUNT SHALL BE DEEMED A MEMBER.

A PERSON MAY ACQUIRE MEMBERSHIP THROUGH A CHAPTER OR OTHER UNIT OF  
ORGANIZATION OF ORT AMERICA, BE A MEMBER-AT-LARGE OR A LIFE MEMBER OR  
HAVE SUCH OTHER STATUS AS MAY BE DETERMINED FROM TIME TO TIME BY THE  
BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A

EVERY THREE YEARS AT THE ANNUAL MEETING THERE WILL BE AN ELECTION OF  
OFFICERS AND BOARD MEMBERS AT THE MEETING OF THE MEMBERS, EACH MEMBER  
SHALL BE ENTITLED TO ONE VOTE MEMBERS SHALL NOT BE ENTITLED TO VOTE BY  
PROXY AT ANY MEETING OF THE MEMBERS, THERE SHALL BE PRESENT 100 MEMBERS  
OR 10% OF THE TOTAL NUMBER OF MEMBERS, WHICHEVER IS LESS, IN ORDER TO  
CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS.

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>ORT AMERICA, INC. | Employer identification number<br>13-5562424 |
|-----------------------------------------------|----------------------------------------------|

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

FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE POLICY CALLS FOR THE CHIEF EXECUTIVE OFFICER OF ORT AMERICA, INC. AND THE CHAIR OF THE AUDIT COMMITTEE TO COLLECT AND REVIEW THE STATEMENTS AND ANNUALLY SUBMIT TO THE AUDIT COMMITTEE A REPORT LISTING THE CONFLICT OF INTEREST DISCLOSED ON THE STATEMENTS AND THE ACTIONS, IF ANY, TAKEN BY ORT AMERICA IN RESPONSE. ALL INDIVIDUALS CONSIDERED TO BE KEY INDIVIDUALS MUST COMPLETE AND SIGN OFF ON THE POLICY. KEY INDIVIDUALS ARE COLLECTIVELY DEFINED AS OFFICERS AND DIRECTORS OF THE BOARD, ALL OTHER KEY VOLUNTEERS IN REGIONS AND CHAPTERS, AND KEY EMPLOYEES IN THE NATIONAL AND REGIONAL OFFICES. THE POLICY ALSO CALLS FOR KEY INDIVIDUALS AT MEETINGS WHERE THERE WILL BE DELIBERATION OR VOTING TO FULLY DISCLOSE ANY CONFLICT TO THE PERSON CHAIRING THE MEETING. FAILURE TO COMPLY WITH THE POLICY IS GROUNDS FOR REMOVAL FROM OFFICE. ANY POTENTIAL CONFLICTS ARE RAISED TO THE APPROPRIATE INDIVIDUALS. THOSE WHICH ARE RAISED TO THE CEO WILL THEN BE INVESTIGATED.

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

IN ESTABLISHING THE SALARY STRUCTURE OF THE ORGANIZATION, THE BOARD OF DIRECTORS DETERMINES REASONABLE LEVELS OF COMPENSATION BASED ON:



Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

1) THE NATURE AND SCOPE OF THE RESPONSIBILITIES OF EACH POSITION IN THE ORGANIZATION'S TABLE OF ORGANIZATION.

2) THE LEVEL OF SKILL AND EDUCATION REQUIRED TO PERFORM THE RESPONSIBILITIES OF EACH POSITION IN THE ORGANIZATION'S TABLE OF ORGANIZATION.

3) OBTAINING APPROPRIATE AND COMPARABLE COMPENSATION MARKET DATA FROM SIMILAR NON-PROFIT INSTITUTIONS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9:

LOSS FROM UNAUTHORIZED FUND TRANSFER.....\$(3,120,000.)

PENSION AND OTHER POSTRETIREMENT-RELATED COSTS.....\$ 103,155.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS.....\$ (149,107.)

TOTAL.....\$(3,165,952.)

ORT AMERICA, INC. HAS BEEN INFORMED BY ITS THIRD-PARTY CUSTODIAN THAT THE CUSTODIAN EFFECTUATED AN UNAUTHORIZED TRANSFER OF FUNDS FROM THE ORGANIZATION'S INVESTMENT PORTFOLIO ON JULY 10, 2020, IN THE AMOUNT OF \$3,120,000. THIS TRANSFER WAS NOT AUTHORIZED BY THE ORGANIZATION AND WAS MADE WITHOUT DOCUMENTATION IN CONTRAVENTION OF THE CUSTODIAN'S POLICIES

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>ORT AMERICA, INC. | Employer identification number<br>13-5562424 |
|-----------------------------------------------|----------------------------------------------|

AND PROCEDURES. THIS MATTER WAS REPORTED BY MANAGEMENT TO OUR AUDIT COMMITTEE AND BOARD OF DIRECTORS. AN INVESTIGATION WAS CONDUCTED BY THE ORGANIZATION'S THIRD-PARTY CUSTODIAN, WHICH INCLUDED REPORTING THIS INCIDENT TO FEDERAL LAW ENFORCEMENT AGENCIES. ADDITIONALLY, THE ORGANIZATION HAS FILED A CLAIM AGAINST THE CUSTODIAN FOR THE FULL AMOUNT OF THE FUNDS WRONGFULLY TRANSFERRED FROM ITS INVESTMENT ACCOUNT, PLUS DAMAGES AND EXPENSES RELATED TO THE THEFT OF FUNDS. AS OF DECEMBER 31, 2020, THE ORGANIZATION RECOGNIZED A LOSS FROM UNAUTHORIZED FUND TRANSFER IN THE AMOUNT OF \$3,120,000 AS SHOWN IN THE STATEMENT OF ACTIVITIES.

IN MAY 2021, THE ORGANIZATION AND THE THIRD-PARTY CUSTODIAN REACHED AN AGREEMENT FOR THE CUSTODIAN TO RESTORE THE FULL AMOUNT OF THE LOSS FROM UNAUTHORIZED FUND TRANSFER INCLUDING ANY LOST EARNINGS, NET OF MANAGEMENT FEES. THE ACTUAL TRANSFER OF THE FUNDS BEGAN IN MAY 2021 AND WAS COMPLETED IN JULY 2021 IN A NEW INVESTMENT FUND DESIGNATED BY THE ORGANIZATION. THE ORGANIZATION WILL RECOGNIZE A RECOVERY FROM THE UNAUTHORIZED FUND TRANSFER FOR THE SAME AMOUNT OF THE LOSS IN 2020, AND THE LOST EARNINGS WILL BE RECORDED AS INCOME IN 2021 IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE LOST EARNINGS RECOVERED AMOUNTED TO \$632,345.

FORM 990, ITEM B, AMENDED RETURN:

REASON: AMENDED FORM 990 IS BEING FILED TO CONFORM TO AUDITED FINANCIAL STATEMENTS THAT WERE ISSUED AFTER FORM 990 WAS FILED TO MEET THE EXTENDED DUE DATE.

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>ORT AMERICA, INC. | Employer identification number<br>13-5562424 |
|-----------------------------------------------|----------------------------------------------|

THE FOLLOWING PARTS AND SCHEDULES OF FORM 990 WERE AMENDED:

| LINE<br>NUMBER                                | AS PREVIOUSLY<br>REPORTED | AS<br>AMENDED |
|-----------------------------------------------|---------------------------|---------------|
| FORM 990, ITEM G.....                         | \$15,389,433.....         | \$18,545,871. |
| FORM 990, PART I, LINE 10...                  | \$ 375,938.....           | \$ 317,496.   |
| FORM 990, PART I, LINE 11...                  | \$ 646,086.....           | \$ 646,095.   |
| FORM 990, PART I, LINE 12...                  | \$12,941,869.....         | \$12,883,436. |
| FORM 990, PART I, LINE 13...                  | \$ 6,486,400.....         | \$ 6,486,401. |
| FORM 990, PART I, LINE 17...                  | \$ 2,710,283.....         | \$ 2,704,887. |
| FORM 990, PART I, LINE 18...                  | \$13,495,398.....         | \$13,490,003. |
| FORM 990, PART I, LINE 19...                  | \$ (553,529.).....        | \$ (606,567.) |
| FORM 990, PART I, LINE 20...                  | \$29,514,134.....         | \$25,996,266. |
| FORM 990, PART I, LINE 22...                  | \$21,137,500.....         | \$17,619,640. |
| FORM 990, PART III,<br>LINE 4A, EXPENSES..... | \$ 6,623,238.....         | \$ 6,623,239. |
| FORM 990, PART III,<br>LINE 4B, GRANTS.....   | \$ 6,486,400.....         | \$ 6,486,401. |
| FORM 990, PART III,<br>LINE 4E.....           | \$11,306,735.....         | \$11,306,736. |
| FORM 990, PART IV, LINE 11F.....              | NO.....                   | YES.          |
| FORM 990, PART IV, LINE 12A.....              | NO.....                   | YES.          |
| FORM 990, PART VIII,<br>LINE 3.....           | \$ 161,544.....           | \$ 142,533.   |

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>ORT AMERICA, INC. | Employer identification number<br>13-5562424 |
|-----------------------------------------------|----------------------------------------------|

FORM 990, PART VIII,  
 LINE 7A.....\$ 2,508,733.....\$ 5,684,173.

FORM 990, PART VIII,  
 LINE 7B.....\$ 2,294,339.....\$ 5,509,210.

FORM 990, PART VIII,  
 LINE 7C.....\$ 214,394.....\$ 174,963.

FORM 990, PART VIII,  
 LINE 11A.....\$ 611,758.....\$ 611,767.

FORM 990, PART VIII,  
 LINE 11D.....\$ 651,758.....\$ 651,767.

FORM 990, PART VIII,  
 LINE 11E.....\$12,941,869.....\$12,883,436.

FORM 990, PART IX, LINE 3...\$ 6,421,400.....\$ 6,421,401.

FORM 990, PART IX,  
 LINE 11F.....\$ 61,549.....\$ 56,153.

FORM 990, PART IX, LINE 25..\$13,495,398.....\$13,490,003.

FORM 990, PART X, LINE 2...\$ 296,503.....\$ 230,880.

FORM 990, PART X, LINE 11...\$ 4,782,715.....\$ 4,160,682.

FORM 990, PART X, LINE 12...\$ 5,509,199.....\$ 2,678,987.

FORM 990, PART X, LINE 16...\$29,514,134.....\$25,996,266.

FORM 990, PART X, LINE 17...\$ 519,029.....\$ 519,021.

FORM 990, PART X, LINE 26...\$ 8,376,634.....\$ 8,376,626.

FORM 990, PART X, LINE 27...\$(1,253,935).....\$(4,454,384.)

FORM 990, PART X, LINE 28...\$22,391,435.....\$22,074,024.

FORM 990, PART X, LINE 32...\$21,137,500.....\$17,619,640.

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>ORT AMERICA, INC. | Employer identification number<br>13-5562424 |
|-----------------------------------------------|----------------------------------------------|

FORM 990, PART X, LINE 33...\$29,514,134.....\$25,996,266.

FORM 990, PART XI, LINE 1...\$12,941,869.....\$12,883,436.

FORM 990, PART XI, LINE 2...\$13,495,398.....\$13,490,003.

FORM 990, PART XI, LINE 3...\$ (553,529.).....\$ (606,567.)

FORM 990, PART XI, LINE 5...\$ 593,444.....\$ 248,622.

FORM 990, PART XI, LINE 9...\$ (45,952.).....\$(3,165,952.)

FORM 990, PART XI, LINE 10..\$21,137,500.....\$17,619,640.

FORM 990, PART XII, LINE 2B.....NO.....YES.

FORM 990, PART XII,  
LINE 2B.....BLANK.....SEPARATE BASIS.

FORM 990, PART XII, LINE 2C.....BLANK.....YES.

SCHEDULE A, LINE 8,  
COLUMN (E)2020.....\$ 186,931.....\$ 167,920.

SCHEDULE A, LINE 10,  
COLUMN (E)2020.....\$ 651,758.....\$ 651,767.

SCHEDULE A, LINE 14.....96.19%.....96.21%.

SCHEDULE A, PART II,  
OTHER INCOME, COLUMN 2020...\$ 651,758.....\$ 651,767.

SCHEDULE D, PART V,  
COLUMN (A), LINE 1C.....\$ 488,132.....\$ 124,112.

SCHEDULE D, PART V,  
COLUMN (A), LINE 1G.....\$11,161,746.....\$10,797,726.

SCHEDULE D, PART VII,  
LINE 3A.....\$ 5,457,938.....\$ 2,647,326.

SCHEDULE D, PART VII,

Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

LINE 3B.....\$ 11,300.....\$ 24,700.

SCHEDULE D, PART X, LINE 2.....BLANK.....YES.

SCHEDULE D, PART XI, LINE 1.....BLANK.....\$12,926,798.

SCHEDULE D, PART XI, LINE 2A.....BLANK.....\$ 248,622.

SCHEDULE D, PART XI, LINE 2E.....BLANK.....\$ 248,622.

SCHEDULE D, PART XI, LINE 3.....BLANK.....\$12,678,176.

SCHEDULE D, PART XI, LINE 4A.....BLANK.....\$ 56,153.

SCHEDULE D, PART XI, LINE 4B.....BLANK.....\$ 149,107.

SCHEDULE D, PART XI, LINE 4C.....BLANK.....\$ 205,260.

SCHEDULE D, PART XI, LINE 5.....BLANK.....\$12,883,436.

SCHEDULE D, PART XII, LINE 1.....BLANK.....\$13,433,850.

SCHEDULE D, PART XII, LINE 3.....BLANK.....\$13,433,850.

SCHEDULE D, PART XII, LINE 4A.....BLANK.....\$ 56,153.

SCHEDULE D, PART XII, LINE 4C.....BLANK.....\$ 56,153.

SCHEDULE D, PART XII, LINE 5.....BLANK.....\$13,490,003.

SCHEDULE D, PART XIII.....BLANK.....ENDOWMENT FUNDS

DESCRIPTION.

SCHEDULE D, PART XIII.....BLANK....INCOME TAXES FOOTNOTE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ORT AMERICA PROVIDES FINANCIAL SUPPORT OF THE ORT NETWORK OF  
SCHOOLS AND TRAINING PROGRAMS IN 38 COUNTRIES WITH ALMOST FOUR  
MILLION GRADUATES TO DATE. THE CUTTING-EDGE EDUCATION ACQUIRED AT  
ORT SCHOOLS, COLLEGES AND INTERNATIONAL PROGRAMS PROVIDE  
MARKETABLE SKILLS THAT ENABLE OVER 200,000 STUDENTS AND

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>ORT AMERICA, INC. | Employer identification number<br>13-5562424 |
|-----------------------------------------------|----------------------------------------------|

ATTACHMENT 1 (CONT'D)

BENEFICIARIES ANNUALLY TO ATTAIN SUCCESSFUL CAREERS, BECOME COMMUNITY LEADERS AND LIVE INDEPENDENTLY. AMONG THE RECIPIENTS OF FINANCIAL SUPPORT FROM ORT AMERICA ARE THE ORT PROGRAMS IN THE UNITED STATES, INCLUDED LOS ANGELES ORT TECHNICAL COLLEGE (LA), AND THE JEWISH VOCATIONAL SERVICES CENTER OF DETROIT, EACH OF WHICH HAVE ADULT EDUCATION PROGRAMS ORIENTED TOWARD JOB PLACEMENT IN THEIR CHOSEN FIELD. OVERSEA PROGRAMS THAT ORT AMERICA PROVIDES FUNDING TO INCLUDE KADIMA MADA (SCIENCE JOURNEY), WHICH IS AN INITIATIVE OF THE GLOBAL ORT PROGRAM THAT FOCUSES ON STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) INSTRUCTION AND THE ISRAEL MINISTRY OF EDUCATION TO ELEVATE SCIENCE AND TECHNOLOGY EDUCATION OF LOW-INCOME ISRAELI MIDDLE AND HIGH SCHOOLS AS A MEANS OF ENHANCING OPPORTUNITIES FOR THE STUDENTS SERVED. ORT'S LATIN AMERICA PROGRAM IS ANOTHER KEY RECIPIENT OF FUNDING, ASSURING THAT JEWISH AND OTHER STUDENTS IN ARGENTINA, MEXICO, URUGUAY, AND ELSEWHERE RECEIVE A CUTTING-EDGE EDUCATION LEADING TO MEANINGFUL CAREERS. ANOTHER PRIMARY RECIPIENT OF ORT AMERICA FUNDING IS THE ORT PROGRAM IN THE FORMER SOVIET UNION AND BALTIC STATES. OVER ROUGHLY TWENTY YEARS, ORT HAS BUILT A NETWORK OF SCHOOLS AND PROGRAMS CURRENTLY SERVING 27,000 STUDENTS ACROSS TEN TIME ZONES.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>ORT AMERICA, INC. | Employer identification number<br>13-5562424 |
|-----------------------------------------------|----------------------------------------------|

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>                                                                             | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|-----------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| SHULMAN, ROGERS, GANDAL, PORDY & ECKER<br>12505 PARK POTOMAC AVENUE, 6TH FLOOR<br>POTOMAC, MD 20854 | LEGAL & CONSULTING             | 126,215.            |



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1)                                                                 |                         |                                                  |                     |                           |                                  |
| (2)                                                                 |                         |                                                  |                     |                           |                                  |
| (3)                                                                 |                         |                                                  |                     |                           |                                  |
| (4)                                                                 |                         |                                                  |                     |                           |                                  |
| (5)                                                                 |                         |                                                  |                     |                           |                                  |
| (6)                                                                 |                         |                                                  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization                                             | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                   |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) WOMEN'S AMERICAN ORT FOUNDATION<br>75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038<br>36-6161357 | RAISE FUNDS             | NY                                               | 501(C)(3)                  | 7                                                   | N/A                              |                                              | X  |
| (2)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (3)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (4)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (5)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (6)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (7)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

Schedule R (Form 990) 2020

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|------------------------------------------------------------------|-------------------------------------|----|-----------------------------|
|                                                       |                         |                                                  |                                  |                                                                                            |                              |                                    | Yes                                  | No |                                                                  | Yes                                 | No |                             |
| (1)                                                   |                         |                                                  |                                  |                                                                                            |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (2)                                                   |                         |                                                  |                                  |                                                                                            |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (3)                                                   |                         |                                                  |                                  |                                                                                            |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (4)                                                   |                         |                                                  |                                  |                                                                                            |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (5)                                                   |                         |                                                  |                                  |                                                                                            |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (6)                                                   |                         |                                                  |                                  |                                                                                            |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (7)                                                   |                         |                                                  |                                  |                                                                                            |                              |                                    |                                      |    |                                                                  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
|                                                       |                         |                                                  |                                  |                                                  |                              |                                    |                             | Yes                                          | No |
| (1)                                                   |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |
| (2)                                                   |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |
| (3)                                                   |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |
| (4)                                                   |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |
| (5)                                                   |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |
| (6)                                                   |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |
| (7)                                                   |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |

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

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------|----|------------------------------|------------------------------------|--------------------------------------|----|------------------------------------------------------------------|-------------------------------------|----|-----------------------------|
|                                         |                         |                                                  |                                                                                            | Yes                                                      | No |                              |                                    | Yes                                  | No |                                                                  | Yes                                 | No |                             |
| (1)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (2)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (3)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (4)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (5)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (6)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (7)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (8)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (9)                                     |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (10)                                    |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (11)                                    |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (12)                                    |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (13)                                    |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (14)                                    |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (15)                                    |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |
| (16)                                    |                         |                                                  |                                                                                            |                                                          |    |                              |                                    |                                      |    |                                                                  |                                     |    |                             |

---

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

---