Return of Organization Exempt From Income Tax

orm **990**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

	OI III	E 202	, 202	o, and endin	9			, 20			
В с	heck if ap	plicable:	C Name of organization ORT AMERICA, INC.			D Employer ide	entifica	ation number			
	Addre		Doing Business As			13-5562	2424				
	chang	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone n					
	Initial	-	75 MAIDEN LANE	10		(212) 50		700			
	+		City or town, state or province, country, and ZIP or foreign postal code	1 = 0		(212) 30		, 0 0			
X	Termi		NEW YORK, NY 10038			G Gross receip	to ¢	18,545	271		
	return Applic		F Name and address of principal officer: BARBARA BIRCH		_	H(a) Is this a grou			X No		
	pendi		75 MAIDEN LANE, NEW YORK, NY 10038			subordinates	?	H	\vdash		
						H(b) Are all subord			No		
		empt sta	(((() () () () () (() () ()) or 52				(see instructions)			
			ORTAMERICA.ORG	1.		H(c) Group exem					
		<u> </u>	ization: X Corporation Trust Association Other	L Year of	f formation	on: 1969 M	State of	of legal domicile:	NY		
Pa	art I		mmary								
	1		γ describe the organization's mission or most significant activities: ${ ext{THE}}$ ${ extstyle A}$	ADVANCEME	NT OF	JEWISH .	AND	OTHER			
Se		PEO	PLE THROUGH TRAINING AND EDUCATION								
Governance											
ver	2	Check	this box 🕨 🔙 if the organization discontinued its operations or dispos	sed of more tha	an 25% (of its net assets	S				
တိ	3	Numb	er of voting members of the governing body (Part VI, line 1a)				3		32.		
Activities &	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)				4		32.		
ties			number of individuals employed in calendar year 2020 (Part V, line 2a)				5		56.		
ξi	ı		number of volunteers (estimate if necessary)				6		150.		
Ac			unrelated business revenue from Part VIII, column (C), line 12				7a	92	,328		
			nrelated business taxable income from Form 990-T, line 34				7b		,321		
		i vot ui	Trotated business taxable mostle from 1 offi 500 1, mile 54			Prior Year		Current Ye			
	8	Contri	ibutions and grants (Part VIII, line 1h)		-	13,526,59	13.	11,919			
Revenue					10,020,02	0.		0			
Ver			am service revenue (Part VIII, line 2g) PUBLIC	INSPECTION		482,92		217	,496		
Re	ı		ment income (Part VIII, column (A), lines 3, 4, and 7d)			95,89			, 95		
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			14,105,41					
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-			12,883			
	ı					6,474,44		6,486			
			its paid to or for members (Part IX, column (A), line 4)				0.		0		
es			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			3,884,99		4,298			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)				0.		0		
ă	b	Total f	fundraising expenses (Part IX, column (D), line 25) ▶ 793, 90	8.							
Ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,191,91	.3.	2,704	,887		
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1	13,551,35	7.	13,490	,003		
	19	Reven	nue less expenses. Subtract line 18 from line 12			554,05	57.	-606	,567		
os			·		Beginn	ing of Current \	ear/	End of Yea	r		
ets	20	Total a	assets (Part X, line 16)			33,182,11	6.	25,996	,266		
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			12,038,57	9.	8,376	,626		
ξĒ	22		ssets or fund balances. Subtract line 21 from line 20.			21,143,53	7.	17,619			
	rt II		gnature Block	<u> </u>				<u> </u>			
			of perjury, I declare that I have examined this return, including accompanying sche	dules and staten	nents. ar	nd to the best of	mv k	nowledge and be	elief. it is		
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer ha	s any kno	owledge.					
Sig	n		Signature of officer			Date					
Hei											
			Type or print name and title								
				Date			D	TIN			
Paic	ı				10000	Check	"				
	oarer	PAU	() (2x (-1000) (0x m) (2	3/29/	<u> 2022</u>	<u> </u>		P01384178			
	Only	Firm's	sname ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590					
			address ► 100 PARK AVENUE, NEW YORK, NY 10017-5	001		Phone no.	212-	-885-8000			
Мау	the II	RS dis	cuss this return with the preparer shown above? (see instructions)					X Yes	No		
For	Paper	work	Reduction Act Notice, see the separate instructions.					Form 990	(2020)		

ORT AMERICA, INC.

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Ρ	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		
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
4	If "Yes," describe these changes on Schedule O. 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 allothe total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$6,623,239. including grants of \$6,486,401.) (Revenue \$8 ATTACHMENT 1	0)
	ATTACIMENT	
4b	b (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.	
4	(O. I.) (D	,
4C	c (Code:) (Expenses \$590,385. including grants of \$0.) (Revenue \$ COMMUNICATION AND MARKETING IS AN ESSENTIAL PART OF ORT AMERICA'S	0)
	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	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	e Total program service expenses ► 11,306,736.	
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Form 990 (2020)
Part IV Page 3

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

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Part	Checklist of Required Schedules (continued)		Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00.		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
22	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
• •	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
27	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA				(2020)
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Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		X
ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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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					
Sect	ion A. Governing Body and Management										
		1	2.0		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O.		2.0								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	32								
2	Did any officer, director, trustee, or key employee have a family relationship or a business re-		-	_	37						
	any other officer, director, trustee, or key employee?			2	Х						
3	Did the organization delegate control over management duties customarily performed by or ur			_		v					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's			5	Х	Λ					
6	Did the organization have members or stockholders?			6	Λ						
7a											
	one or more members of the governing body?			7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval	• /		- 1.		Х					
	stockholders, or persons other than the governing body?			7b		Λ					
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during								
	the year by the following:			0-	Х						
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	Λ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot			9		Х					
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Inte			_	` '	Δ					
Secu	on B. Folicies (This Section B requests information about policies not required by the line	illai	Neveriue	Coue	Yes	No					
40.	Dilation and all all and a local short on horselves and William O			10a	Х						
	Did the organization have local chapters, branches, or affiliates?			IVa							
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b	Х						
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt pr	•		11a	Х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	114							
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х						
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests to										
b	rise to conflicts?		_	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the p										
C	describe in Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review ar										
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation										
а	The organization's CEO, Executive Director, or top management official			15a	Х						
b	Other officers or key employees of the organization			15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement								
	with a taxable entity during the year?		-	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization										
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	juard the								
	organization's exempt status with respect to such arrangements?			16b							
Secti	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2	4									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990,	and 990-T	(Sec	tion 5	01(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website X Upon request Other (explain on Sc		e O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum		,	f inte	rest n	olicy					
	and financial statements available to the public during the tax year.	,	33.111101 0		. 00t p	Jiioy,					
20	State the name, address, and telephone number of the person who possesses the organization's by Jeffrey Cooper, CFO, 75 Maiden Lane, New YORK, NY 10038	ooks	and record	s ►							

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than construction is both sor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)BARBARA BIRCH	40.00									
PRESIDENT AND CEO	0.			Х				337,119.	0.	7,806.
(2) JEFFREY COOPER	35.00			21				337,113.	· ·	7,000.
CFO & COO	5.00			Х				243,610.	0.	19,463.
(3) LILY JOY M. SEMBRANO	35.00							213,0231	<u> </u>	13,103.
CONTROLLER	5.00					Х		163,701.	0.	15,846.
(4) NICOLE MILLER	40.00							,		
MIDWEST REGIONAL DIRECTOR	0.					X		152,826.	0.	15,581.
(5) HARRIS NADLER	40.00									
SR. DEV. OFFICER (1/20 - 7/20)	0.					Х		147,813.	0.	5,614.
(6) STEVEN DRYSDALE	40.00									
SENIOR DEVELOPMENT OFFICER	0.					Х		145,385.	0.	5,735.
(7) JAMES LODGE	40.00									
SENIOR DEVELOPMENT OFFICER	0.					X		145,385.	0.	5,699.
(8) HOWARD LANZNAR	7.50									
BOARD CHAIR	0.	X		Х				0.	0.	0.
(9) RICHARD BERNSTEIN	3.00									
EXECUTIVE COMMITTEE CHAIR	1.00	X		Х				0.	0.	0.
(10) CONRAD GILES	3.00									
MEMBER - EXECUTIVE COMMITTEE	0.	X						0.	0.	0.
(11) ROBERT GREY	4.00									
MEMBER - EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(12) LAWRENCE KADIS	3.00									
MEMBER - EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(13) SUELLEN KADIS	.30									
MEMBER - EXECUTIVE COMMITTEE	0.	X						0.	0.	0.
(14) BRADLEY KOLAR	4.00									
MEMBER - EXECUTIVE COMMITTEE	0.	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plc	yee	es,	and H	ligl	hest Compensat	ed Employees (d	ontinue	<u>-</u> ∌d)
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	rson	e than or is both a or/truste	an	Reportable compensation from the	Reportable compensation from related organizations	am	stimated nount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the anization d related anizations
15) GAIL LANZNAR	4.00										
MEMBER - EXECUTIVE COMMITTEE	0.	X						0	. 0.		
16) JUDITH MENIKOFF	4.00									ı	
MEMBER - EXECUTIVE COMMITTEE	1.00	X						0	0.		C
17) BUBBA URDAN	1.00									ı	_
MEMBER - EXECUTIVE COMMITTEE	1.00	X						0	0.		C
18) MARK ADLER (FROM 10/20)	.30									ı	,
BOARD MEMBER	0.	X						0	0.		C
19) SAUL BERKOWITZ	.30									ì	,
BOARD MEMBER	0.	X						0	0.		С
20) SID BESMERTNIK	.30	37								ı	,
BOARD MEMBER	0.	Х						0	0.		С
21) AUSTIN CENTER (FROM 10/20) BOARD MEMBER	.30									ı	,
22) BARON VIVIEN DE GUNZBURG	.30	Х						0	0.		С
BOARD MEMBER	0.	X						0	0.	ı	C
23) SHELLY DREIFUSS	.30	- 1						0	. 0.		
BOARD MEMBER	0.	X						0	0.	ı	C
24) EVA LYNN GANS	.30	21						0			
BOARD MEMBER	- 0.	Х						0] 0.	ı	(
25) SUSAN GOLDMAN	.30							0			
BOARD MEMBER	0.	Х						0] 0.	ı	(
1b Sub-total								1,335,839.	0.		75,744.
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •			0.	0.		0.
d Total (add lines 1b and 1c)								1,335,839.	0.		75,744.
2 Total number of individuals (including but not						e) who	re		\$100,000 of		
reportable compensation from the organizatio	n ▶	13	3								
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4	X
										4	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest companyation from the organization. Report of											

year.

(A) Name and business address	(B) Description of services	(C) 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 ▶

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (d	ontinu	ed)	
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other	
	hours for related organizations below dotted line)	office Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	npensati rom the ganizatio id related anization	on d
26) ROBERTA GOODMAN (FROM 10/20) BOARD MEMBER	.30							0	0			0
-	.30	Х						U	0.			0
27) DEBBIE KANTER BOARD MEMBER	0.							0	0.			0
	.30	Х						U	. 0.			
28) JONATHAN LANZNAR BOARD MEMBER	0.	X						0	0.			0
	.30							U	. 0.			
29) JOAN LEVIN BOARD MEMBER	0.							0	0.			0
	.30	Х						U	. 0.			
30) JON LEVINE BOARD MEMBER	0.	X						0	0.			0
31) LEANDRO MARGULIS	.30							U	. 0.			
BOARD MEMBER	0.	X						0	0.			0
32) MICHAEL PERLMUTER	.30	A						0	. 0.			
BOARD MEMBER	1.00	X						0	0.			0
33) BARBARA ROSS								U	. 0.			
BOARD MEMBER	30	X						0	0.			0
34) BARBARA SIEGEL	.30							0	0.			
BOARD MEMBER	0.	X						0	0.			0
35) JOSE PEPE SIGAL	.30							0	0.			
BOARD MEMBER	0.	X						0	0.			0
								U	. 0.			
36) LOUANNE SMOLIN	.30											^
BOARD MEMBER	0.	X						0	0.			0
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, S	-						>					
d Total (add lines 1b and 1c)							<u> </u>	L	• • • • • • •			
2 Total number of individuals (including but not				d a	bove	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organization	n 🚩	Т.	3								T.,	
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?) If	"Yes	5,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		X
Section B. Independent Contractors												
Complete this table for your five highest componentation from the organization. Report of year.												

(A) Name and business address	(B) Description of services	(C) 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 $\,\blacktriangleright\,$

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportation compensation related	n from	am	(F) stimated nount of other	f
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-		fro orga and	pensation the anization direlated	n d
37) ANDREA WOLFE	.30							_					
BOARD MEMBER	0.	X						0		0.			0
38) LAWRENCE WOLFE BOARD MEMBER	0.	Х						0		0.			0
39) LEWIS ZIPKIN BOARD MEMBER	0.	Х						0		0.			0
								0.		0.			
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *	0.		0.			0.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 13		d al	bove	e) who	o re	eceived more than	\$100,000 o	f			
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the organization and related organizations grants in the control of	eater than	\$15	50,0	00?	If	"Yes	5, "					Х	
individual5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on 1	from	n any	un				4	Λ	37
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	te Sci	hedu	ile J	<i>I tor</i>	such	per	rson			5		Х
Complete this table for your five highest compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens	sation	

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 ►

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Statement of Revenue Part VIII

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 70,917. 600,555. c Fundraising events 1c d Related organizations 200,000. 784,200 Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 10,264,173 1f g Noncash contributions included in 197,152 lines 1a-1f. 1g |\$ Total. Add lines 1a-1f 11,919,845 **Business Code** Program Service Revenue е All other program service revenue 0. Investment income (including dividends, interest, and 142,533 142,533. Income from investment of tax-exempt bond proceeds . 5 5,287. 5,287. (i) Real (ii) Personal 112,428 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c 112,428. d Net rental income or (loss) . . 112,428 92.328. 20,100. Gross amount from (i) Securities (ii) Other sales of assets 5,684,173. other than inventory 7a b Less: cost or other basis Other Revenue 5,509,210. 7b and sales expenses . . 174,963. c Gain or (loss) 7c 174,963 174,963 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 29,838 1c). See Part IV, line 18 8a 153,225 8b **b** Less: direct expenses -123,387. -123,387. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. \triangleright 0. 10a Gross sales of inventory, less returns and allowances 0. 0. b Less: cost of goods sold 10b Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue MISCELLANEOUS REVENUE 900099 611,767 611,767 11a ADMINISTRATIVE INCOME 900099 40,000. 40,000. С All other revenue 651,767 Total, Add lines 11a-11d Total revenue. See instructions 92,328. 871,263. 12,883,436.

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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 resp	•		· · · · · · · · · · · · · · · · · · ·						
<u></u>	Check if Schedule O contains a response or note to any line in this Part IX									
	9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising					
			expenses	general expenses	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										
	Management	0.								
	Legal	314,399.		314,399.						
	Accounting	110,940.	88,234.	10,848.	11,858.					
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17	0.								
	f Investment management fees	56,153.		56,153.						
	Other. (If line 11g amount exceeds 10% of line 25, column									
8	(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.					
	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.)									
а	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.					
_	All other expenses	170,367.	132,606.	18,970.	18,791.					
	Total functional expenses. Add lines 1 through 24e	13,490,003.	11,306,736.	1,389,359.	793,908.					
26		0.								
					- 000 (assa)					

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Part X Balance Sheet

	II L A	Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,535,954.	1	2,192,908.
	2	Savings and temporary cash investments	296,503.	2	230,880.
	3	Pledges and grants receivable, net	16,903,592.	3	13,903,251.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	189,296.	9	171,837.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 178,096.			
	b	Less: accumulated depreciation	19,193.	10c	23,058.
	11	Investments - publicly traded securities	4,794,112.	11	4,160,682.
	12	Investments - other securities. See Part IV, line 11	5,596,367.	12	2,678,987.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	2,847,099.	15	2,634,663.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	33,182,116.	16	25,996,266.
_	17	Accounts payable and accrued expenses	564,649.	17	519,021.
	18	Grants payable	6,015,018.	18	3,237,922.
	19	Deferred revenue	622,009.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
w	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	<u> </u>
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iji		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		27	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,836,903.	25	4,619,683.
	26	Total liabilities. Add lines 17 through 25	12,038,579.	26	8,376,626.
	20	Organizations that follow FASB ASC 958, check here ► X		20	0,0.0,0=00
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	-1,629,532.	27	-4,454,384.
Fund Balances	28	Net assets with donor restrictions.	22,773,069.	28	22,074,024.
pu		Organizations that do not follow FASB ASC 958, check here ▶			,
Ī		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
ž.	32	Total net assets or fund balances	21,143,537.	32	17,619,640.
Net	33	Total liabilities and net assets/fund balances	33,182,116.	33	25,996,266.
_		Total nashintos and not associo/fund palarioco, [] [] [] [] [] [] [] [] [] [Form 990 (2020)

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	0 (2020)				1 4	gc • =
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,4		
3	Revenue less expenses. Subtract line 2 from line 1	3			06,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21,1		
5	Net unrealized gains (losses) on investments	5		2	48,6	522.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-3,1	65,9	52.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		17,6	19,6	40.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization ORT AMERICA, INC. Employer identification number 13-5562424

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must o	complet	e this p	art.) See instructions	S.	
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(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	ospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:						
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its	
11		An organization organized							
 12		An organization organized	•	•	-		, , , ,	earry out the nurnoses	
-		of one or more publicly su	•	-	-				
		Check the box in lines 12a t					, , , ,	, , , ,	
а	Г	Type I. A supporting orga	=			-	•	=	
u	_	the supported organization	•		•		• • • • • • • • • • • • • • • • • • • •	,, , , , ,	
		supporting organization.				ajointy of	the directors of truste	C3 Of the	
b	Г	Type II. A supporting org				with its	supported organization	on(s) by having	
~	_	control or management of	•						
		organization(s). You must				o porco.	io triat control of man	ago ino oupportou	
С	Г	Type III functionally integ	-		ited in co	onnectio	n with, and functional	ly integrated with.	
•		its supported organization						.,eg.a.ea,	
d	Г	Type III non-functionally		•				ted organization(s)	
		that is not functionally inte			-			- ' '	
		requirement (see instruct	-		-		•		
е		Check this box if the orga		-				I. Type III	
		functionally integrated, or						. ,,	
f	En	iter the number of supported	* *						
g	Pr	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				as eve (eee memaememe))	Yes	No	mon donone)		
(A)									
(~) ——									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,693,883.	22,717,181.	12,549,807.	13,526,593.	11,919,845.	75,407,309.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	14,693,883.	22,717,181.	12,549,807.	13,526,593.	11,919,845.	75,407,309.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.			
6	Public support. Subtract line 5 from line 4						75,407,309.			
	tion B. Total Support				Т					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	14,693,883.	22,717,181.	12,549,807.	13,526,593.	11,919,845.	75,407,309.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	487,878.	216,609.	278,259.	149,184.	167,920.	1,299,850.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	170,710.	225,109.	127,370.	249,258.	92,328.	864,775.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	-146,713.	141,715.	106,042.	52,704.	651,767.	805,515.			
11	Total support. Add lines 7 through 10						78,377,449.			
12	Gross receipts from related activities, etc. (s	see instructions) .				12				
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>								
Sec	tion C. Computation of Public Sup						06.01			
14	Public support percentage for 2020 (li		•			14	96.21%			
15	Public support percentage from 2019					15	95.12 %			
16a	331/3% support test - 2020. If the org	=								
	box and stop here. The organization quantum and stop here.	-		_						
	331/3% support test - 2019. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	٠		▶ □			
17a	10%-facts-and-circumstances test - 2	_								
	10% or more, and if the organization					-	-			
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported			
	organization									
b	10%-facts-and-circumstances test - 2	_								
	15 is 10% or more, and if the organization meets	s the facts-and-	-circumstances to	est. The organiz	zation qualifies	as a publicly su	ipported			
18	organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see			
						chedule A (Form 99				

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

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

Sec	tion A. Public Support			· 1	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	SOURCES						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin			13, column (f))		17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org					ore than 331/3 %	
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check				·		· . —
20	Private foundation. If the organization d		•	•			

Schedule A (Form 990 or 990-EZ) 2020 Page 4

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Page 5 Schedule A (Form 990 or 990-EZ) 2020

	Composition Oppositions (continued)		-	age C
Part	Supporting Organizations (continued)		Yes	No
44	Has the arganization accounted a gift or contribution from any of the following paragray?		162	NO
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		-
	A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide	110		
С	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
00011	on b. Type reapporting organizations		Yes	No
			100	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the consideration of the form of the consideration of the first described the fifth on the fifth		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
	11 0 1 2	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			۵۱
С	The organization supported a governmental entity. Describe in Part vi now you supported a governmental entity (se	e iristr		No
2	Activities Test. Answer lines 2a and 2b below.		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		Za		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
•		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the expanization have the power to regularly appoint or elect a majority of the efficiency directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>					
1	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 organi	zations n	nust complete Sectio	ns A through E.					
Section A - Adjusted Net Income (A) Prior Year (B) Current (option									
1	Net short-term capital gain								
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e							
_2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ection C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting	g organization					
	(see instructions).		21						

Schedule A (Form 990 or 990-EZ) 2020

Part	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes		1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supp	orted					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purposes of supported org	anizations	3				
4	4 Amounts paid to acquire exempt-use assets 4						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part	VI)	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the organization is r	esponsive					
	(provide details in Part VI). See instructions.						
9	9 Distributable amount for 2020 from Section C, line 6 9						
10	Line 8 amount divided by line 9 amount		10				
		(**)		(***)			

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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.)

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.				
TOTALS	-146,713.	141,715.	106,042.	52,704.	651,767.	805,515.				

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

ORT AMERICA, INC. 13-5562424 Organization type (check one): Filers of: Section: X 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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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).

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

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

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

Name of organization ORT AMERICA, INC.

Employer identification number 13-5562424

Part I	Contributors (see instructions).	Use duplicate copies of P	art I if additional space is ne	eded.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$1,833,642.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	N/A	\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$575,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	N/A	\$551,421.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)			
No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution

Name of organization ORT AMERICA, INC.

Employer identification number 13-5562424

Part II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if addition	nal space is needed.
---------	-------------------------	--------------------	---------------------	-----------------------------	----------------------

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	Page
Name of organization ORT AMERICA, INC.	Employer identification number
	13-5562424
Part III Exclusively religious, charitable, etc., contributions to organizations described	l in section 501(c)(7), (8), or

Use	tributions of \$1,000 or less for the duplicate copies of Part III if addit		n once. See instructions.) • •	
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_				
_				
	Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_				
		(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_				
_		(e) Transfer of gift		
	Transferee's name, address, ar		Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Trans Transferee's name, address, and ZIP + 4		sfer of gift Relationship of transferor to transferee	
	Transferee's name, address, ar	10 ZIF + 4	Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ORT	Γ AMERICA, INC.	13-5562424
	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	accounts.
	(a) Donor advised funds	(b) Funds and other accounts
		(b) I dilas and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	enservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots included as permitted under FASB ASC 958, not to report in its revenue set of ort blots in the ortification of ortification and ortification as permitted under FASB ASC 958, not to report in its revenue set of ortification and ortification an	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	
-	art, historical treasures, or other similar assets held for public exhibition, education, or resea provide the following amounts relating to these items:	rch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar ass	
	following amounts required to be reported under FASB ASC 958 relating to these items:	<u>-</u> · · ·
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, o	r Other	Similar Assets (continu		age L
3	Using the organization's acquisition	on, accession, and c	ther records, check	c any of th	e follow	ing that make sig	nificant	use c	of its
	collection items (check all that app	ly):							
а		Public exhibition d Loan or exchange program							
b	Scholarly research		e Other						
С	Preservation for future gene								_
4	Provide a description of the organ	nization's collections	and explain how t	they further	the org	ganization's exemp	t purpo	se in	Part
_	XIII.	17 . 9	la carda cara ta anta latar			. ()			
5	During the year, did the organization								7 N.
Da	assets to be sold to raise funds rath		aned as part of the t	organization	is collec	SHOTT? [Yes		No
Га	Complete if the organiza		s" on Form 990, F	Part IV, line	9, or re	eported an amou	nt on F	orm	
	990, Part X, line 21.								
1 a	Is the organization an agent, trus								_
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	ole:					
						Amoun	t		
С.	Beginning balance								
d	Additions during the year								
e	Distributions during the year Ending balance								
f 2a	Did the organization include an am				ustodial	account liability?	Yes		No
	If "Yes," explain the arrangement i								140
	rt V Endowment Funds.	III alt Alli. Office fie	ere ii trie explanation	rias been p	novided (JIII alt Alli			
ıα	Complete if the organiza	ation answered "Ye	s" on Form 990. F	Part IV. line	e 10.				
	, , , , , , , , , , , , , , , , , , ,	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Fou	r years	back
1 2	Beginning of year balance	10,803,224.	10,236,682.	10,051		10,576,787.			845.
h	Contributions	74,760.	73,284.	562	,701.	163,814.		83,	,937.
C	Net investment earnings, gains,								
Ŭ	and losses	124,112.	807,307.	-228	,996.	680,993.		698,	,185.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	204,370.	314,049.	148	,782.	1,369,835.	1,	047,	,180.
f	Administrative expenses								
g	End of year balance	10,797,726.	10,803,224.	10,236	,682.	10,051,759.	10,	576,	787.
2	Provide the estimated percentage		end balance (line 1g,	column (a)	held as:				
а	Board designated or quasi-endown		_%						
	Permanent endowment 46.5								
С	Term endowment ► 47.5800	•	000/						
2.0	The percentages on lines 2a, 2b, and Are there endowment funds not in	·		ara hald ar	d admin	istared for the			
Ja	organization by:	the possession of the	ie organization that	are neiu ar	iu auiiiiii	istered for the		Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the relate						3b	Х	
4	Describe in Part XIII the intended u	•	•						
Pa	rt VI Land, Buildings, and Equ	uipment.			- 11- 0	See Ferre 000 D	- ut V 1!u	- 10	
	Complete if the organization of property	ation answered "Ye		or other basis			art X, III d) Book va		<u>·</u>
	Boompach of property	(invest		ther)		eciation	u) book v	aiue	
1a	Land								
b	Buildings								
С	Leasehold improvements			50,973.		41,453.			520.
d	Equipment		1	27,123.	1	13,585.		13,5	38.
	Other			(5) "	- 1			0.2 .	
Гota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, columi	n (B), line 1)c.)	▶		23,0	158.

Scriedule D (F	om 990) 2020	raye
Part VII	Investments - Other Securities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives				
(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)				

Part VIII Investments - Program Related.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

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

2,678,987.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
<u>(3)</u>		
_(4)		
<u>(5)</u>		
<u>(6)</u>		
_(7)		
(8)		
<u>(9)</u>		
Total. (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)	
<u>(7)</u>	
(8)	
(9)	
Total. (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)		
Tota	I. (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 . JSA 0E1270 1.000

Schedule D (Form 990) 2020 Page 4

	C D (1 0111 030) 2020		r age -
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	12,926,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
a	Tvet unrealized gains (103503) on investments 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
b	Donated services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-	
С	Received of prior year granter 111111111111111111111111111111111111		
d	Other (Describe in Part XIII.)		240 622
е	Add lines 2a through 2d	2e	248,622.
3	Subtract line 2e from line 1	3	12,678,176.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 56,153.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	205,260.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,883,436.
Part			<u> </u>
ı art	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	· · · · · · · · · · · · · · · · · · ·		13,433,850.
1	Total expenses and losses per audited financial statements	1	13,433,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
e	· · · · · · · · · · · · · · · · · · ·	3	13,433,850.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 56, 153.		
а	investment expenses not included on Form 930, Fart vin, line 75		
b	Other (Describe in Part XIII.)		56 150
С	Add lines 4a and 4b	4c	56,153.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	13,490,003.
	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		
_			

Schedule D (Form 990) 2020 ORT AMERICA, INC. 13-5562424 Page **5**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury

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

Name of the						ispection					
Name of the	•				Employer identifica						
Part I	General Information o Form 990, Part IV, line 14I		Outside the	United States. Comple	ete if the organization a						
other awar	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 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 Activ	ities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace 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					
	PE	0.	0.	GRANTMAKING		3,567,622.					
(2) MIDD	LE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		2,638,754.					
(3) RUSS	IA/INDEPENDENT STATES	0.	0.	GRANTMAKING		112,025.					
(4) SOUT	H AMERICA	0.	0.	GRANTMAKING		103,000.					
(5)											
(6)											
(7)											
(8)											
(9)											
<u>(10)</u>											
<u>(11)</u>											
(12)											
(13)											
<u>(14)</u>											
<u>(15)</u>											
<u>(</u> 16)											
(17)											
3a Sub	ototal					6,421,401.					

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

Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2020

6,421,401.

ORT AMERICA, INC. 13-5562424

Page 2 Schedule F (Form 990) 2020

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, othe
				FINANCIAL					
(1)			EUROPE/ICELAND/GREENLAND	AID	3,567,622.	CHECK/WIRE			
				FINANCIAL					
(2)			MIDDLE EAST/NORTH AFRICA	AID	2,638,754.	CHECK/WIRE			
				FINANCIAL					
(3)			RUSSIA/NEWLY IND. STATES	AID	112,025.	CHECK/WIRE			
				FINANCIAL					
(4)			SOUTH AMERICA	AID	103,000.	CHECK/WIRE			
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
	er total number of recipie								

ORT AMERICA, INC. 13-5562424

Schedule F (Form 990) 2020 Page

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)							

Schedule F (Form 990) 2020

ORT AMERICA, INC. 13-5562424

Schedule F (Form 990) 2020
Part IV Foreign Forms

rarı	roreign 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	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	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	X	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	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2020

ORT AMERICA, INC. 13-5562424

Schedule F (Form 990) 2020 Page 5

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

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number ORT AMERICA, INC. 13-5562424 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total 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.

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

Schedule G (Form 990 or 990-EZ) 2020

13-5562424

ORT AMERICA, INC.

Sche	dule	e G (Form 990 or 990-EZ) 2020				Page 2
Pa	rt I					
		more than \$15,000 of fundrevents with gross receipts gre		tions and gross incom	e on Form 990-EZ,	lines 1 and 6b. Lis
		events with gross receipts gre	(a) Event #1	(b) Event #2	(a) Other events	
	5		SUMMER AUCTION	ART AUCTION	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ē			(event type)	(event type)	(total flumber)	
Revenue	1	Gross receipts	323,727.	122,990.	183,676.	630,393
ž	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
		,				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	41,321.	43,356.	68,548.	153,225
	4 ^	152 225				
	10	Direct expense summary. Add lin	ies 4 trirough 9 in colu	IIIII (u)		153,225 -123,387
Pa		Net income summary. Subtract li				
Га		Gaming. Complete if the org \$15,000 on Form 990-EZ, lir		Yes on Form 990, i	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
		Closs levelled				
benses	2	Cash prizes				
	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses				
	_	Other direct expenses,	Yes %	Yes%	Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	ımn (d)	>	
	•	Not promine in come a comment of Co	share at line 7 frame line	. 4 . a a l (al)	_	
	-	Net gaming income summary. So	ubitact line / morn line	; i, coluilli (a)	· · · · · · · · · · · · · · · · · · ·	
9		Enter the state(s) in which the org	anization conducts da	aming activities		
а		Is the organization licensed to cor			es?	Yes No
b						
-		-, 1				
10a		Were any of the organization's gamin	a licenses revoked, sus	pended or terminated du	ring the tax year?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain:

Sched	Tule G (Form 990 or 990-EZ) 2020
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
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	
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
·	in res, enter hame and address of the tillid party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 \$ \\ \ \\$
Par	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 G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number	
ORT AMERICA, INC.						13-556242	24	
Part I General Information on Grants a	Part I General Information on Grants and Assistance							
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	ints or assistand	e?					X Yes No	
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,	
(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							SCHOLARSHIP/	
6600 W. MAPLE RD, W B. TWNSP, MI 48322	38-1358013	501(C)(3)	40,000.				STUDENT ASSISTANCE	
(2) THE BARUCH COLLEGE FUND							SCHOLARSHIP/	
55 LEXINGTON AVENUE, NEW YORK, NY 10010	23-7039817	501(C)(3)	25,000.				STUDENT ASSISTANCE	
_(3)								
(4)								
(5)								
_(6)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations l							2.	
general section of the section of th						<u>r</u>		

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

art 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

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)

Compensation InformationFor 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 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ORT AMERICA, INC.

Part I Questions Regarding Compensation

Employer identification number

13-5562424

			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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.	7	Х	
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

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	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JEFFREY COOPER	(i)	243,610.	0.	0.	9,769.	9,694.	263,073.	0.
1 ^{CFO & COO}	(ii)	0.	0.	0.	0.	0.	0.	0.
LILY JOY M. SEMBRANO	(i)	162,201.	1,500.	0.	6,335.	9,511.	179,547.	0.
2 ^{CONTROLLER}	(ii)	0.	0.	0.	0.	0.	0.	0.
NICOLE MILLER	(i)	152,826.	0.	0.	6,046.	9,535.	168,407.	0.
MIDWEST REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
HARRIS NADLER	(i)	147,813.	0.	0.	5,193.	421.	153,427.	0.
4 SR. DEV. OFFICER (1/20 - 7/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES LODGE	(i)	145,385.	0.	0.	5,643.	56.	151,084.	0.
5 SENIOR DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN DRYSDALE	(i)	145,385.	0.	0.	5,643.	92.	151,120.	0.
6 SENIOR DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ALLISON HALPERN	(i)	144,614.	0.	0.	5,643.	9,511.	159,768.	0.
7DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
HEATH BLUMSTEIN	(i)	137,841.	0.	0.	5,462.	9,511.	152,814.	0.
8DIRECTOR, SOUTHWEST REGION	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA BIRCH	(i)	337,119.	0.	0.	0.	7,806.	344,925.	0.
9PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part | 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Employer identification number 13-5562424

ORT AMERICA, INC.

Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Intellectual property 20. 197,152. MARKET QUOTATION Χ Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement 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?	30a	Х
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?	31	X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
	contributions?	32a	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

Schedule M (Form 990) (2020) Page **2**

Part II Suppleme

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 M (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-5562424

Name of the organization ORT AMERICA, INC.

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.

Employer identification number ORT AMERICA, INC. 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....\$

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

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.

AS

Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

THE FOLLOWING PARTS AND SCHEDULES OF FORM 990 WERE AMENDED:

AS PREVIOUSLY

NUMBER REPORTED AMENDED FORM 990, ITEM G......\$15,389,433.....\$18,545,871. FORM 990, PART I, LINE 10...\$ 375,938.....\$ FORM 990, PART I, LINE 11...\$ 646,086.....\$ 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, LINE 4A, EXPENSES.....\$ 6,623,238.....\$ 6,623,239. FORM 990, PART III, LINE 4B, GRANTS.....\$ 6,486,400.....\$ 6,486,401. FORM 990, PART III,

LINE 4E.....\$11,306,735.....\$11,306,736.

FORM 990, PART IV, LINE 11F......NO......YES.

FORM 990, PART IV, LINE 12A......NO......YES.

LINE 3.....\$ 161,544.....\$ 142,533.

LINE

FORM 990, PART VIII,

Name of the organization	Employer identification number
ORT AMERICA. INC.	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 Employer identification number ORT AMERICA, INC. 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 2BNOYES.
FORM 990, PART XII,
LINE 2BBLANKSEPARATE BASIS.
FORM 990, PART XII, LINE 2CBLANKYES.
SCHEDULE A, LINE 8,
COLUMN (E)2020 \$ 186,931 \$ 167,920.
SCHEUDLE A, LINE 10,
COLUMN (E)2020\$ 651,758\$ 651,767.
SCHEDULE A, LINE 1496.19%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,

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization
ORT AMERICA, INC.
Employer identification number
13-5562424

LINE 3B	\$ 11,300\$ 24,700.
SCHEDULE D,	PART X, LINE 2BLANKYES.
SCHEDULE D,	PART XI, LINE 1BLANK\$12,926,798.
SCHEDULE D,	PART XI, LINE 2ABLANK\$ 248,622.
SCHEDULE D,	PART XI, LINE 2E\$ 248,622.
SCHEDULE D,	PART XI, LINE 3BLANK\$12,678,176.
SCHEDULE D,	PART XI, LINE 4ABLANK\$ 56,153.
SCHEDULE D,	PART XI, LINE 4BBLANK\$ 149,107.
SCHEDULE D,	PART XI, LINE 4CBLANK\$ 205,260.
SCHEDULE D,	PART XI, LINE 5BLANK\$12,883,436.
SCHEDULE D,	PART XII, LINE 1BLANK\$13,433,850.
SCHEDULE D,	PART XII, LINE 3BLANK\$13,433,850.
SCHEDULE D,	PART XII, LINE 4ABLANK\$ 56,153.
SCHEDULE D,	PART XII, LINE 4CBLANK\$ 56,153.
SCHEDULE D,	PART XII, LINE 5BLANK\$13,490,003.
SCHEDULE D,	PART XIIIBLANKENDOWMENT FUNDS
	DESCRIPTION.
SCHEDULE D,	PART XIIIBLANKINCOME 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 ORT AMERICA, INC.

Employer identification number 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 2

FORM 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,

Schedule O (Form 990 or 990-EZ) 2020

JSA.

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization
ORT AMERICA, INC.
Employer identification number
13-5562424
ATTACHMENT 3

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

SHULMAN, ROGERS, GANDAL, PORDY & ECKER 12505 PARK POTOMAC AVENUE, 6TH FLOOR POTOMAC, MD 20854

LEGAL & CONSULTING 126,215.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ORT AMERICA, INC.

Employer identification number
13-5562424

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	olled	
						Yes	No	
(1) WOMEN'S AMERICAN ORT FOUNDATION 36-6161357								
75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	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

Schedule R (Form 990) 2020

Part III Identification of Relation because it had one or	ted Organizations more related org	s Taxable anization	e as a Partnersl as treated as a p	hip. Complete if the partnership during th	e organization a e tax year.	inswered "Yes"	on I	Form	n 990, Part IV,	line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		country)		300010110 012 011)			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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 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? Х a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Х Gift, grant, or capital contribution to related organization(s) Χ 1c c Gift, grant, or capital contribution from related organization(s) Χ 1d Χ e Loans or loan guarantees by related organization(s) Χ 1f Dividends from related organization(s) Х Sale of assets to related organization(s) Х 1h Purchase of assets from related organization(s) Х 1i Exchange of assets with related organization(s). Х Lease of facilities, equipment, or other assets to related organization(s). 1i Х k Lease of facilities, equipment, or other assets from related organization(s) Χ 11 Performance of services or membership or fundraising solicitations for related organization(s) Χ 1m m Performance of services or membership or fundraising solicitations by related organization(s) Χ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n Χ Х Χ 1r Other transfer of cash or property to related organization(s) Χ 1s 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. (b) (c) Name of related organization Transaction Amount involved Method of determining type (a-s) amount involved (1) (2) (3) (4) (5)

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	i) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
_(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
													m 000) 2020

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Part VII Supplemental Information

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