Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 calenda

► Go to www.irs.gov/Form990 for instructions and the latest information. 70

Open to Public Inspection

~ '	ror the	e 2020 Calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre	OZER OLAM INC			
	Name chang	Doing business as		81-11398	25
F	Initial return Final	13 CLAVTON COURT	Room/suite	E Telephone numbe 91744939	
Ь	return. termin			G Gross receipts \$	1375339.
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code LAKEWOOD, NJ 08701	·		
=	return Applic			H(a) Is this a group re	
_	⊥ltion pendii	13 CLAYTON CT, LAKEWOOD, NJ 08701	۰,0	for subordinates	
_	T		1 (1)	H(b) Are all subordinates ii	· ·
			or	1	list See instructions
	Websi	organization: X Corporation Trust Association Other	I Van	H(c) Group exemptio	n number ► N State of legal domicile: NJ
		Summary	IL Tear	or formation. ZOTO	A State of legal domicile. NO
2	1		ROVIDE	ASSISTANCE	TO
쪌		·		IST INDIGEN	
7	2	Check this box If the organization discontinued its operations of dispos	sed-of-m ore	than 25% of its net as	ssets.
Š.	3	Number of voting members of the governing body (Part VI, line 1a)	RECE	IVED 3	3
7	4	Number of independent voting members of the governing body (Part VI, line b)		4	3
حي	5		DEC 2	2021 5	0
	6	Total number of individuals employed in calendar year 2020 (Part V, line 2007) Total number of volunteers (estimate if necessary)	DEC D	6	0
T#	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
₹	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11	DGDEI	N. UT 176	0.
7				Prior Year	Current Year
S	8	Contributions and grants (Part VIII, line 1h)		997896.	1375339.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		997901.	1375339.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		844357.	1277284.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	ь	Total fundraising expenses (Part IX, column (D), line 25)	59.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		60471.	51472.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		904828.	1328756.
		Revenue less expenses Subtract line 18 from line 12		93073.	46583.
ets or lances			Be	ginning of Current Year	End of Year
asse	20	Total assets (Part X, line 16)		254719.	176571.
nd B	21	Total liabilities (Part X, line 26)		164283.	39552.
Ζ댗	22	Net assets or fund balances Subtract line 21 from line 20		90436.	137019.
_	art II	Signature Block			
		lties <u>of perjury, I</u> declare that thave examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
				11-1	5 - 2021
Sıgı	n	Signature of officer		Date	
Her	e	YESHAYA KRISPIN, TRUSTEE Type or print name and title			
				€ 0	TI PTIN
D - 1 -		Print/Type preparer's name Preparer's signature		Check L	-
Paid				self-employe	
	Parer	Firm's name WILSCHANSKI & CO		Firm's EIN	22-3340257
use	Only	Firm's address 450 WEST KENNEDY BLVD		5.	
		LAKEWOOD, NJ 08701		Phone no.	
		S discuss this return with the preparer shown above? See instructions			Yes No
กรวก	01 12-2	3.20 I HA For Panerwork Reduction Act Notice see the senarate instruction	me		Form 990 (2020)

<u>Form</u>	990 (2020) OZER OLAM INC	81-1139	825	Page 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission			
	TO PROVIDE ASSISTANCE TO EDUCATIONAL ORGANZIATIONS IN I	SRAEL AN	D TO	
	ASSIST INDIGENT SCHOLARS			
	India India India			
2	Did the organization undertake any significant program services during the year which were not listed on the			
2		r		₹
	prior Form 990 or 990-EZ?	L	Yes	X No
	If "Yes," describe these new services on Schedule O			
•		, ,		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	′ L	res	TWT NO
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by e	xnenses	
7		-		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total exp	enses, a	nd
	revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ 1277284 • including grants of \$ 1277284 •) (Rever			
70			TT 10/	
	PROVISION OF ASSISTANCE TO EDUCATIONAL INSTITUTIONS IN			<u> </u>
	INDIGENT SCHOLARS BY ISSUING GRANTS BASED ON NEEDS-BASE	D CRITER	IA	
		· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
				······································
			_	
		<u> </u>		
4c	(Code) (Expenses \$	nue \$)
		, , , , , , , , , , , , , , , , , , , 		
				
		-		
		<u>. </u>		
				
4d	Other program services (Describe on Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$	•)	
4e	Total program service expenses ► 1277284.			

Form **990** (2020)

81-1139825 Page **3**

Form 990 (2020) OZER OLAM IN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	^	
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		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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?	_		v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>x</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		Х
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
-	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	Λ	
16	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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domestic government on Fatery, column (49, line 1 - n 1705, complete concede t, Fater and n			

Form **990** (2020)

	rt IV Checklist of Required Schedules (continued)		, _Е	age 4
20	Did the executation senset may then \$5,000 of quarters when execute as the execute and demands and will also		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		┼	<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		\vdash	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	\vdash
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1	-	
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	1200		┢▔
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b	1	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u> </u>	1	\vdash
	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	<u> </u>	<u> </u>	
	instructions, for applicable filing thresholds, conditions, and exceptions)			ł
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			İ
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	i	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	The state of the s	0	1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

	t.V. Statements Regarding Other IRS Filings and Tax Compliance (continued)	023	<u> </u>	age J
* *********	, otatemente riogaranig etter milgo and rax compilarios (committed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.4: Zv	94GJ.	- NO
	filed for the calendar year ending with or within the year covered by this return 2a		11.45.12	127
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	سلامت الانجاب	طهر المستحدم
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	k a Tet	和警告	155
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	·	·
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	31900-000	Pitt	1945 A
_	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	and the same	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	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).	25.	H.M.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Marketonia.	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
, с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	en in ordinale	2.35	42.00
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
'h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	أبر النبو		11 11 11
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	A STATE OF		193
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		100 gr.	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	432	الموكية أية القارسولية	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) . [11b]	****	iste	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	7 7 7	ور من الم
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		170	3,513
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	72, 72	TOTAL STATE	9 F - T
а	, is the organization licensed to issue qualified health plans in more than one state?	13a	44100 o	5305 B
	Note: See the instructions for additional information the organization must report on Schedule O		in the second	
Þ	Enter the amount of reserves the organization is required to maintain by the states in which the	- Pa		Target
٠ _	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b		~ 24.1 4.24.1	深望
140		144	thýb tí."	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "You " how it filed a Form 700 to report those payments? If "No " provide an explanation on Schedule O.	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year? If "Ves " see instructions and file Form 4720. Schedule N	15	4 6 70 Mar	
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Jan Lind	X
	13 the organization an educational institution subject to the section 4300 excise tax on her investment income?	_ 10	l	

If "Yes," complete Form 4720, Schedule O

Form 990 (2020)

OZER OLAM INC

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing	1	٠,٠	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3	<i>u</i> .	£	٠., .
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		•	u .
_	officer, director, trustee, or key employee?	2	**	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	├-		 ^
7a	more members of the governing body?	7a		х
.		/ a		 ^ -
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
_	'persons other than the governing body? Did the assessment on continuous seatons undertaken during the user by the following:	7b		1 A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	اخسا	X	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Λ	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			г <u>.</u> .
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	 -		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		77
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			**
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
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)	,	-	٠
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	٨,		''
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avaıl	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 9174493969			
	13 CLAYTON COURT, LAKEWOOD, NJ 08701			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	more rson	than s bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогте г	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) YESHAYA KRISPIN	20.00									
TRUSTEE	1 00	X		<u> </u>	<u> </u>	┡		0.	0.	0
(2) JOE NOVOSELLER TRUSTEE	1.00	x						0.	0.	0
(3) ELIEZER COHEN	2.00	┢	\vdash	 	\vdash	 		0.	0.	
TRUSTEE	2.00	X						0.	0.	0
		ļ —							,	
		-								

Section A. Officers, Directors, Tru		ploy	ees			ghe	st C		·	—т	
(A)	(B)			Pos	C) ution	1		(D)	(E)	1	(F)
Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	.	Estimated amount of
	week					or/trus		from	from related	Ì	other
	(list any	ector						the	organizations	_	compensation
	hours for related	ip vo a	<u>a</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	ا (د	from the organization
	organizations	truste	af trus		<u>a</u>	uadu.		(***271099***********************************		1	and related
	below	Individual trustee or director	Institutional trustee	į į	Key employee	Highest compensated employee	Je.			1	organizations
	line)	Ē	list	Officer	Æ	<u> </u>	ᇫ		-		
		∤									
-			 	┢	-	╁	\vdash	T		\dashv	
		1									
					1						
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		1									
										\neg	
			<u> </u>			<u> </u>				$\perp \downarrow$	
	 	₩	┢	_	-	-				\dashv	
		1									
		\vdash				1				\dashv	
1b Subtotal							>	0.		0.	0.
c Total from continuation sheets to Part	VII, Section A							0.		0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to th		linte	-d o	hov	ابد اه	20.5		000 of reportable		<u> </u>
Total number of individuals (including but compensation from the organization	not imited to ti	1056	11516	eu a	DOV	e) wi	10 11	eceived more man \$100	,000 or reportable	r	C
											Yes No
3 Did the organization list any former office	r, director, trust	ee, l	key e	emp	loye	e, o	r hig	hest compensated emp	oloyee on	[
line 1a? If "Yes," complete Schedule J for										F	3 X
4 For any individual listed on line 1a, is the	•							•	the organization		4 - X
and related organizations greater than \$1Did any person listed on line 1a receive o									idual for services	-	4 X
rendered to the organization? If "Yes," co							cial	red organization or indiv	iddai for services		5 X
Section B. Independent Contractors											
1 Complete this table for your five highest of	compensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	pensa	tion from
the organization Report compensation for	r the calendar y	ear	endı	ng v	vith	or w	ıthır		year		
(A) Name and busines	s address	N(INC	F.				(B) Description of s	services	Co	(C) empensation
							\dashv				•
							Ī				
							_				
									l		
· ·							\dashv				
									į		
2 Total number of independent contractors		ot la	mıte	d to		_	stec	d above) who received n	nore than		
\$100,000 of compensation from the orga	nization					0		<u> </u>			900 (2222)
										-	orm 990 (2020)

•			Check if Schedule O co	onta	ıns a respo	nse	ne in this Part VIII				
							•	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			ı					rotarrevenue		business revenue	from tax under
· //) //)								AME IN MICHIGAN COMMING TO THE	PR AT LATENCE OF A RESELVE OF	migratures are at to to \$ 1,12.	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		1a						
ည်စွဲ			Membership dues		1b						
ts,		С	Fundraising events		1c					rone de la composição de l La composição de la composição	
ia ia			Related organizations		1d					建建料料	
ns,		е	Government grants (contrib								
e it		f	All other contributions, gifts, gr	rants	s, and						
훂			similar amounts not included a	bove	e 1 f		1375339.				
E D		g	Noncash contributions included in lin	nes 1	a-1f 1g \$	i					
<u>2 p</u>		h	Total. Add lines 1a-1f					1375339.			av Akladelia
							Business Code	STRUCTURE OF THE	SECTION AND ASSESSED.	101ECH CAN	- Butter to the
9	2	а									
ž a		b									
Program Service Revenue		С									
eve		d									7
90 E		е									
<u>q</u>		f	All other program service re	even	ue						
		g	Total. Add lines 2a-2f						古地里沙沙斯	经验证证据	经进步的主要公司
	3		Investment income (includir	ng d	lıvıdends, ır	ntere	st, and				
			other similar amounts)	-			•			•	
	4		Income from investment of	tax-	exempt bo	nd p	roceeds		-		
	5		Royalties		·		•				
			Γ	Т	(ı) Real		(II) Personal	HATELE AND CO			\$650000055F
	6	а	Gross rents	6a							
			-	6ь							
	-		· · · · · · · · · · · · · · · · · · ·	6c				a ay asan dan dan dan dan dan dan dan dan dan d		n 13 beam and manifestation	
	-		Net rental income or (loss)				_	man man and the mily by grapher to observe the first of the and	I sugadobaji skijus bil bulju boljuši istopu u *122	gas francis in attorn to him in he is the first god gody	THE TO THE WILL THE LARD ST. JOHNSON
			Gross amount from sales of	Т	(ı) Securiti	es	(II) Other			Marine Marine	The second of th
	•			7a	(,) 0000,,,,,		(.,, 0				
		_	Less cost or other basis	' a							
<u>e</u>		U		,							
Other Revenue		_	·	7b 7c			-				
Şev.			· '	70 T				is saide and the real of the first factor of the said	#. C. 1787 (0.12) Tax (1.12) 18 (1.12) 1	POSESCRETARY MIGHT CONTROLLS	Tananan Pengabana
P.			Net gain or (loss)		ntc /+					NAMES OF THE PARTY.	THE STATE OF STATE OF STATE OF
Ť	8	а	Gross income from fundraising	j eve	,						
0			including \$		of						
			contributions reported on li	ne 1	ic) See						
		L	Part IV, line 18			8a					
			Less direct expenses			8b		HEAT WAS AND THE PARTY.	Control of the second of the s	A. T. M. T. A. C. S. S. S. S. S.	\$2.47.44.44.44.45.45.45.45.45.45.45.45.45.45.
			Net income or (loss) from fu		_		•	Marian Carlo Marian Santan	And the second of the second o	British Harrist at a f	man Segment the prophetical that I make in the
	9	а	Gross income from gaming	act	ıvπies See						
			Part IV, line 19			9a					
			Less: direct expenses			9ь					Winter Line of the Control of the Co
			Net income or (loss) from ga			_	<u> </u>	Markey Colored Colored Commenter	Market and the second of the	gajava kgajakkata 1947 kadit data	200 1-12-1 12-1 12-1 12-1 12-1 12-1 12-1
	10	а	Gross sales of inventory, les	ss re	eturns		,				
			and allowances			10a	·				
			Less cost of goods sold			10b		PARTITION OF THE PARTY AND A	1947年1947年	Mark Burney	李明 是是不知识的
_		С	Net income or (loss) from sa	ales	of inventor	γ	<u> </u>	gg ag ta frangsky os to tookskratinistick	المحدد من الله على من الأحيوم، والأو	TOTAL OF MINIST ON MODERNAN	Zinimagnett nije is mat me 2 - V
SI							Business Code			o-tuellazet	ATENTAL TOTAL
eo ne	11	а				_		- ·			
lan		b			·	_					
ev Jev		С	•								
Miscellaneous Revenue		d	All other revenue								w we
		e	Total. Add lines 11a-11d						Mark Color		计算工程中的转换 数
	12		Total revenue. See instructions	S			<u> </u>	1375339.	0.	0.	0.
03200	9 12-	23	-20								Form 990 (2020)

Form 990 (2020)

OZER OLAM INC

Part: X: Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX											
Do	not include amounts reported on lines 6b,	(A)	T (B)	(C)	, (D)							
7b.	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising							
		,	expenses	general expenses	expenses							
	Grants and other assistance to domestic organizations	1 420020	420020									
_	and domestic governments. See Part IV, line 21	430239.	430239.									
2	Grants and other assistance to domestic											
	individuals See Part IV, line 22	1067.	1067.									
3	Grants and other assistance to foreign		, ,	LEED THE LEE OF THE								
1 -	organizations, foreign governments, and foreign				to mean the section of							
	individuals See Part IV, lines 15 and 16	845978.	845978.									
	•	0433700	043370.	and the tribule of the tribule of the second	The same of the sa							
4	Benefits paid to or for members	•			Can track the control of the							
5	Compensation of current officers, directors,		•									
	trustees, and key employees				,							
6	Compensation not included above to disqualified		· ·									
_	persons (as defined under section 4958(f)(1)) and		. •									
•	persons described in section 4958(c)(3)(B)	,			,							
7	Other salaries and wages	•		,								
8	Pension plan accruals and contributions (include	_	<u> </u>									
0		-		,								
_	section 401(k) and 403(b) employer contributions)		 .	 	•							
9	Other employee benefits		·	•								
10	Payroll taxes	•										
11	Fees for services (nonemployees)											
` a	Management		l									
b	Legal			,								
С	Accounting	2250.		· 2250.								
d												
•	Professional fundraising services. See Part IV, line 17			CORNER CONTRACTOR								
			The Control of the State of the Sales of the	Set a retitue material to the title is entrate	· · · · · · · · · · · · · · · · · · ·							
f	Investment management fees			 								
g	the contract of the contract o		•		•							
	column (A) amount, list line 11g expenses on Sch 0.)				•							
12	Advertising and promotion											
13	Office expenses	10069.		10069.								
14	Information technology											
15	Royalties											
16	Occupancy .											
17	Travel	17045.			17045.							
18				ı								
10	Payments of travel or entertainment expenses		,									
40	for any federal, state, or local public officials				_							
19	Conferences, conventions, and meetings	4040	 ' 	4048.								
20	Interest	4048.		4048.								
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	'		` .	•							
23	Insurance '											
24	Other expenses. Itemize expenses not covered	iendunaik	FARISH TANDER	WEST PROTECT Y	"如果你就是接到							
	above (List miscellaneous expenses on line 24e. If		REPLANTED									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)											
а	FUNDRAISING	16245.	A A A		16245.							
_	AUTOMOBILE	979.			979.							
Ь	BANK FEES	836.	 	836.	7,3.							
C		630.	·	636.								
d			· ·		· · · · · · · · · · · · · · · · · · ·							
е	All other expenses				•							
25	Total functional expenses. Add lines 1 through 24e	1328756.	1277284.	17203.	34269.							
26	Joint costs. Complete this line only if the organization			,	,							
_	reported in column (B) joint costs from a combined		-									
	educational campaign and fundraising solicitation.											
	Check here If following SOP 98-2 (ASC 958-720)	·	• •	· .								
		<u>-</u>	<u> </u>	<u> </u>	Form 990 (2020)							
03201	0 12-23-20				Form 330 (2020)							

		Check if Schedule O contains a response or note	e to an	y line in this Part X			
		•	,		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			68620.	1	7840.
	2	Savings and temporary cash investments			,	2	
	3	Pledges and grants receivable, net		3	<u></u>		
	4	Accounts receivable, net			1	4	
	5	Loans and other receivables from any current or	forme	r officer, director,		T.	
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons	186099.	5	168731.
,	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined	ARTHMAN WAYA		
		under section 4958(f)(1)), and persons described	•	`6			
ខ្ម	7	Notes and loans receivable, net		•		7	
Assets	8	Inventories for sale or use		•		8	
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					AND
		basis Complete Part VI of Schedule D	10a			175	
,	b	Less accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	1			12	
- 1	13	Investments - program-related See Part IV, line 1				13	
	14	Intangible assets			· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11				15	1
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	254719.	16	176571.
	17	Accounts payable and accrued expenses	20553.	17	39552.		
	18	Grants payable				18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			,	20	
.	21	Escrow or custodial account liability Complete F	art IV	of Schedule D	_	21	
ရွ	22	Loans and other payables to any current or form	er offic	cer, director,		7 (2 - 1 m)	
Liabilities		trustee, key employee, creator or founder, subst				ŶĘ.	
ā		controlled entity or family member of any of thes	e pers	ons		22	
ᄀᆝ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
Ė	24	Unsecured notes and loans payable to unrelated			143730.	24	
	25	Other liabilities (including federal income tax, pay	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D				25	, ,
	26	Total Irabilities. Add lines 17 through 25	`		164283.	26	39552.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🔲			
ĕ		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions				27	
<u>۾</u>	28	Net assets with donor restrictions				28	
בַּן		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 🗓			
[and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds			` 0.	29	0.
ise!	30	Paid-in or capital surplus, or land, building, or eq	uipmei	nt fund	. 0.	30	0.
ĭ, As	31	Retained earnings, endowment, accumulated inc			90436.	31	137019.
Net Assets or Fund Balances	32	Total net assets or fund balances			90436.	32	137019.
_	33	Total liabilities and net assets/fund balances			254719.	33	176571.
		+					Form 990 (20

Form	990 (2020) OZER OLAM INC	81-113	9825	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 753</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		287	
3	Revenue less expenses Subtract line 2 from line 1	3		465	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		904	36.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1:	370	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			Yes	No
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	J	2a		<u> </u>
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	t on a	1		10/2 }
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	10114		*	
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 audited on a separat consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	·	· · · · · · · · · · · · · · · · · · ·	3.7 3.7	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O			فتشتد
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3ь	ليب	
	•		Form	990 (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► 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 1 -

Name of the organization

OZER OLAM INC

Employer identification number 81-1139825

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part) See instructions								
The	organ	zation is not a private found							
1		A church, convention of ch						$\cap a$	
2	\Box	A school described in secti						$U^{\dagger}I$	
3	一	A hospital or a cooperative		•			ii).		
4	一	A medical research organiz	, -					the hospital's name.	
•	_	city, and state	ation operated in co.	ijanotion mara noopita	40001100			and morphism of manner	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		lege of drillversity owner	or opera	ica by a g	overnmental and accord	3CG 111	
e		A federal, state, or local gov		ontal unit described in a	caction 17	70(h)(1)(A)	(v)		
5	一	An organization that norma						nublic described in	
7	ш	•	-	illiai part of its support i	ioiii a gov	emmentai	unit or nom the general	public described in	
		section 170(b)(1)(A)(vi). (Co		1VAVvi) (Complete Part	. 11 \				
0	H	A community trust describe				ad in conii	unation with a land grant	collogo	
9		An agricultural research org					-	-	
		or university or a non-land-g	rant college or agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	je ur	
40	X	university	Un reserves (1) more	than 22 1/20/ of the supe	nort from		no momborobio foco o	nd arose receipts from	
IU	لككا	An organization that norma	• , ,				•	-	
		activities related to its exen	•	•					
		income and unrelated busin		(less section 5 i i tax) in	om busine	sses acqu	ired by the organization	arter June 30, 1975	
11	\Box	See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).							
12									
12	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in								
•	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
а		the supported organization		•	•	•	, , , , , , , , , , , , , , , , , , , ,		
		organization You must o			i majomy (or the direc	ctors or trustees or the s	supporting	
b		Type II. A supporting org	•		tion with it	e eunnort	ed organization(s), by ha	avino	
U		control or management o	•				• • • • • • • • • • • • • • • • • • • •	-	
		organization(s) You mus			arric perse	ons that oc	ontrol of manage the sup	ported	
_		Type III functionally inte	•		in connec	tion with :	and functionally integrat	ed with	
·	٠	its supported organization					·	ca wa,	
d		Type III non-functionally						ization(s)	
u		that is not functionally int	•				**	• •	
		requirement (see instruct	-	• •				iveness.	
		Check this box if the orga	•						
٠		functionally integrated, or					. , , , , , , , , , , , , , , , , , , ,		
•	Ente	er the number of supported of		naily integrated support	ing organi	Lation			
ď		ride the following information	-	d organization(s)					
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
		•							

	edule A (Form 990 or 990 EZ) 2020 C			•	,	81-113	9825 Page 2	
Pa	rtill Support Schedule for	-					•	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)							
Sec	ction A. Public Support		•					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017 ·	(c) 2018	· (d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and	, ,		, ,	1			
	membership fees received (Do not	,						
	include any "unusual grants ")	•		,				
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf			,	,			
3	The value of services or facilities							
•	furnished by a governmental unit to				· . '. /	•	4.40	
	the organization without charge					,		
4	Total. Add lines 1 through 3		•		/		· · · · · · · · · · · · · · · · · · ·	
5	The portion of total contributions	44-72 Mar 43-7-708, 4	deritanien.			alkinda-baithi		
•	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)			-/				
_	,,,	AND THE STATE OF STAT		FORE OF SHIRE	Cather Control	AND THE PERSONS AND THE PERSON	•	
_	6 Public support. Subtract line 5 from line 4 Section B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017 /	(0) 2019	(d) 2019	(e) 2020	(f) Total	
		(a) 2016 ·	(b) 2017	(c) 2018	(0) 2019	(e) 2020	(i) Total	
	Amounts from line 4				 			
8	Gross income from interest,			•		•	•	
	dividends, payments received on				Ι' .			
1	securities loans, rents, royalties,			·	٠,	İ		
	and income from similar sources		/					
9	Net income from unrelated business	/	ľ				•	
	activities, whether or not the	' /						
-	business is regularly carried on	/	•	· ,				
10	Other income Do not include gain			'		,	•	
	or loss from the sale of capital							
	assets (Explain in Part VI)	3 27 / 3 Jan 1 201	LE C. a. addit The could be and	Est ann ann thailteach	Cartalis Constalled a sell of	Commission and Color		
	Total support. Add lines 7 through 10		4,500,450,500	公司的产业的证明的	· · · · · · · · · · · · · · · · · · ·			
	Gross receipts from related activities	/				12		
13	First 5 years. If the Form 990 is for t	• .	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3)	. \Box	
~	organization, check this box and sto				,		▶∟_	
	ction C. Computation of Pub					1		
	Public support percentage for 2020 (, ,,,	•	column (f))	*	14	<u>%</u>	
15	Public support percentage from 2019					15	<u> %</u>	
16a	33 1/3% support test - 2020. If the				14 is 33 1/3% or r	nore, check this bo	ox and	
•	stop here. The organization qualifies		-				. ▶□	
b	33 1/3% support test - 2019. If the	-			l line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qua					•	, ▶ └─┘	
، 17a	10% -facts-and-circumstances tes	_						
	and if the organization meets the fac	ts-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances t	-			_		. ▶□	
ь	10% -facts-and-circumstances tes						10% or .	
,	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and st	t op here. Explain i	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicl	y supported organ	ization	▶ <u></u>	
18	Priyate foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	<u>s</u> ▶∟	
	/ .				Sche	edule A (Form 990	or 990-EZ) 2020	

Schedule A (Form 990 or 990 EZ) 2020 OZER OLAM INC 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	ction A. Public Support	siow, picase comp	neter art ir)				
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(d) 2019	(e) 2020	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(a) 2019	(e) 2020	(I) IOIAI
1	Gifts, grants, contributions, and						
	membership fees received (Do not	231200.	960271.	1668044.	997896.	1375339.	5232750.
_	include any "unusual grants ")	2312000	300271.	1000044.	331030.	13/3333.	3232730.
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	, , , , , , , , , , , , , , , , , , ,	231200.	960271.	1668044.	997896.	1375339.	5232750.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and		200114	200044.	22.030.	23,3333.	<u> </u>
	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5232750.
<u>Sec</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020 1375339.	(f) Total 5232750 •
9	Amounts from line 6	231200.	960271.	1668044.	997896.	1375339.	5232750.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				5.		5.
13	Total support. (Add lines 9, 10c, 11, and 12)	231200.	960271.	1668044.	997901.	1375339.	5232755.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third,	fourth, or fifth tax y	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here						
Seg	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), d	ivided by line 13,	column (f))			100.00 %
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	100.00 %
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 202	20 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	:019 Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did ni	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	•	•	•			▶ X
_	line 18 is not more than 33 1/3%, che	•					ightharpoons
20	Private foundation. If the organization		-	•		_	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? 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?
- 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)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described 'in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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	2011/11/2011	Yes	No
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	3b		will ship and
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	er nii	4: 72	eri)
	10b		
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Pai	ttiV∤ Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			ătă:
	11c below, the governing body of a supported organization?	11a	ļ	Ь.
þ	A family member of a person described in line 11a above?	11b		1
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		865 "28%c" ,a-	Yes	No . Z.OZZ
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,			
4	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			37
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		120,25	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	Minte Land		Jim Ries
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 รถังเซมไหล้ว	reisen.	1838-76
2 `	Did the organization operate for the benefit of any supported organization other than the supported	A STATE OF THE PARTY		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			200
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	1421	1111
Sec	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations		,	<u> </u>
	ion o. Type it dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	The fact	of the second	100
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	加工	Although Literatur	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	i Maria Salah Sala	95.252
Sec	tion D. All Type III Supporting Organizations	البينية بالمستحد	L	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	THE STATE		HILL OF
	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		Thereas,	pid.
*	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			(A)
	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	.3 790 76	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	3	4	
,	significant voice in the organization's investment policies and in directing the use of the organization's			574
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		Secretary Second	4444
800	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions The organization satisfied the Activities Test Complete line 2 below	1)-		
a b	The organization satisfied the Activities rest complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity (see	nstructio	ns)	
2	Activities Test Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	986 5 500	Taile	2000
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			32
	those supported organizations and explain how these activities directly furthered their exempt purposes,		美	100
	how the organization was responsive to those supported organizations, and how the organization determined		企業	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			法抵
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	der Angel		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		ver f	117.0
	these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer lines 3a and 3b below.		A CONTRACTOR	172
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		Æ	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	<u></u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	E E		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Org	anizations	•
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov 20, 1970 (explain in	Part VI) See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st comple	te Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		,
3	Other gross income (see instructions)	3	<u></u>	
4	Add lines 1 through 3	4	_	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or		'	•
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	,	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Ç.		
	instructions for short tax year or assets held for part of year)	571.5444 665666		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	,	
	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			anarani da da karanaran
	(explain in detail in Part VI)	. 100 miles	a successive production of the contract of the	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	- 3		
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount,		,	
	see instructions)	4	,	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount .			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0 85 of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	Bis BY CHEFFE TO BE	
4	Enter greater of line 2 or line 3	4	PARTICIPATION OF THE PARTIES OF THE	,
5	Income tax imposed in prior year	5	AND THE WAR	
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	ally integr	ated Type III supporting orga	anization (see
	instructions)	·,		·

Schedule A (Form 990 or 990-EZ) 2020 OZER ODAM INC	0(a)(3) Supporting O	onizations	- 0	1-1133023 Page 7
Part V: Type III Non-Functionally Integrated 50	a(a)(a) aupporting Org	amzations (continu	ıed)	Current Vaar
Section D - Distributions 1 Amounts paid to supported organizations to accomplish ex	compt ourposes		4	Current Year
 Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exert 			1_	· · · · · · · · · · · · · · · · · · ·
·	ipi purposes oi supported		. 2	
organizations, in excess of income from activity	and of automorphism		3	· · ·
Administrative expenses paid to accomplish exempt purpo	ses or supported organization	is	4	
Amounts paid to acquire exempt-use assets Civilized act and a mounts (area IRS approval acquired in a	roudo dotale in Best VII)		5	
 Qualified set-aside amounts (prior IRS approval required · ρ Other distributions (describe in Part VI) See instructions 	TOVIDE DELAIS III Part VI)		6	
			7	
 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which 	the experience is reconstruction.			· -
(provide details in Part VI) See instructions	the organization is responsive	;	8	
Distributable amount for 2020 from Section C, line 6			9	
·				
10 Line 8 amount divided by line 9 amount	(4)	/:·\	10	(i)
Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(iı) Underdistributior Pre-2020	18	(III) Distributable Amount for 2020
Distributable amount for 2020 from Section C, line 6	ichile titte aut Gelie		در کیارندو د حر آلی کو	
2 Underdistributions, if any, for years prior to 2020 (reason-			, ~	
able cause required - explain in Part VI) See instructions				
3 Excess distributions carryover, if any, to 2020	P.A. Whiteless Co	ministra	in in it	A TARIFFE TO THE
a From 2015			gegrafija	
b From 2016			- alkelent	- Section of the sect
c From 2017	CETTO LOCAL PROPERTIES		The state of the s	
d From 2018	212 4 - 50 Far Size 6 - 62	Maj Gara Tru Jaran	**************************************	
e From 2019		ATO CONTRACTOR	Malani.	
f Total of lines 3a through 3e	error part our recommends on the real factors for the	THE SOUTH PARTY		
g Applied to underdistributions of prior years	MANAGEMENT.	The state of the s	87. J. 18	
h Applied to 2020 distributable amount			19.25°	The transfer which is much the production days
i Carryover from 2015 not applied (see instructions)	- 11 million of the Control of a management	Witter at they	Teles X	Particular and publicated for the
j Remainder Subtract lines 3g, 3h, and 3i from line 3f			3.22-L	The state of the s
4 Distributions for 2020 from Section D,				
line 7 \$				
a Applied to underdistributions of prior years		weer triple to the state of the same of th		Land Said Report of the State of the Said
b Applied to 2020 distributable amount	altigation of the section	MANAGATA JARAKA	HASE.	40 2 2 2 20 14 Each WINGSON
c Remainder Subtract lines 4a and 4b from line 4				Tellundiania was il deposit
5 Remaining underdistributions for years prior to 2020, if		444	- 477-7	the free transfer of the first
any Subtract lines 3g and 4a from line 2 For result greater	A secretary country for the secretary secretar			
than zero, explain in Part VI. See instructions				
6 Remaining underdistributions for 2020 Subtract lines 3h			phonography of a market	,
and 4b from line 1. For result greater than zero, explain in				i
Part VI See instructions			2,0,302	
7 Excess distributions carryover to 2021. Add lines 3	A COLOR DE SERVICIONES DE LA CONTRACTOR DE SERVICIONES			Mily the State of
and 4c				And the state of the second se
8 Breakdown of line 7	新聞記述的記憶器。第二次學問題			The second of th
a Excess from 2016		CHATCHE STREET		The historian little out the property
b Excess from 2017	The first the transfer that the state of the		1	The last way and the best and the second of
c Excess from 2018		English Errest of the control of the	State	
d Excess from 2019			mosumiyan Tir adira	Simple Committee of the
e Excess from 2020	Cut the many the second of the	And minimum lyngariffing characteristics		TTT THE TRUTK OF T

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 OZER OLAM INC	81-1139825 Page 8
Part.VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, 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, Pastion D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	es 1 and 2, Part IV, Section C, art V, Section B, line 1e, Part V.
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		- 11 1
 		

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No 1545-0047

Open to Public

OZER OLAM INC

Employer identification number

OZE	ER OLAM INC				81-113982	5		
Par	Part : General Information on Activities Outside the United States. Complete if the organization answered "Yes" on							
	Form 990, Part IV, line 14b							
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,			
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No							
2								
United States '								
3				an be duplicated if additional space is i		(f) Total		
	(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	expenditures for and investments in the region		
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3 a	Subtotal	0	0			0.		
b	Total from continuation		•			· ·		
	sheets to Part I	0	0	DATE OF THE PROPERTY OF	WHERE WAS THE	`0.		
С	Totals (add lines 3a							
	and 3b)	0	0	COURT NOTICE AND A SECOND		0.		

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 OZER OLAM INC

Salt 1139825

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	COVID SUPPLIES ASSISTANCE	.0		357920.		ВООК
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	EDUCATIONAL	47325.	CHECKS	0		BOOK
			,					·
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		,						
		•	,					,
Enter total number of exempt 501(c)(3) orga	recipient organization inization by the IRS, c	Enter total number of recipient organizations listed above that are exempt 501(c)(3) organization by the IRS, or for which the grantee	recognized as charities by the foreign country, recognized as a tax or counsel has provided a section 501(c)(3) equivalency letter	foreign country, tion 501(c)(3) eq	recognized as a tax uivalency letter	.		,

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2020

Page 3

Schedule F (Form 990) 2020 OZER OLAM INC

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

(h) Method of valuation (book, FMV, appraisal, other)	NO.	V OOG				Schedule F (Form 990) 2020
(g) Description of noncash assistance	a atim tratia - Avriment	940				Schedu
(f) Amount of noncash assistance	9					
(e) Manner of cash disbursement	no					
(d) Amount of cash grant	70000					
c) Number of recipients	0.50					
(b) Region	MIDDLE EAST AND					
(a) Type of grant or assistance (b) Region	SUNDER THE CHOILE	l				

Sche	dule F (Form 990) 2020 OZER OLIAN INC	_ 01-1139023	Page 4
Par	IV Foreign Forms	- .	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		[T]
	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? /f "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

Schedule F (Form 990) 2020 OZER OLAM INC	81-1139825 Page 5
Part V - Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), Part	ting method), and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additi	onal information. See instructions
PART I, LINE 2:	
OFFICERS ABROAD RECOMMEND ORGANIZATIONS AND INDIVIDUA	ALS DESERVING OF
GRANTS AND MONITOR THE USE OF FUNDS. ALL RECOMMENDAT	ONS ARE REVIEWED BY
A TRUSTEE. IN ADDITION TRUSTEES REVIEW THE CONTINUED	ELIGIBILITY OF ALL
GRANTEES AS PER THE ORGANIZATIONS MISSION.	
•	
-	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

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OMB No 1545-0047

Employer identification number Open to Public Inspection

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

							_
Name of the organization OZER OLAM INC	INC						Employer identification number 81-1139825
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	
criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring	stance? poedures for mon	torno the use of grant	the use of grant funds in the United States	States			X Yes No
1	Domestic Organ	zations and Domesti	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	ional space is need	Jed			
1 (a) Name and address of organization or government	(p) 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
BINYAN YERUSHALAYIM 1274 49TH STREET BROOKLYN, NY 11219	11-3514870	501 (C)(3)	394000.	.0	ВООК		SUPPORT OF RELIGOUS AND EDUCATIONAL INSTITUTION SUPPORT OF RELIGIOUS AND EDUCATIONAL INSTITUTION
CHOMAT SHLOMO US 2724 AVENUE I BROOKLYN, NY 11210		501 (C)(3)	8400.	0.	0.BOOK		SUPPORT OF RELIGOUS AND EDUCATIONAL INSTITUTION
AMERICAN FRIENDS OF BH FOUNDATOIN 1472 53RD ST BROOKLYN, NY 11219	46-4286634	501 (C)(3)	6200.	0.	0.BOOK		SUPPORT OF RELIGOUS AND EDUCATIONAL INSTITUTION
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	and government or s listed in the line	ganizations listed in that table	ne line 1 table				3.
LHA For Paperwork Reduction Act Notice, see the Instructions	, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2020

Page 2 Schedule I (Form 990) 2020 (f) Description of noncash assistance 81-1139825 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) 2020 OZER OLAM INC [Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients OZER OLAM INC (a) Type of grant or assistance 032102 11-02-20

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public inspection

OMB No 1545-0047

Name of the organization

Employer identification number

81-1139825

Part I Excess Benefit Trai	nsactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only	')	
Complete if the organizati	on answered "Yes" on Form 990, Part IV, line 2	25a or 25b, or Form 990-EZ, Part V, line 40b		
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Relationship between disqualified	(-) D	(d) Corr	rected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
				
	+			
	+			
2 Enter the amount of tax incurred to section 4958	by the organization managers or disqualified pe	ersons during the year under	•	
3 Enter the amount of tax, if any, on	line 2, above, reimbursed by the organization $% \left(1\right) =\left(1\right) \left(1\right) $	> \$		

Part II Loans to and/or From Interested Persons.

OZER OLAM INC

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization

(a) Name of interested person	(b) Relationship with organization	(c) Pur	pose	(d) Lo.	an to or	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or littee?	(ı) W agreei	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
YESHAYA KRISPIN		CASH	FLO	X		141000.	0.		Х	Х		Х	
YESHAYA KRISPIN					Х	186099.	168731.		Х	Х			Х
							· · · · · · · · · · · · · · · · · · ·						
							· · · · · · · · · · · · · · · · · · ·						
		<u> </u>				_							
Total	1					▶ \$	168731.						

Part III **Grants or Assistance Benefiting Interested Persons.**

<u> </u>	n answered "Yes" on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·		1
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN			ed "Yes" on Form 990, Part IV, line 28a, 28		1	I (a) CE.	orina at
Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN	(a) Name of I	nterested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN						Yes	No
Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN						 	
Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN	· · · · · · · · · · · · · · · · · · ·	 			 	-	
Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN							
Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN		······································	<u> </u>	· ·		 	-
Part V. Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN						 	-
Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN						1	
Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN							
Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN							
Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: YESHAYA KRISPIN			<u> </u>		<u> </u>		
(A) NAME OF PERSON: YESHAYA KRISPIN			sponses to questions on Schedule L (see i	nstructions)			
(A) NAME OF PERSON: YESHAYA KRISPIN	HEDULE L,	PART II, LOAN	S TO AND FROM INTERES	STED PERSON	NS:		
(C) FURPOSE OF LOAN: CASH FLOW							,
	PURPUSE	OF LOAN: CASE	1 FLOW				
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SCHEDULE 0

(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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization OZER OLAM INC	Employer identification number 81-1139825
FORM 990, PART VI, SECTION B, LINE 11B:	
TRUSTEES REVIEW PRIOR TO FILING	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	