Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



AI	or the	e 2020 calendar year, or tax year beginning and	ending				
B	Check if applicabl	e: C Name of organization		D Employer identifie	cation number		
	Addre	e EZRA INTERNATIONAL INC					
	Name chang	e Doing business as	91-1746258				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	1615 SWEETWOOD DRIVE	407-484-8	8637			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,139,629.		
	Amen return	_ MELBOURNE, FL 52955		H(a) Is this a group re	eturn		
	Applic tion	F Name and address of principal officer: MEDVIN IIOEDZDE		for subordinates	? Yes X No		
	pendi	9226 W. OSPREY MEADOWS DR., GARDEN CITY	, ID	H(b) Are all subordinates in	cluded? Yes No		
		empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527	If "No," attach a	list. See instructions		
		te: ► HTTP://EZRAINTERNATIONAL.ORG/		H(c) Group exemption	n number 🕨		
K	orm of	organization: 🔀 Corporation 🔄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1996 N	l State of legal domicile: FL		
Pa	art I	Summary					
đ	1	Briefly describe the organization's mission or most significant activities: TO BI			WORLDWIDE		
nce D		CONNECTIONS TO FULFILL A CALL TO DO THE W					
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more				
0V6	3				8		
ය න	4	Number of independent voting members of the governing body (Part VI, line 1b)			5		
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2		
i viti	6	Total number of volunteers (estimate if necessary)			10		
Act	7 a				0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		2,639,640. 0.	<u>2,138,974.</u> 0.		
Revenue	9	Program service revenue (Part VIII, line 2g)		40.	<u> </u>		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40.	604.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,644,063.	2,139,629.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,805,542.	1,216,284.		
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		<u>1,005,542</u> . 0.	0.		
	40	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		170,991.	132,522.		
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)	······ –	0.	0.		
Expenses	l loa	Total fundraising expenses (Part IX, column (A), line 11e)	68.	0.	0.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		425,967.	327,176.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,402,500.	1,675,982.		
	19	Revenue less expenses. Subtract line 18 from line 12		241,563.	463,647.		
or				ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		1,444,060.	1,910,061.		
Asst	21	Total liabilities (Part X, line 26)		33,239.	35,526.		
Net Assets (22	Net assets or fund balances. Subtract line 21 from line 20		1,410,821.	1,874,535.		
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Part II Signature Block

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

Sign	Signature of officer		Date									
Here	MELVIN HOELZLE, PRESID	ENT										
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date Check PTIN									
Paid	NIKOLE WELLS, CPA		self-employed P0140	9848								
Preparer	Firm's name 🕨 AIKEN & SANDERS	INC PS	Firm's EIN ▶ 91-0870	697								
Use Only	Firm's address 🖕 324 S MAIN ST UN	IIT A										
MONTESANO, WA 98563-4502 Phone no. 360-533-3												
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		s 🗌 No								
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)											

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Pa	t 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:
	THE MISSION OF EZRA INTERNATIONAL, INC. IS TO BUILD A NETWORK OF
	WORLDWIDE CONNECTIONS TO FULFILL A CALL TO DO THE WORK OF THE LORD.
	THE AGENCY IS DEDICATED TO SUPPORTING THE RETURN OF JEWISH PEOPLE TO
	THE STATE OF ISRAEL (ALIYAH). ITS FIVEFOLD MISSION STRIVES TO 1)
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,270,995. including grants of \$ 1,082,191.) (Revenue \$
ти	ALIYAH: PROVIDES SUPPORT IN HELPING JEWS RETURN TO ISRAEL BY PERFORMING
	AND DOCUMENTING ANCESTRY RESEARCH TO OBTAIN ISRAELI VISA'S, ARRANGE THE
	TRANSPORTATION TO THE ISRAELI CONSULATE FOR VISA INTERVIEWS, HELP WITH
	THE PAPERWORK FOR AN INTERNATIONAL PASSPORT, PROVIDE FOOD AND BASIC
	SUPPLIES DURING THE MONTHS BEFORE THE DEPARTURE FOR ISRAEL, AND
	ORGANIZE SUPPORT ONCE THE MOVE TO ISRAEL HAS BEEN MADE.
4b	(Code:) (Expenses \$134,093. including grants of \$134,093.) (Revenue \$
	CHILDREN'S PROGRAM: PROVIDES THERAPY, SUPPORT, AND TEMPORARY LIVING
	QUARTERS FOR ABUSED CHILDREN.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
_4e	Total program service expenses ► 1,405,088.
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 EZRA INTERNATIONAL INC

 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</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			37
_	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,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		- 23
10		10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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			
		14b	Х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	
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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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		<u> </u>
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 X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Pa	Note: All Form 990 filers are required to complete Schedule O Ct V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ĺ
r al	Oberly if Celeville O contains a version of version to say line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b				
С		4	X	
00005	(gambling) winnings to prize winners?	1 c		(2020)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2	2b	X							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
	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		<u> </u>						
4a	ta 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)?									
b	b If "Yes," enter the name of the foreign country ▶									
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		X						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u> </u>						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>						
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x						
h	any contributions that were not tax deductible as charitable contributions?	6a								
D	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).	00								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x						
		7a 7b								
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>						
U		7c		x						
Ь										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X X						
g										
-										
8										
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
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 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.) 11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
с	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	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									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

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Form 990	(2020)
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EZRA INTERNATIONAL 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 8									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	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?									
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b										
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	X							
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	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4.5		v						
-	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
<u> </u>	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure	тт	VC	vv						
17 10	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, HI									
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	s oniy)	avalla	nie						
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)									
10		finan	viol							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	mano	iai							
20	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 – 407-484-8637									
	1615 SWEETWOOD DRIVE, MELBOURNE, FL 32935									
030000	1015 SWEETWOOD DRIVE, MEDBOORNE, FL 52555 12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)						
002000	6			(2020)						

3030 03030 Εσολ τημερητητούτι τησ

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Form 990 (2020) EZRA INTERNATIONAL	INC 91-1746258 Page 7									
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 li	ine in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		ne	Reportable	Reportable	Estimated		
	hours per	box	box, unless per officer and a di		rson i	s both	n an	compensation	compensation	amount of
	week				irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		99	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) BARRY WAGNER	40.00	_	_	0	-	1 0				
VICE PRESIDENT		x		х				57,200.	Ο.	0.
(2) GARY CRISTOFARO	40.00									
DIRECTOR		x						52,900.	Ο.	0.
(3) PATRICIA FRAME	40.00									
DIRECTOR		Х						33,246.	0.	0.
(4) MELVIN HOELZLE	30.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) JOANNE HOELZLE	20.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(6) BRUCE ELLIOT	10.00									_
DIRECTOR		X						0.	0.	0.
(7) MICHAEL UTTERBACK	5.00									
DIRECTOR		X						0.	0.	0.
(8) ANNE ELLIOTT	5.00							•	0	<u> </u>
DIRECTOR		X						0.	0.	0.
										000

7

	<u>1990 (2020)</u> EZRA INTE									91-17	4625	58	Page 8
Par	t VII Section A. Officers, Directors, Trust		ploye	es,	and (C		ghes	t C		, ,			
	(A) Name and title	(B) Average hours per week	Average P ours per do not che box, unless				than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of
	wee (list a hours relat organiz; belo line			Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)		nsation the zation lated
с	Subtotal Total from continuation sheets to Part VII	, Section A							143,346.		0.		0.
d 2	Total (add lines 1b and 1c)							> o re	143,346. eceived more than \$100.		0.		0.
	compensation from the organization						,			•		Ye	0 es No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	emple	oyee	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for se											3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a												
<u></u>	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sl	ich p	berso	on .				4	5	X
1	tion B. Independent Contractors Complete this table for your five highest cor	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	ensatior	ו from	
	the organization. Report compensation for t	he calendar ye	ear e	ndir	ıg wi	ith c	or wit	hin		ear.			
	(A) (B) Name and business address NONE Description of services C									Con	(C) npensa	tion	
								_					
								_					
								_					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nitec	d to t	thos ()	e lis [:]	ted	above) who received mo	pre than			

Form **990** (2020)

						AT	IONAL IN	С		91-1746	258 Page 9
Ра	rt \	/111	Check if Schedule O			nso	or note to any lir	e in this Part VIII			
				Contair				(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
B, G Am			Fundraising events					-			
Gift İlar								-			
ns, Simi			Government grants (contr					-			
utio Ier (t	All other contributions, gifts,			2	138,974.				
oth		~	similar amounts not included Noncash contributions included in				130,974.				
on		-	Total. Add lines 1a-1f				•	2,138,974.			
0.0							Business Code				
e	2	а									
e vic		b									
Sel		с									
Jram Ser Revenue		d									
Program Service Revenue		е									
đ			All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (inclue other similar amounts)					51.			51.
	4		Income from investment of					51.			
	5		Royalties		-						
	-				(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss				►				
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other	-			
			assets other than inventory	7a				-			
•		b	Less: cost or other basis								
venue		~	and sales expenses								
			Gain or (loss) Net gain or (loss)				└─── ─				
Other Re	8		Gross income from fundraisi			·····					
oth		-	including \$	-	-						
-			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from		-		····· >				
	9	а	Gross income from gamir								
			Part IV, line 19			9a		-			
			Less: direct expenses Net income or (loss) from			9b	└ ▶				
	10		Gross sales of inventory,			<u> </u>	>				
		-	and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			y					
s							Business Code				
∋ou:	11	а	CREDIT CARD R	REBA	TE		900099	604.	604.		
lane		b									
Miscellaneous Revenue		С									
Mi			All other revenue				L	604.			
	12		Total. Add lines 11a-11d Total revenue. See instruction					2,139,629.	604.	0.	51.
03200							····· •	,			Form 990 (2020)

032010 12-23-20

EZRA INTERNATIONAL INC Part IX Statement of Functional Expenses

Form 990 (2020)

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

0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,156.	9,156.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,207,128.	1,207,128.		
4	Benefits paid to or for members				
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	123,309.	53,400.	58,469.	11,440.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,213.	4,085.	3,815.	1,313.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	448.		448.	
	Accounting	10,018.		10,018.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	100 010	104 600		25 124
	column (A) amount, list line 11g expenses on Sch 0.)	168,716.	104,623.	28,959.	35,134.
12	Advertising and promotion	30,010.	<u>1,970.</u> 1,954.	0 0 2 5	28,040.
13	Office expenses	39,656.	1,954.	9,935.	27,767.
14	Information technology	16,639.		13,010.	2,829.
15	Royalties	7,037.	234.	6,803.	
16		18,650.	15,899.	1,506.	1,245.
17	Travel	10,050.	13,099.	,500•	1,243.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	15,014.		15,014.	
22 23		3,473.	2,506.	967.	
23 24	Other expenses. Itemize expenses not covered	5,1,5,	_,	507.	
27	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
я	BANK SERVICE CHARGES	15,937.	3,369.	12,568.	
b	DUES & SUBSCRIPTIONS	1,000.	425.	575.	
c	REPAIRS & MAINTENANCE	404.	244.	160.	
d	LICENSES & PERMITS	174.	95.	79.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,675,982.	1,405,088.	163,126.	107,768.
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)				
					Earm 990 (2020)

Form 990 (2020)

Part X Balance Sheet

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2020 02020 היססא דאותהסאזא הביאד דאות

		Check if Schedule O contains a response or not			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,397,651.	1	1,879,015.
	2	Savings and temporary cash investments	, ,	2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			914.	4	0 .
	5	Loans and other receivables from any current or					
	Ū	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	-	· · · · · · · · · · · · · · · · · · ·		Ŭ	
	Ū	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9				310.	9	875
		Land, buildings, and equipment: cost or other	 I I		510.	3	0751
	IUa	basis. Complete Part VI of Schedule D	100	73,848.			
	h			46,893.	41,969.	10c	26,955.
		Less: accumulated depreciation			41,505.		20,555
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			3,216.	14	3,216.
	15	Other assets. See Part IV, line 11	1,444,060.	15			
	16	Total assets. Add lines 1 through 15 (must equa				16	1,910,061
	17	Accounts payable and accrued expenses		33,239.	17	12,426.	
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	23,100.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D		······ -	22.020	25	25 506
	26	Total liabilities. Add lines 17 through 25			33,239.	26	35,526.
		Organizations that follow FASB ASC 958, che	ck here				
ce		and complete lines 27, 28, 32, and 33.		L	1 110 001		1 806 010
lan	27			······ -	1,410,821.	27	1,706,013.
Ba	28	Net assets with donor restrictions				28	168,522.
pun		Organizations that do not follow FASB ASC 9	58, che	khere 🕨 🛄			
Ē		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds		·····		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	uipmer	fund		30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			1,410,821.	32	1,874,535.
-	33				1,444,060.	33	1,910,061.

EZRA INTERNATIONAL INC

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

91-1746258 Page 11

Form	990 (2020) EZRA INTERNATIONAL INC	91-	174625	<u>8</u> г	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>629.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			982.
3	Revenue less expenses. Subtract line 2 from line 1	3			647.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,4	10,	821.
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			67.
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	1,8	74,	535.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a 📃	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	<u>x</u>	\rightarrow
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			<u>, x</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it		
	Act and OMB Circular A-133?			a 📃	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2020)

SCHEDUL	ΕA
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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
2020
Open to Public Inspection

Name of the organization

Nan	lame of the organization Employer identification number										
_		EZRA	INTERNATI	ONAL INC				9	1-1746258		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10		An organization that norma									
		activities related to its exem		•	. ,				0		
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Cor									
11		An organization organized a	-		•						
12		An organization organized a	-	-	-			•			
		more publicly supported org	-						heck the box in		
_		lines 12a through 12d that				-		-	-1.4		
а		Type I. A supporting orga	-	-	• • • •	-					
		the supported organization			majority c	of the direc	tors or truste	es of the su	pporting		
L.		organization. You must o	-					e (e) less less	in a		
b		Type II. A supporting org	-				-		•		
		control or management o			ame perso	ns that co	ntroi or manag	ge the supp	oned		
~		organization(s). You mus Type III functionally inte			in connoct	tion with	and functional	ly intograto	od with		
U		its supported organization	• •					ly integrate	u with,		
d		Type III non-functionally		-				ted organiz	zation(s)		
ŭ		that is not functionally int						-			
		requirement (see instructi	•		•		-	anatonin	Chess		
е		Check this box if the orga	-	-				II. Type III			
Ŭ	L	functionally integrated, or					19901, 1990	n, rype n			
f	Ente	er the number of supported of	,		0 0						
ď		vide the following information	0								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
_											
Tota		anerwork Reduction Act N	latica cas the lastr	uctions for Form 000 or	990 57	020001.01			m 990 or 990-E7) 2020		

LHA For Paperwork Reduction Act Notice, see 032021 01-25-21 m 990 990 or 990 13

Schedule A (Form 990 or 990 EZ) 2020 EZRA INTERNATIONAL INC Part II

91-1746258 Page 2

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1991033.	2093493.	2671336.	2639640.	2138994.	11534496.	
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							
	the organization without charge							
4	Total. Add lines 1 through 3	1991033.	2093493.	2671336.	2639640.	2138994.	11534496.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						2866264.	
	Public support. Subtract line 5 from line 4.						8668232.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	1991033.	2093493.	2671336.	2639640.	2138994.	11534496.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots			24.	40.	51.	115.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	3,475.	3,645.	1,971.	4,383.	547.		
11	Total support. Add lines 7 through 10						11548632.	
	Gross receipts from related activities,	•	,			12	9,000.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)		
0	organization, check this box and stop							
	ction C. Computation of Publi		-				75.06	
	Public support percentage for 2020 (I		•	.,,		14	75.06 %	
	Public support percentage from 2019					15	99.86 %	
16a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
4-	and stop here. The organization qual				10 10 10			
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			-	-	VI now the organiz	ation	
	meets the facts-and-circumstances te	-		• • • •				
b	10% -facts-and-circumstances test	0				-	10% Or	
	more, and if the organization meets the							
40	organization meets the facts-and-circu		-					
18	Private foundation. If the organization	on dia not check a	oox on line 13, 16a	a, 100, 17a, or 17b				
					SCHE	dule A (Form 990	01 990-22) 2020	

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Schedule A (Form 990 or 990-EZ) 2020 EZRA INTERNATIONAL INC

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		-		1	-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14 First 5 years. If the Form 990 is for the	•					·
check this box and stop here						>
Section C. Computation of Publi						
15 Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the						ine 17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	▶□
b 33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	3%, and
line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	ition ►
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	▶□
032023 01-25-21				Sch	edule A (Fori	m 990 or 990-EZ) 2020

15

1

2

3a

3b

3c

4a

4b

4c

Yes

No

Part IV Supporting Organizations

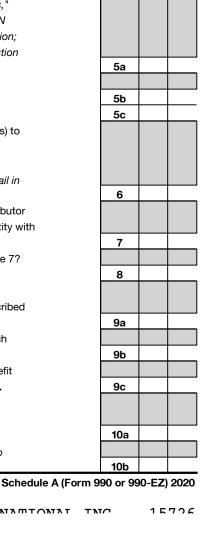
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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.)

16

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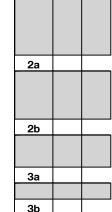


Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	nstruction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			

how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in **Part VI** the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.



1

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Schedule A (Form 990 or 990-EZ) 2020

these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

Schedule A (Form 990 or 990-EZ) 2020 EZRA INTERNATIONAL INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 EZRA INTERNATIONAL INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6	i
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		g	1
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
-	Excess from 2019			
-	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 EZRA	INTERNATIONAL	INC	91-1746258 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	Provide the explanations red , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 d 3; Part IV, Section E, lines 1	quired by Part II, line 10; Part II, line 17a d a, 11b, and 11c; Part IV, Section B, lines Ic, 2a, 2b, 3a, and 3b; Part V, line 1; Part d 6. Also complete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

SCHEDULE D	Supplemental Financial Statements
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	
	EZRA INTERNATIONAL INC



Employer identification number 91-1746258

Name	of the	organizatio
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nd the latest information.

cganization answered "Yes" on Form 990, Part IV, ine 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (suring year) Aggregate value of parts thron (suring year) Aggregate value of parts thron (suring year) Aggregate value at end of year Did the organization inform all donors and known in writing that the assets hald in donor advised funds are the organization inform all donors and known in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor advisor, or for any other purpose contenting impermisable purposes and not for the benefit of the donor advisor, or for any other purpose contenting impermisable purposes and not for public use (for example, eccreation or education) Preservation of a instance and the date at the advisor and the advisor advisor and the advisor advisor, and the advisor is the advisor Complete lines 2 through 2:d if the organization head equalified conservation conservation conservation assements and the fax year. A thurber of conservation assements included in (a) A thurber of conservation assements included in (a) A wi	Pa	rtl	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Ac	counts.	Complete if the	e
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization inform all donors and visors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissible private banefit? 7 Parf.III Conservation Easements. Complete if the organization asserved 'Ves' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply) Protection of land for public use (for example, recreation or education) Proservation of a lastorically important land area Protection of natural habitat Protection of natural habitat Protection on a contified thateric structure Part III Conservation easements is not example, recreation or education) Proservation of a contrevention easements be lot a conservation easements be lot all the grant easements be lot all the grant easements be lot all the grant easements be lot and large private easements be lot all the grant easements be lot all the g			organization answered "Yes" on Form 990, Part IV, line	e 6.				
2 Aggregate value of combinitions to (during year) 4 Aggregate value at end of year 5 Did the organization's property, subject to the organization's exclusive legal contro? 6 Did the organization's property, subject to the organization's exclusive legal contro? 7 Did the organization's property, subject to the organization is exclusive legal contro? 7 Did the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only 7 or charabide puryless and not to the benefit of the donor of once advisors of nary other purposes onforming 7 memorisable private banefit? 7 Purpose(s) of conservation easements held by the organization answered 'Yes' on Form 990, Part IV, line Z. 7 Purpose(s) of conservation easements held by the organization (check all that apply). 7 Preservation of a bit the organization in the data privation of a historically important land area 7 Preservation of one papea 7 Complete import of the organization held a qualified conservation contribution in the form of a conservation easements 7 a Total number of conservation easements 7 a Total anumber of conservation easements 8 or the station of a property subject to conservation easements 9 a total acreage restricted by conservation easements 9 a conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 9 a sector of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year 9 a mode of conservation easements modified, transferred, released, extinguished, or terminate by the organization during the year 9 a mode of conservation easements modified, transferred, relea				(a) Donor advised funds	((b) Funds a	nd other accour	nts
2 Aggregate value of combinitions to (during year) 4 Aggregate value at end of year 5 Did the organization's property, subject to the organization's exclusive legal contro? 6 Did the organization's property, subject to the organization's exclusive legal contro? 7 Did the organization's property, subject to the organization is exclusive legal contro? 7 Did the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only 7 or charabide puryless and not to the benefit of the donor of once advisors of nary other purposes onforming 7 memorisable private banefit? 7 Purpose(s) of conservation easements held by the organization answered 'Yes' on Form 990, Part IV, line Z. 7 Purpose(s) of conservation easements held by the organization (check all that apply). 7 Preservation of a bit the organization in the data privation of a historically important land area 7 Preservation of one papea 7 Complete import of the organization held a qualified conservation contribution in the form of a conservation easements 7 a Total number of conservation easements 7 a Total anumber of conservation easements 8 or the station of a property subject to conservation easements 9 a total acreage restricted by conservation easements 9 a conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 9 a sector of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year 9 a mode of conservation easements modified, transferred, released, extinguished, or terminate by the organization during the year 9 a mode of conservation easements modified, transferred, relea	1	Total	number at end of year					
3 Aggregate value of grants from (during year)	2							
Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charable purposes and not for the benefit of the donor of an or advisors of nor any other purpose conferring mopernissible private boneft? Protection of the the sensition of the donor advisors of nor any other purpose conferring mopernissible private boneft? Protection of natural habitat Protection of natural habitat Protection of open space Complete if the organization inclead at that apply. Protection of open space Complete inse 2 attrough 25 of the organization have advisor, of reasonation of a conservation easement on the last trace protection of open space Complete inters 2 attrough 25 of the organization education in [9] Complete inters 2 attrough 25 of the organization have a suffect open servation easements Total number of conservation easements Total anches 2 attrough 25 of the organization have a suffect open servation easements included in (c) acquired after 7/25/06, and not on a historic structure to conservation easements included in (c) acquired after 7/25/06, and not on a historic structure tax year Anount of expenses inclured in monitoring, inspecting, handling of violations, and enforcing conservation easements tho 32 Anount of expenses inclured in monitoring, inspecting, handling of violations, and enforcing conservation easements Complete in the organization easements Tota number of expenses inclured in line 2(g) above satisfy the requirements of section 170(h(/k)[6)[0] and section 17	3							
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds: are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of doner advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of doner advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of doner advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the organization answered Yes' on Form 990, Part IV, line 7. Purpose(j) or conservation easements held by the organization check all that apply). Preservation of all of to public use (for example, recreation or education) Preservation of a conservation easements 2a Did a number of conservation easements 2a Number of conservation easements included in (a) caquired after 7/25/06, and not on a historic structure 2b Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement is holds? 3 Number of conservation easement is holds? 4 Number of states where property subject to conservation easement is holds? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in the servent and expenses laterment	4	Aggre						
are the organization's property, subject to the organization's exclusive legal control? <pre></pre>	5			vriting that the assets held in donor adv	ised fund	ds		
6 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable private bandint?		are th	e organization's property, subject to the organization's	exclusive legal control?			Yes	No
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible private banefit? No. Part II Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 1 Purposet(s) of conservation easements held by the organization (check all that apply). 1 Purposet(s) of conservation easements held by the organization (check all that apply). 1 Purposet(s) of conservation easements held by the organization (check all that apply). 1 Purposet(s) of conservation easements and equalified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and evel the last of the Tax Year 2b. 3 Total annexed restricted by conservation easements and evel after 7/25/08, and etc. on historic structure included in (a) 4 Number of conservation easements included in (c) acquired after 7/25/08, and etc. on historic structure 2 2 3 Number of conservation easements included in (c) acquired after 7/25/08, and etc. on historic structure 3 Number of conservation easements included in (c) acquired after 7/25/08, and etc. on historic structure <	6							
Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habitat Preservation of a conservation easements need to example, recreation or education) Preservation of a conservation easement on the last 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last a Total number of conservation easements 2a 2 Number of conservation easements on certified historic structure included in (a) 2a 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2a 3 Number of otonservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year								
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of peer space 2 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year. 2a 4 Total number of conservation easements 2a 5 Total accessor easements included in (c) acquired after 7/25/06, and not on a historic structure 2a 2 2a 2a 2 2a 2a 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2a 3 Number of states where property subject to conservation easement is located >		imper	missible private benefit?				Yes	No
Preservation of and for public use (for example, recreation or education) Preservation of a cartified historic structure a Total number of conservation easements b Total acreage restricted by conservation easements b Total acreage restricted by conservation easements b Total acreage restricted by conservation easements included in (a) c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure b Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > C conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > C staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > > S anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > > S anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > > > No In Park XII, describe how the organization reports conservation easements in its reverue and expense statement and balance sheet, and include, it applicable, the text of the footnote to the organization's financial statements that describes the organization include rFASB ASC 285, not tor report in the revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following	Pa	rt II	Conservation Easements. Complete if the org	anization answered "Yes" on Form 990), Part IV,	, line 7.		
□ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2 at trough 2d if the organization heid a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) 1 0 Total arceage restricted by conservation easements 2a 0 Number of conservation easements included in (c) acquired atter 7/25/06, and not on a historic structure isted in the National Register 2d 3 Number of conservation easements included in (c) acquired atter 7/25/06, and not on a historic structure isted in the National Register 2d 4 Number of conservation easements included in (c) acquired atter 7/25/06, and not on a historic structure isted atter of the conservation easements included in (c) acquired atter 7/25/06, and not on a historic structure isted atter of the structure isted atter of the structure isted atter of the structure isted on the tax year 4 Number of states where property subject to conservation easements is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements with the structure is a statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of atr, historical treasures, o	1	Purpo	ose(s) of conservation easements held by the organization	on (check all that apply).				
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year />			Preservation of land for public use (for example, recreated	tion or education) Preservation	of a histo	orically impo	ortant land area	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 d			Protection of natural habitat	Preservation	of a certi	ified historic	structure	
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a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements as certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2	Comp	plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	n of a co	nservation e	easement on the	e last
b Total acreage restricted by conservation easements 2b c Number of conservation easements in a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		day o	f the tax year.			Held	l at the End of the	e Tax Year
c Number of conservation easements included in (a) aquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (a) aquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 2d 4 Number of states where property subject to conservation easement is located ▶	а	Total	number of conservation easements			2a		
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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d							
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		listed	in the National Register			2d		
 A Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ S	3					ization durir	ig the tax	
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 		year 🕽	►					
 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 	4	Numb	per of states where property subject to conservation eas	ement is located	_			
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	5	Does	the organization have a written policy regarding the per	iodic monitoring, inspection, handling c	of			
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S		violati	ions, and enforcement of the conservation easements it	holds?			Yes	No
 \$	6	Staff a	and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservatio	on easemen [.]	ts during the ye	ar
 \$								
 B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ 4 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Fo	7	Amou	int of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser-	vation eas	sements du	ring the year	
 and section 170(h)(4)(B)(ii)?		▶\$						
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$ b Assets included in Form 990, Part X \$ b Assets included in Form 990, Part X \$ b Assets included in Form 990, Part X b Assets included in Form 990, Part X \$ b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X \$ b Assets included in Form 990, Part X \$ \$	8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)	(i)		
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Par	t III Organizations Maintaining C								(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the f	ollowing that	make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	9 01	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co				-			se in Part	XIII.		
5	During the year, did the organization solicit o				-				-		-
Der	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the o	rganizatio	n answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par						te al cala al				
па	Is the organization an agent, trustee, custodi								7.		1
L	on Form 990, Part X?							L	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the lo	nowing tab	ne.					A.m.o.uni		
-	Decision belonce						10		Amount		
	Beginning balance										
	Additions during the year										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.							······ <u> </u>			1
Par							10.				i
		(a) Current year		or year	(c) Two year			/ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, o	column (a)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held an	d administer	ed for th	ie organiza	ation	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment iun	ias.							
I UI	Complete if the organization answered) Dart IV I	ino 112 S	000 Eorm	Dart X	line 10				
	Description of property	(a) Cost or c		(b) Cost			ccumulate	bd	(d) Bool	k valu	
	Description of property	basis (investr		basis (• •	preciation			value	-
19	Land				/						
b	Land Buildings										
	Leasehold improvements										
	Equipment			7	3,848.		46,89	93.	2.0	5,9	55.
	Other				,		.,	-		,	
	. Add lines 1a through 1e. (Column (d) must e		X column	(R) ine 11)c)				20	5,9	55.
		gaar onn 000, i dit						Cabaduita			

Schedule D (Form 990) 2020

Complete if the organization answered "Yes' on Form 980, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value	Part VII Investments - Other Securities.	s" on Form 990 Part IV line '	11b See Form 990 Part X line 12	
9) Financial derivatives Image: Construction of the second se				d-of-vear market value
(a) (b) (b) (c) (b) (c) (c)				
(A)				
(A) (B) (C) (B) (C) (C) (C) (C) (C) (D) (C) (C) (E) (C) (C) (G) (C) (C) (G) (C) (C) (G) (C) (C) (C) (G) (C) (C) (C) (G) (C) (C) (C) (A) (C) (C) (C) (A) (C) (C) (C) (A) (C) (C) (C) (C) (A) (C) (C) (C) (C) (C) (B) (C) (C) (C) (C) (C) (C) (A) (C)				
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(C) (C) (C) (D) (D) (D) (D) (D) (D) (F) (D) (D) (P) (D) (D) (D) (Q)				
(C) (C) (C) (C) (F) (C) (G)				
(E) (G) (G) (G) (G) (G) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (G) Book value (G) (G) (G) Book value (G) Method of valuation: Cost or end-of-year market value (I) (G) (G) Method of valuation: Cost or end-of-year market value (I) (G) (G) (G) (
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(H)				
tail. (Col. (b) must equal Form 990. Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990. Part IV, line 11c. See Form 990. Part X, line 13. (a) Description of investment (b) Book value (c) (c) Method of valuation: Cost or end-of-year market valuation: Cost or end-of-year valuet: Cost or end-of-year valuet: Cost or end-of-year valuet: Cost or end-of-year valuet:				
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(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990. Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. . (a) Description of liability (b) Book val (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(4)			
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(9) otal. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	(7)			
otal. (Column (b) must equal Form 990, Part X. col. (B) line 15.) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book val (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)				
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(2) (3) (3) (4) (5) (6) (6) (7) (8) (9)	• • • • •			(b) Book value
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(7) (8) (9)				
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(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)			
	otal. (Column (b) must equal Form 990, Part X, col. (B) li	<u>ne 25.)</u>	►	

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

Schedule D (Form 990) 2020

032053 12-01-20

	dule D (Form 990) 2020 EZRA INTERNATIONAL INC			L746258 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,139,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	5 ()			
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			2,139,629.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
				2,139,629.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
5 Ра	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Exper		
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Exper	nses per Returr	1.
5 Ра 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With Exper	nses per Returr	
_	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Exper	nses per Returr	1.
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With Exper	nses per Returr	1.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Exper	nses per Returr	1.
1 2 a	Image: Second line of the line line of the line	Pents With Exper 2a 2a 2b	nses per Returr	1.
1 2 a b c	Image: Second liable of the organization of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Pents With Exper 2a 2a 2b 2c	nses per Returr	1.
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1 2 b c d e	Image: Second state of the second s	2a 2a 2a 2b 2c 2d	1 2e	n. <u>1,675,982.</u> 0.
1 2 b c d e 3	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2a 2a 2b 2c 2d	1 2e	n. <u>1,675,982.</u> 0.
1 2 3 4 2 3 4	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2b 2c 2d 2d 2d	1 2e	n. <u>1,675,982.</u> 0.
] 1 2 a b c d e 3 4 a b	It XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2a 2a 2b 2b 2c 2c 2d 2d 4a 4b 4b	1 1 2e 3 	n. <u>1,675,982.</u> 0. <u>1,675,982.</u> 0.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2a 2b 2b 2c 2c 2d 2d 4a 4b 4b	1 1 2e 3 	n. <u>1,675,982.</u> 0. <u>1,675,982.</u>

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

PART X, LINE 2:

THE AGENCY IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE AGENCY FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE

AGENCY IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX

AUTHORITIES FOR YEARS BEFORE 2017. CURRENTLY, THERE IS NO EXAMINATION OR

PENDING EXAMINATION WITH THE INTERNAL REVENUE SERVICE (IRS).

AS OF DECEMBER 31, 2020, THERE ARE NO TAX POSITIONS FOR WHICH THE

DEDUCTIBILITY IS CERTAIN BUT FOR WHICH THERE IS UNCERTAINTY REGARDING THE 032054 12-01-20 Schedule D (Form 990) 2020

Schedule D				INTERNA
	Supple	menta	I Information	(continued)

TIMING OF SUCH DEDUCTIBILITY.

Schedule D (Form 990) 2020

032055 12-01-20

Internal Revenue Service	► Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.	Ins	spection
Name of the organization					Employer ider	tification number
EZRA INTERNATIO					91-17462	
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered	"Yes" on
Form 990, Part I	V, line 14b.					
1 For grantmakers. Does	s the organizatior	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes X No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance ou	utside the
United States.						
3 Activities per Region. (T	he following Part		n be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of employees,	.,		vity listed in (d)	(f) Total
	offices	agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type (s) in the region	investments
		in the region	recipients located in the region)	OI Service	(s) in the region	in the region
RUSSIA & THE NEWLY			PROGRAM SERVICES. ALL	ALIYAH: PRO	VIDES SUPPOR	c
INDEPENDENT STATES -			SERVICES PROVIDED BY	IN HELPING	JEWS RETURN	
ARMENIA, AZERBIJAN,			INDEPENDENT ORGANIZATIONS	TO ISRAEL E	Y PERFORMING	
BELARUS,	10	0	WITH THEIR OWN OFFICE AND	AND DOCUMEN	TING ANCESTRY	<i>x</i> 954,260.
SOUTH AMERICA -			PROGRAM SERVICES. ALL	ALIYAH: PRO	VIDES SUPPOR	c
ARGENTINA, BOLIVIA,			SERVICES PROVIDED BY	IN HELPING	JEWS RETURN	
BRAZIL, CHILE,			INDEPENDENT ORGANIZATIONS	TO ISRAEL E	Y PERFORMING	
COLUMBIA, ECUADOR,	4	0	WITH THEIR OWN OFFICE AND	AND DOCUMEN	TING ANCESTRY	t 175,852.
EUROPE (INCLUDING			PROGRAM SERVICES. ALL	ALIYAH: PRC	VIDES SUPPOR	r 🛛
ICELAND & GREENLAND)			SERVICES PROVIDED BY	IN HELPING	JEWS RETURN	
- ALBANIA, ANDORRA,			INDEPENDENT ORGANIZATIONS	TO ISRAEL E	BY PERFORMING	
AUSTRIA, BELGIUM	3	0	WITH THEIR OWN OFFICE AND	AND DOCUMEN	TING ANCESTRY	ζ 64,700.
				1		

Statement of Activities Outside the United States

Attach to Form 990.

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

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Schedule F (Form 990) 2020

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OMB No. 1545-0047

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SCHEDULE F (Form 990)

Department of the Treasury

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	Enter total number of other organizations or entities		anization by the IRS,	or for which the grantee	or counsel has provided a secti-	ion 501(c)(3) equ	ivalency letter			
	Schedule F (Form 9)		other organizations	or entities						

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Schedule F (Form 990)	EZRA	INTERNATIONAL	L INC		91-1746258	16258		Page 2
Part II Continuation of	Continuation of Grants and Other	Assistance to Organizations	tions or Entities Outside the United States.		(Schedule F (Form 990), Part II,	90), Part II, line 1)		
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES - ARMENIA	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	103,800.0	CASH EFT	0.		
		SOUTH AMERICA -						
		ARGENTINA, BOLIVIA BRAZIL	TO SUPPORT ITS ALIYAH					
		CHILE, COLUMBIA,	PROGRAM.	77,182.0	CASH EFT	0.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL, CUITE COLIMPTA	TO SUPPORT ITS ALIYAH	57 088		C		
			• • • • • • • • • • • • • • • • • • • •	•••••	1 10 1000	•		
		ICELAND &						
		GREENLAND) –	TO SUPPORT ITS ALIYAH					
		ALBANIA, ANDORRA,	PROGRAM.	14,040.0	CASH EFT	0.		
		RUSSIA & THE						
		STATES - ARMENIA,	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	38,000.0	CASH EFT	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		н	TO SUPPORT ITS ALIYAH					
		ALBANIA, ANDORRA,	PROGRAM.	29,770.0	CASH EFT	•0		
		SOUTH AMERICA -						
		ARGENTINA,						
		RL;	TO SUPPORT ITS ALIYAH					
		CHILE, COLUMBIA,	PROGRAM.	40,383 . C	CASH EFT	0.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,	TO SUPPORT ITS ALIYAH					
		CHILE, COLUMBIA,	PROGRAM.	300.0	CASH EFT	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) –	TO SUPPORT ITS ALIYAH					
		ALBANIA, ANDORRA,	PROGRAM.	19,943.0	CASH EFT	••		

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Page 2		(i) Method of valuation (book, FMV, appraisal, other)					
	_	(i) Me valuation apprais					
	((h) Description of non-cash assistance					
46258	90), Part II, line 1	(g) Amount of non-cash assistance	0.				
91-1746258	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	CASH EFT				
		(e) Amount of cash grant	47.				
L INC	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	TO SUPPORT ITS ALIYAH PROGRAM.				
EZRA INTERNATIONAL INC	Assistance to Organizat	(c) Region	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,				
EZRA	f Grants and Other	(b) IRS code section and EIN (if applicable)					
Schedule F (Form 990)	Continuation o	1 (a) Name of organization					
Schedule F	Part II	1 (а) Nате					

Page <u>3</u>		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2020
	V, line 16.	(g) Description of noncash assistance					Sched
91-1746258	on Form 990, Part I	(f) Amount of noncash assistance					
91	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
		(d) Amount of cash grant					
IONAL INC	• the United Stat I.	(c) Number of recipients					
EZRA INTERNATIONAL INC	e to Individuals Outside dditional space is needec	(b) Region					
Schedule F (Form 990) 2020 E	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Part V | Supplemental Information

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

PART I, LINE 2:

EZRA INTERNATIONAL MANAGES THE PERFORMANCE OF GRANT RECIPIENTS BY

PERFORMING PERIODIC MONITORING SPOT AUDITS ON THE VARIOUS ORGANIZATIONS

THAT RECEIVE FUNDS IN ORDER TO ENSURE THAT THE GRANTS ARE USED FOR THEIR

INTENDED PURPOSE. EZRA INTERNATIONAL ALSO PERSONALLY COMMUNICATES WITH

ALIYAH RECIPIENTS WHO RECEIVE SUPPORT DIRECTLY FROM THE GRANTING AGENCIES

TO MAKE SURE THEIR RETURN TO ISRAEL IS COMPLETE.

PART I, LINE 3:

PAYMENT MADE IN US DOLLAR CURRENCY.

PART I, LINE 3, COLUMN (E):

(A) REGION:

RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, BELARUS,

(E) SPECIFIC TYPES OF SERVICES IN REGION: ALIYAH: PROVIDES SUPPORT IN

HELPING JEWS RETURN TO ISRAEL BY PERFORMING AND DOCUMENTING ANCESTRY

RESEARCH TO OBTAIN ISRAELI VISA'S, ARRANGE THE TRANSPORTATION TO THE

ISRAELI CONSULATE FOR VISA INTERVIEWS, HELP WITH THE PAPERWORK FOR AN

INTERNATIONAL PASSPORT, PROVIDE FOOD AND BASIC SUPPLIES DURING THE MONTHS

BEFORE THE DEPARTURE FOR ISRAEL, AND ORGANIZE SUPPORT ONCE THE MOVE TO

ISRAEL HAS BEEN MADE.

CHILDREN'S PROGRAM: PROVIDES THERAPY, SUPPORT, AND TEMPORARY LIVING

QUARTERS FOR ABUSED CHILDREN.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

 (E) SPECIFIC TYPES OF SERVICES IN REGION: ALIYAH: PROVIDES SUPPORT IN

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 Schedule F (Form 990) 2020

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

HELPING JEWS RETURN TO ISRAEL BY PERFORMING AND DOCUMENTING ANCESTRY

RESEARCH TO OBTAIN ISRAELI VISA'S, ARRANGE THE TRANSPORTATION TO THE

ISRAELI CONSULATE FOR VISA INTERVIEWS, HELP WITH THE PAPERWORK FOR AN

INTERNATIONAL PASSPORT, PROVIDE FOOD AND BASIC SUPPLIES DURING THE MONTHS

BEFORE THE DEPARTURE FOR ISRAEL, AND ORGANIZE SUPPORT ONCE THE MOVE TO

ISRAEL HAS BEEN MADE.

(A) REGION:

Part V

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU (E) SPECIFIC TYPES OF SERVICES IN REGION: ALIYAH: PROVIDES SUPPORT IN HELPING JEWS RETURN TO ISRAEL BY PERFORMING AND DOCUMENTING ANCESTRY RESEARCH TO OBTAIN ISRAELI VISA'S, ARRANGE THE TRANSPORTATION TO THE ISRAELI CONSULATE FOR VISA INTERVIEWS, HELP WITH THE PAPERWORK FOR AN INTERNATIONAL PASSPORT, PROVIDE FOOD AND BASIC SUPPLIES DURING THE MONTHS BEFORE THE DEPARTURE FOR ISRAEL, AND ORGANIZE SUPPORT ONCE THE MOVE TO ISRAEL HAS BEEN MADE.

032075 12-03-20

SCHEDULE I (Form 990)	C G Co	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	d Other Assistance to Organizations, ts, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. r the latest inform	ation.		Open to Public Inspection
Name of the organization EZRA	EZRA INTERNATIONAL						Employer identification number 91–1746258
Part I General Information on	General Information on Grants and Assistance						
1 Does the organization maintain records to substantiate the amount of the	n records to substantiate the		or assistance, the c	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	zation's procedures for monit	toring the use of grant fi	unds in the United	States.			4
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	zations and Domestic	Governments. C	omplete if the orga	Inization answered "Y	es" on Form 990, Part I	IV, line 21, for any
recipient that received more than	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. The and address of organization 1 (h) EIN 1 (c) IBC section 1 (h) Amount of 1	be duplicated if additio	nal space is neede رما کا مار	ed. (a) Amount of	(f) Method of	(a) Description of	(h) Durnosa of grant
I (d) Name and address of orga or government		(if applicable)	(a) Aurount of cash grant	(e) Annount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	or assistance
BETH ISRAEL							
603 CAMELLIA COURT				c			TO SUPPORT ITS ALIYAH
SANFORD, FL 32773	59-3174191	CHURCH	7,500.	.0			PROGRAM.
	501(c)(3) and government or	ganizations listed in the	line 1 table				
-1	ganizations listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

Schedule I (Form 990) 2020 EZRA INTERNATIONAL	NAL INC				91-1746258 Page 2
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.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
EZRA INTERNATIONAL MANAGES THE PERI	PERFORMANCE	OF GRANT F	RECIPIENTS	ВҮ	
PERFORMING PERIODIC MONITORING SPOT	AUDITS	ON THE VAF	ON THE VARIOUS ORGANIZATIONS	IZATIONS	
THAT RECEIVE FUNDS IN ORDER TO ENSURE	THAT	THE GRANTS	ARE USED	FOR THEIR	
INTENDED PURPOSE.					
032102 11-02-20					Schedule I (Form 990) 2020

SCHEDULE L	Tra	Insactior	ıs V	Vith	Inter	ested	Pe	ersons			0	/IB No.	1545-00)47
(Form 990 or 990-EZ) 🕨 C	complete if the o	rganization and 28b, or 28c, o							6, 27,	28a,		2	02	20
Department of the Treasury Internal Revenue Service	Co to y	► Atta www.irs.gov/Fo				orm 990-EZ		st information				oen T spect		olic
Name of the organization		www.ii S.gov/FC	511199		iisu ucuoi		late	st information.	Em	olover	ident	•		mber
-	ZRA INTE	RNATIONA	LI	NC						-	462			
Part I Excess Bene	efit Transacti	ons (section 50	01(c)(3	8), secti	ion 501(c)	(4), and sec	ctior	n 501(c)(29) orga	nizatio	ons on	ly).			
Complete if the c						25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualified p	berson (b) F	Relationship bety person and or		•	lified	(0	c) De	escription of tran	sactio	n			Corre	No
												_		
2 Enter the amount of tax i	,	0	U				0	,		•				
section 4958 3 Enter the amount of tax,	if any on line 2													
	in arry, or line 2,		icu by		gamzation	·				v				
Part II Loans to and	d/or From Int	erested Pers	sons.											
Complete if the o	organization ansv	vered "Yes" on I	Form 9	990-EZ	, Part V, li	ne 38a or F	orm	990, Part IV, lin	e 26; o	or if th	e orga	nizatio	on	
reported an amo				2. Dan to or							(h) Ap	noved		
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	m the		Driginal al amount	(f)) Balance due) In ault?	by bo	ard or	() *	Vritten ement?
				From	{				Yes	No	comm Yes	No	Yes	T
									100	110		110	1.00	
_														
Total	· · · · · · · · · · · · · · · · · · ·					🕨 \$								
Part III Grants or As		-												
Complete if the c	-					Amount of		(d) Type	of		10) Purp		f
(a) Name of Interested p	Jerson	(b) Relationship interested pers the organiza	son an			sistance		assistan				assist		1
										\square				

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

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

Schedule L (Form 990 or 990-EZ) 2020 EZRA INTERNATIONAL INC

Part IV	Business Transactions Involving Interested Persons.	
	Complete if the organization answered "Yes" on Form 990 Part IV line 28a, 28b, or 28	R

(a) Name of interested person	(b) Relationshi				(c) Amount of	(d) Description of	(e) Sha	aring of
(a) Warne of interested person			organization		transaction	transaction	organiz rever	zation's
							Yes	No
RICHARD WAGNER	BROTHER	то	BOARD	ME	24,800.	EMPLOYEE OF		Х

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RICHARD WAGNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER TO BOARD MEMBER BARRY WAGNER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF ORGANIZATION

Schedule L (Form 990 or 990-EZ) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



EZRA INTERNATIONAL INC

Employer identification number 91 - 1746258

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

RETURN JEWS TO ISRAEL, 2) PROVIDE HUMANITARIAN AID, 3) CARE FOR THE

ELDERLY, 4) RESCUE CHILDREN AND, 5) EDUCATE CHRISTIANS ABOUT ALIYAH.

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

THE BOARD SECRETARY/TREASURER, JOANNE HOEZLE, AND THE BOARD PRESIDENT,

MELVIN HOELZLE, ARE HUSBAND AND WIFE. BOARD MEMBERS, BRUCE ELLIOTT AND

ANNE ELLIOTT ARE HUSBAND AND WIFE. BOTH CONFLICT OF INTERESTS HAVE BEEN

NOTED AND ALL RELATED CONFLICTS ABSTAIN FROM ALL CONVERSATIONS AND VOTES

THAT INVOLVE DECISIONS RELATING DIRECTLY TO EACH OTHER.

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

THE ORGANIZATION'S INDEPENDENT CPA PROVIDES A DRAFT OF FORM 990 TO

MANAGEMENT AND THE BOARD PRESIDENT. THE BOARD IS THEN GIVEN A DRAFT BY THE

ORGANIZATION TO REVIEW. ALL ARE GIVEN THE OPPORTUNITY TO REVIEW, COMMENT,

AND PROVIDE ANY CHANGES BEFORE FORM 990 IS FILED.

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

EZRA INTERNATIONAL'S OFFICERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS. TO ENSURE COMPLIANCE, THEY MAINTAIN AND PERIODICALLY UPDATE A CONFLICT OF INTEREST POLICY AND ADHERE

TO THE POLICY.

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

SALARIES ARE BASED ON MARKET WAGES. A MAJORITY OF BOARD MEMBERS AGREE ON

COMPENSATION. THE ORGANIZATION DOES NOT HAVE ANY HIGHLY COMPENSATED

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

 032211 11-20-20
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FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC
UPON A WRITTEN REQUEST. THE FORM 990 IS ALSO AVAILABLE FROM UNRELATED
WEBSITES.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON A WRITTEN
REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTING:
PROGRAM SERVICE EXPENSES 99,223.
MANAGEMENT AND GENERAL EXPENSES 20,373.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 119,596.
OTHER:
PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 8,586.
FUNDRAISING EXPENSES 0.
032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 44
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AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, OH, CO

EZRA	INTERNATIONAL	INC

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

EMPLOYEES. ALL BOARD MEMBERS REMOVE THEMSELVES FROM DECISIONS DIRECTLY

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

RELATED TO THEIR COMPENSATION EVALUATION.

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Employer identification number

91-1746258

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page Employer identification numbe
EZRA INTERNATIONAL INC	91-1746258
TOTAL EXPENSES	8,586.
PRODUCTION:	
PROGRAM SERVICE EXPENSES	5,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	35,134.
TOTAL EXPENSES	40,534.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	168,716.
FORM 990, PART XII, LINE 2C	
NO CHANGES FROM PRIOR YEAR.	

032212 11-20-20