Form	990

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



AF	or th	e 2021 calendar year, or tax year beginning and	ending					
B c a	heck if	le: C Name of organization		D Employer identified	cation number			
	Addr	MACCABI USA, INC.						
	Name	ge Doing business as	13-18109	38				
	Initia	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
]Final	V 1511 WALNUT STREET, SUITE 401		215-561-				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,733,008.			
	Amer returr Appli	PHILADELPHIA, PA 19102		H(a) Is this a group re				
	tion _pend	F Name and address of principal officer: UEFF BURANIZ		for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in				
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c ite: ► WWW. MACCABIUSA.COM	or 527	1 '	list. See instructions			
		f organization: X Corporation Trust Association Other	L Veer	H(c) Group exemption	n number > I State of legal domicile: NY			
	orm o Irt I	Summary	L Year		State of legal domicile: IN I			
	1	Briefly describe the organization's mission or most significant activities: MACCA	ABT US	A BUTLDS JEV	VISH PRIDE			
e		THROUGH SPORTS AND PROMOTES SUPPORT FOR I						
Activities & Governance	2	Check this box						
ver	3			3	78			
õ	4	Number of independent voting members of the governing body (Part VI, line 1b)			78			
s S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		11				
vitie	6		number of volunteers (estimate if necessary)					
Vcti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		2,108,902.	3,399,558.			
ent	9	Program service revenue (Part VIII, line 2g)		38,886.	211,441.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,244.	2,202.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,514. 2,143,518.	-14,361. 3,598,840.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,145,518.	<u> </u>			
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14 15	Benefits paid to or for members (Part IX, column (A), line 4)		742,457.	847,170.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ben		Total fundraising expenses (Part IX, column (A), line 25)	76.					
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		723,284.	1,246,034.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,465,741.	2,093,204.			
	19	Revenue less expenses. Subtract line 18 from line 12		677,777.	1,505,636.			
or				ginning of Current Year	End of Year			
Assets - d Balanc	20	Total assets (Part X, line 16)		2,230,086.	5,412,449.			
t As.	21	Total liabilities (Part X, line 26)		376,469.	2,053,196.			
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		1,853,617.	3,359,253.			
Pa	nt 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		Da	te					
Here	JEFF BUKANTZ , PRESIDEN	NT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	DENISE MCKNIGHT	DENISE MCKNIGHT		self-employed P01063588					
Preparer	Firm's name 🕒 MARCUM LLP		Fir	Firm's EIN ▶ 11-1986323					
Use Only	Firm's address 🖌 1601 MARKET STREI	ET, FL 4							
	PHILADELPHIA, PA 19103 Phone no. (215) 29								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PLEASE SEE SCHEDULE O.
~	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 592, 402. including grants of \$) (Revenue \$1, 441.
	MACCABI USA EXPENDED THE ABOVE REFERENCED FUNDS TO PROVIDE SUPPORT TO
	MISSION. PROGRAMMING INCLUDED: DOMESTIC ALUMNI ENGAGEMENT ACROSS THE
	UNITED STATES AND ON-LINE; AND PREPARATIONS FOR MACCABIAH, THE LARGEST
	GAMES HELD IN ISRAEL EVERY FOUR YEARS WITH A DELEGATION OF
	APPROXIMATELY 1000 ATHLETES.
	00.004
41.	
4b	(Code:) (Expenses 82,084. including grants of 9) (Revenue 9) (Revenue 9) (Revenue 9)
4b	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE
4b	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH
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4b 4c	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
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	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
4c	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
4c	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA @ HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
4c	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA 0 HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
4c 4d	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA & HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.
4c 4d	IN 2020, MACCABI USA LAUNCHED THE MACCABI USA 0 HOME PLATFORM TO ENGAGE OUR ALUMNI AND TO CONNECT WITH THE BROADER JEWISH COMMUNITY THROUGH ORIGINAL SPORTS-RELATED ON-LINE PROGRAMS.

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 Form 990 (2021)
 MACCABI USA, 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
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?			
	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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- -
	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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 Form 990 (2021)
 MACCABI USA, INC.

 Part 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	Х	
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 the 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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				·
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
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	4		_	(

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		1		Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	, , , , ,	<u>2a</u> 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
			<u>5a</u>	┝───┤	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b	┝───┤	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servin	ces provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	xt?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	m 8899 as required? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
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:	1			
		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:	1			
		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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
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	1			
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
l4a	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	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration]	
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an	ny			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 78	-		
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	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	
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		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
0a	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?	10b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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			
	exempt status with respect to such arrangements?	16b		
ect	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, IL, KS, KY, MD	,MA	,MI	, MN
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 215-561-6900			
	1511 WALNUT STREET, SUITE 401, PHILADELPHIA, PA 19102			
2006	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	1 990	(202
	6			
11	15 150872 88005625.001 2021.05000 MACCABI USA, INC.		88	800

MACCABI USA, INC.

1a Enter the number of voting members of the governing body at the end of the tax year

Section A. Governing Body and Management

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Yes No

Form 990 (2				13-1810938	Page 6
Part VI	Governance, Management	t, and D	isclosure.	For each "Yes" response to lines 2 through 7b below, and for a "No" res	sponse
				processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a res	sponse or	note to any li	ne in this Part VI	X

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

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1a

Form 990 (2021)	MACCABI				Page 7				
Part VII Compe	ensation of Officers,	Directo	ors, Trustee	s, Key Employees, Highest Compensated					
Employees, and Independent Contractors									
Check if	Schedule O contains a res	ponse or	note to any lin	in this Part VII					
Section A. Officers	s, Directors, Trustees, Ke	y Employ	ees, and High	est Compensated Employees					
1a Complete this tak	ole for all persons required	to be liste	ed. Report con	pensation for the calendar year ending with or within the organization's ta	ax 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)		l	mza			ipen	ourc			(F)
	(B)			بر Pos	C) ition	1		(D)	(E)	
Name and title	Average		not cl	heck	more	than o		Reportable	Reportable	Estimated amount of
	hours per		, unles cer an					compensation from	compensation from related	other
	week (list any	tor						the	organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	mpe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	ž	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) MARSHALL EINHORN	40.00									
CEO		1		х				230,873.	0.	6,882.
(2) JEFFREY BUKANTZ	4.00									· · ·
PRESIDENT	0.30	x		х				0.	0.	0.
(3) DONALD KENT	4.00									
FIRST VICE PRESIDENT		x		х				0.	0.	0.
(4) TONJA MAGERMAN	4.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(5) DEBORAH ADAMS	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) ARNOLD FIELKOW	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) LOUIS MOYERMAN	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) BENJAMIN FOX	4.00									
TREASURER		Х		Х				0.	0.	0.
(9) MARC ROSENBERG	4.00									
ASSOCIATE TREASURER		Х		Х				0.	0.	0.
(10) DONNA ORENDER	4.00									
SECRETARY		Х		Х				0.	0.	0.
(11) RONALD CARNER	1.00									
PAST PRESIDENT	0.30	Х						0.	0.	0.
(12) TONIA WORTMAN	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(13) ROBERT SPIVAK	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(14) HARVEY MORGAN	1.00									
REGIONAL VP	4.00	Х						0.	0.	0.
(15) WALTER KLORES	1.00									
REGIONAL VP		Х						0.	0.	0.
(16) SAMUEL SPORN	1.00									
REGIONAL VP		Х						0.	0.	0.
(17) CAREN LESSER	1.00									
REGIONAL VP		Х						0.	0.	0.
132007 12-09-21				-	-					Form 990 (2021)

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2021.05000 MACCABI USA, INC.

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MACCABI USA, INC. 13-1810938 Page 8

Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	st C		, ,			
(A)	(B)			•	C)	•		(D)	(E)		(F)	
Name and title	Average hours per			heck		than		Reportable	Reportable		stimate	
	week					is botl or/trus		compensation from	compensation from related	a	mount other	
	(list any	tor						the	organizations	cor	npensa	
	hours for	r direc				eq		organization	(W-2/1099-MISC/		from th	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	- I - '	ganizat	
	organizations below	al trus	onal tr		loyee	e comp		1099-NEC)			nd relat	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			org	janizati	ions
(18) DAVID RUDZINSKY	1.00		_		Ť					1		
REGIONAL VP		Х						0.	0.	\perp		0.
(19) ONDREA SCHICIANO	1.00											-
REGIONAL VP	1 00	X	<u> </u>			-		0.	0.			0.
(20) MEREDITH SHIFMAN	1.00							0	0			^
REGIONAL VP	1 00	Х		-				0.	0.	+		0.
(21) WALTER WORTMAN REGIONAL VP	1.00	x						0.	0.			0.
(22) LAWRENCE LEVIN	2.00	^	-			-		0.	0.	+		0.
LEGAL COUNSEL	2.00	x						0.	0.			Ο.
(23) ALAN APPELBAUM	0.50	1								+		<u> </u>
TRUSTEE		x						0.	0.			Ο.
(24) SIMON ATLAS	0.50											
TRUSTEE		Х						0.	0.			0.
(25) MARC BACKAL	0.50	_										
TRUSTEE		Х						0.	0.	\vdash		0.
(26) PHILIPPE BENNETT	0.50								-			_
TRUSTEE		Х						0.	0.		<u> </u>	0.
1b Subtotal								230,873.	0.	_	6,8	
c Total from continuation sheets to Part V								0.230,873.	0.	_	6,8	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but 										<u> </u>	0,0	02.
2 Total number of individuals (including but compensation from the organization	not innited to th	lose	liste	u ai	DOVE	e) wr	lo re	ceived more than \$100,	ooo of reportable			1
											Yes	No
3 Did the organization list any former office	r, director, trust	ee, ł	key e	emp	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for	such individual								-	3		X
4 For any individual listed on line 1a, is the s								•	•			
and related organizations greater than \$15	50,000? If "Yes,	," со	mple	ete S	Sche	edule	e J f	or such individual		4	X	
5 Did any person listed on line 1a receive or	•						elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." col	mplete Schedul	e J f	or sı	uch ,	pers	son				5		X
Section B. Independent Contractors									100.000 (
1 Complete this table for your five highest contract the organization. Report compensation for										ation ti	rom	
(A)	the calendar y	care	nui	ig w				(B)		(C)	
Name and busines	s address	N	ONE	Ξ				Description of s	ervices		ensatio	n
							-					
2 Total number of independent contractors		ot lir	nited	d to		-	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ		1 7 1	***	<u>m</u> -		0 r c	מט	דחפ		_	000	
SEE PART VII, SECTIO	N A CONI	ΤN	υA	. エ エ		G I	пБ	Q I LI		⊢orm	990 (2021)

Part VII Section A. Officers, Direct		mpic	byee			lign	est		, ,	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	10		Posi			5.0	Reportable	Reportable	Estimated
	hours per	(C	песк Т	all t	Inal	app	iy)	compensation from	compensation from related	amount of other
	week					ee		the	organizations	compensatio
	(list any	ector				(old m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e.			ated e		(W-2/1099-MISC)		organizatio
	related	ustee	truste		96	i pen s				and related
	organizations below	lual tr	tional		n ploy(st com	_			organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) STEPHEN BERLINER	0.50									
TRUSTEE	0.30	x						0.	0.	
(28) JEFFREY BINDER	0.50									
TRUSTEE		X						0.	0.	
(29) GARY BOMZER	0.50									
TRUSTEE		Х						0.	0.	
(30) LISA CHAJET	0.50									
TRUSTEE		Х						0.	0.	
(31) DANIEL COSGROVE	0.50									
TRUSTEE		Х						0.	0.	
(32) EVE ELLIS	0.50									
TRUSTEE		Х						0.	0.	
(33) RICHARD FARBER	0.50									
		х						0.	0.	
(34) LELAND FAUST	0.50								0	
		Х						0.	0.	
(35) LISA FISCHMAN TRUSTEE	0.50	x						0.	0.	
(36) JESS FORREST	0.50		-					0.	0.	
IRUSTEE	0.50	x						0.	0.	
(37) ALAN GOLDBERG	0.50							0.	0.	
RUSTEE	0.50	x						0.	0.	
(38) SETH GOLDBERG	0.50	- 23								
TRUSTEE		x						0.	Ο.	
(39) ADAM GOLDSTEIN	0.50									
TRUSTEE		x						0.	0.	
(40) STUART GREENBERG	0.50									
RUSTEE		x						0.	0.	
(41) MATTHEW HALPERN	0.50									
TRUSTEE		X						0.	0.	
(42) MARK KNUE	0.50									
TRUSTEE		Х						0.	0.	
(43) LENNY KRAYZELBURG	0.50									
TRUSTEE		Х						0.	0.	
(44) ARTHUR LAVITT	0.50	4								
TRUSTEE		Х						0.	0.	
(45) JESSICA LEDERHAUSEN	0.50	4							_	
TRUSTEE		Х	<u> </u>					0.	0.	
(46) LAWRENCE LEFF	0.50									
RUSTEE		Х	[0.	0.	

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Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee			lighe	est (es (continued)	1
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(Cl	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensatio
	(list any	tor				plo ye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	()	organization
	related	tee or	ustee			ensat		· · · · ·		and related
	organizations	al trus	onal tr		lo yee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Ind	Ins	0ff	, Ke	Hiç	For			
(47) DARREN LEVINE	0.50								•	
TRUSTEE		Х						0.	0.	0
(48) HOWARD LEVY	0.50	77							0	_
IRUSTEE		Х						0.	0.	0
(49) DEBORAH LICHTENFELD TRUSTEE	0.50	x						0.	0.	0
(50) JACOB MAGERMAN	0.50	^						U•	0.	- 0
TRUSTEE	0.50	x						0.	0.	0
(51) JOEL MAGERMAN	0.50								0.	0
TRUSTEE	0.30	x						0.	0.	0
(52) DAVID MENCHE	0.50								•	
TRUSTEE		x						0.	0.	0
(53) KIM MERTENS	0.50								.	
TRUSTEE		х						0.	0.	0
(54) DEANE PENN (TO MARCH 2021)	0.50									
TRUSTEE		х						0.	0.	0
(55) JODI REFF	0.50									
TRUSTEE		Х						0.	Ο.	0
(56) JOEL ROODYN	0.50									
TRUSTEE	1.00	Х						0.	0.	0
(57) RICHARD ROTHMAN	0.50									
TRUSTEE		Х						0.	0.	0
(58) JEFFREY ROTTER	0.50									
TRUSTEE		Х						0.	0.	0
(59) SUMMER RUNESTAD	0.50									
TRUSTEE		Х						0.	0.	0
(60) MICHAEL SCHIESEL	0.50									_
TRUSTEE		Х						0.	0.	0
(61) JEFFREY SCHULMAN	0.50								•	_
		X						0.	0.	0
(62) MICHAEL SHEFF	0.50								•	_
TRUSTEE		Х		\vdash				0.	0.	0
(63) ALAN SHERMAN	0.50	v							0	_
TRUSTEE		Х						0.	0.	0
(64) JEFFREY SIMON TRUSTEE	0.50	x						0.	0.	0
(65) MORTON SLOAN	0.50	^		\vdash				U•	υ.	
rustee	0.50	x						0.	0.	0
(66) NEIL SOLOMON	0.50	^				-		U•	0.	
(66) NEIL SOLOMON TRUSTEE	0.50	x						0.	0.	0
INUSIEE	I	Δ						U•	υ.	<u> </u>

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Part VII Section A. Officers, Directors,	USA,INC Trustees, Key Er		yee	s <u>,</u> ar	nd H	ligh	est	Compensated Employe	13-181 es (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Positio						Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ed em		(W-2/1099-MISC)	(112/1000/11100)	organization
	related	tee or	ustee			en sate				and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(67) TRACEY SPECTER	0.50	-	-	0	×	Ŧ	ш.			
TRUSTEE		х						0.	0.	0
(68) ALEX STERNBERG	0.50									
TRUSTEE		х						0.	0.	0
(69) MARK SUSSON	0.50									
TRUSTEE		х						0.	0.	0
(70) DANA SUSSON	0.50									
TRUSTEE		Х						0.	0.	0
(71) GEOFFREY THAW	0.50									
TRUSTEE		Х						0.	0.	0
(72) PETER TILL	0.50									
TRUSTEE		Х						0.	0.	0
(73) NEIL TRAMER	0.50									
TRUSTEE		х						0.	0.	0
(74) TODD VOLYN	0.50								•	
		Х						0.	0.	0
(75) CAROLYN WASSERMAN	0.50								0	0
TRUSTEE (76) JORDAN WEINSTEIN		Х						0.	0.	0
TRUSTEE	0.50	x						0.	0.	0
(77) LEONARD WEISS	0.50	Δ						0.	0.	0
TRUSTEE	0.50	x						0.	0.	0
(78) DAVID WINN	0.50									
TRUSTEE		х						0.	0.	0
(79) SEYMOUR ZUCKERMAN	0.50									
TRUSTEE		х						0.	0.	0
(80) DEBBIE ZUMOFF	0.50									
TRUSTEE		х						0.	0.	0
							<u> </u>			
		-								
							-			
		1								<u> </u>

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	t VII			BI USA ue	, .				13-1810	938 Pag
		Check if Schedule O	conta	ins a respo	onse c	or note to any lin	e in this Part VIII			Γ
						,	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
								function revenue	business revenue	from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues				12,290.				
m		Fundraising events				129,235.				
ar A		Related organizations				904,082.				
miļ		Government grants (contr				278,255.				
ŝ		All other contributions, gifts,				-				
her		similar amounts not included	-		2,	075,696.				
Ö	g				6	278,255.				
anc	-	Total. Add lines 1a-1f					3,399,558.			
						Business Code				
	2 a	ANNUAL GAMES				711300	211,441.	211,441.		
Ð	b									
enu	с									
Sev	d									
Revenue	е				_					
		All other program service					211,441.			
+	<u>g</u> 3	Total. Add lines 2a-2f					<u>441</u>			
	3	Investment income (inclue	Ũ	-			2,202.			2,20
	4	other similar amounts) Income from investment of					2,202.			2,20
	- 5	Royalties		•						
	Ŭ			(i) Real		(ii) Personal				
	6 a	Gross rents	6a	()						
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
		Gross amount from sales of	Í	(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	с	Gain or (loss)	7c							
2	d	Net gain or (loss)				►				
	8 a	Gross income from fundraisi	-							
5		including \$ 129								
		contributions reported on				00 456				
		Part IV, line 18				90,456.				
		Less: direct expenses				134,168.	12 710			10 71
		Net income or (loss) from				>	-43,712.			-43,71
	9 а	Gross income from gamin								
	h	Part IV, line 19 Less: direct expenses			9a 9b					
		Net income or (loss) from								
		Gross sales of inventory,	-	-	°					
	10 0	and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from				►				
T						Business Code				
Revenue	11 a	MISCELLANEOUS	II	NCOME		999999	29,351.			29,35
nue	b									
eve	с									
۳	d	All other revenue					·			
	е	Total. Add lines 11a-11d					29,351.			
	12	Total revenue. See instruction	าทร				3,598,840.	211,441.	0.	-12,15

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Check # Schedule O contains a response or note to any line in this Park M (1) <th <="" colspan="2" t<="" th=""><th>Secti</th><th>on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response</th><th></th><th></th><th>ιριειε column (Α).</th><th></th></th>	<th>Secti</th> <th>on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response</th> <th></th> <th></th> <th>ιριειε column (Α).</th> <th></th>		Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			ιριειε column (Α).	
Dot No. Relations and relations systems Total expenses Program service expenses Program service systems Purchalling expenses 1 Garsta and other assistance to domestic and domestic program tests. We arrive the systems Image: Systems Fund-allang expenses Fund-allang expenses 2 Grants and other assistance to foreign organizations, review organizations and domestic program tests and review. 237, 755. 142, 653. 47, 551. 47, 551. 3 Grants and other assistance to foreign organizations. review organizations and domestic program tests and confident destance to foreign organizations. See Part V, line 21 237, 755. 142, 653. 47, 551. 47, 551. 4 Benefits pacified under scion dest(1) and mersons described in section 4580(1) and mersons desc	Do 1		(A)	(B)	(C)	(D)		
1 Grants and other assistance to domesic organizations and somesic governments. See Part IV, line 21 2 2 Grants and other assistance to domesic individuals. See Part IV, line 21 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 52 2 4 Benefts paid to or for members 2 2 5 Compensation of current officies, directors, trustees, and key employees 2 2 6 Compensation of current officies, directors, trustees, and key employees 5 5 3 7 Other estaines and wage. 5 5 3 2 4 8 Person factors and contributions (mcnde section 410%) and 420(0) employment methalons (mcnde 9 5 9 8 2 2 4 2 3 4 9 0 9 9 9 9 9 9 9 9 9 9 3 3 1 5 4 7 4 9 0 1 5 4 1 9 9 1 5			Total expenses	Program service	Management and	Fundraising		
and domestic governments. See Part IV, line 21					general expenses	<u>enpeneee</u>		
2 Grants and other assistance to donestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and toreign individuals. See Part IV, line 51 and 16 4 Benefits paid to or for members 5 Compensation of current offices, directors, trustees, and key employees 6 Compensation of current offices, directors, trustees, and key employees 7 Other satisfices and wages 9 Other employee combutions (include section 4010, and 4030 employees) 9 Other employee combutions (include section 4010, and 4030 employees) 9 Other employee benefits 9 Deproval taxes 9 Other employee benefits 11 Fees for services (nonemployees) a Maragement b Legal 11 Fees for services (nonemployees) a Maragement 9 Other, if line 11g anount secels 10% of line 25, cohmm (h, anount, list line tragement ecoses 10% of line 25, cohmm (h, anount, list line tragement ecoses 9 9.8, 06.8 46, 2.27. 41, 876. 9 9.4, 070, 980. 5, 793. 15, 1711.		and demostic neuromente. Cas Daut IV line 01						
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23 Insurance 64,815. 50,037. 4,083. 10,695. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 392,330. 391,485. 845. a TEAM EXPENSE 392,330. 391,485. 845. b MACCABIAH GAMES 86,225. 86,225. c POSTAGE 32,673. 25,258. 2,049. 5,366. d NEWSLETTER 11,866. 11,866. 11 e All other expenses. Add lines 1 through 24e 2,093,204. 1,674,486. 195,642. 223,076. 26 Joint costs. from a combined Joint costs from a combined Image: Cost from a combined				,,				
24Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)392,330. 391,485.845.aTEAM EXPENSE392,330. 391,485.845.bMACCABIAH GAMES86,225. 86,225.86,225.cPOSTAGE32,673. 25,258. 2,049. 5,366.dNEWSLETTER11,866. 11,866.eAll other expenses26,041. 17,733. 397. 7,911.25Total functional expenses. Add lines 1 through 24e2,093,204. 1,674,486. 195,642. 223,076.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined2				50,037.		10,695.		
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.)392,330.391,485.845.a TEAM EXPENSE392,330.391,485.845.b MACCABIAH GAMES86,225.86,225.86,225.c POSTAGE32,673.25,258.2,049.5,366.d NEWSLETTER11,866.111,866.e All other expenses26,041.17,733.397.7,911.25 Total functional expenses. Add lines 1 through 24e2,093,204.1,674,486.195,642.223,076.26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined26		Other expenses, Itemize expenses not covered	,		_,			
amount, list line 24e expenses on Schedule 0.) 392,330.391,485. 845. b MACCABIAH GAMES 86,225.86,225. c POSTAGE 32,673.25,258.2,049.5,366. d NEWSLETTER 11,866.11,866. e All other expenses 26,041.17,733.397.7,911. 25 Total functional expenses. Add lines 1 through 24e 2,093,204.1,674,486.195,642.223,076. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 1		above. (List miscellaneous expenses on line 24e. If						
a TEAM EXPENSE 392,330. 391,485. 845. b MACCABIAH GAMES 86,225. 86,225. 86,225. c POSTAGE 32,673. 25,258. 2,049. 5,366. d NEWSLETTER 11,866. 11,866. 11,866. e All other expenses 26,041. 17,733. 397. 7,911. 25 Total functional expenses. Add lines 1 through 24e 2,093,204. 1,674,486. 195,642. 223,076. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 1 1 1								
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c POSTAGE 32,673. 25,258. 2,049. 5,366. d NEWSLETTER 11,866. 11,866. 11,866. e All other expenses 26,041. 17,733. 397. 7,911. 25 Total functional expenses. Add lines 1 through 24e 2,093,204. 1,674,486. 195,642. 223,076. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) image: Complete this line only if the organiza								
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eAll other expenses26,041.17,733.397.7,911.25Total functional expenses. Add lines 1 through 24e2,093,204.1,674,486.195,642.223,076.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined0000	d	NEWSLETTER		11,866.				
25 Total functional expenses. Add lines 1 through 24e 2,093,204. 1,674,486. 195,642. 223,076. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 1 <td>е</td> <td></td> <td></td> <td></td> <td></td> <td>7,911.</td>	е					7,911.		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	25	· · · · · · · · · · · · · · · · · · ·			195,642.			
		-						
educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined						
		educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)						

Form 990 (2021) Part IX Statement of Functional Expenses

MACCABI USA, INC.

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

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132010 12-09-21

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Form 990 (2021) MACCABI USA, INC.
Part X Balance Sheet

13-1810938 Page 11

I U		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,621,246.	1	3,457,584.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	210 0//	9	1,932,140.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 145,810			
	b	Less: accumulated depreciation 10b 128,092		10c	17,725.
	11	Investments - publicly traded securities		11	5,000.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	. 28,916.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	5,412,449.
	17	Accounts payable and accrued expenses		17	208,970.
	18	Grants payable		18	
	19	Deferred revenue		19	1,617,660.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	226,566.
	26	Total liabilities. Add lines 17 through 25		26	2,053,196.
		Organizations that follow FASB ASC 958, check here \blacktriangleright X			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions		27	-230,553.
Ba	28	Net assets with donor restrictions	2,281,526.	28	3,589,806.
pur		Organizations that do not follow FASB ASC 958, check here			
ц Ц		and complete lines 29 through 33.			
S S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Si la	31	Retained earnings, endowment, accumulated income, or other funds		31	
2					
Net Assets or Fund Balances	32	Total net assets or fund balances	<u>1,853,617</u> . 2,230,086.	32 33	3,359,253. 5,412,449.

Form **990** (2021)

09261115 150872 88005625.001

	990 (2021) MACCABI USA, INC.	13-181	0938	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			2 5 0 0		4.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,598		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,093		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,505		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,853	5,6.	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	3,359),2	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?		2b	Х	
	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?		2c	Х	
	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 Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2021)

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	Name of the organization Employer identification number								
			ABI USA, I						3-1810938
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
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 ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed 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 j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			-	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	-			-		-	-
		university:					-	•	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir		•	• •				•
		See section 509(a)(2). (Cor		· · · · · · · · · · · · · · · · · · ·					,
11		An organization organized a		ivelv to test for public sa	fetv. See	section 50)9(a)(4).		
12	\square	An organization organized a	•					rrv out the	purposes of one or
		more publicly supported or	•		•		-		• •
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• ·					-	aivina
		the supported organization	-	-	• • • •	-			
		organization. You must o							
b		Type II. A supporting org	-		tion with it	s supporte	d organizatio	n(s) by hay	vina
	L	control or management o	-				•		•
		organization(s). You mus					in or or mana	ge the cup	
c		Type III functionally inte	-		in connect	tion with a	and functional	lv integrate	od with
Ŭ	L	its supported organization						iy intograte	a with,
d		Type III non-functionally						ted organia	zation(s)
ŭ		that is not functionally int	• •					•	
		requirement (see instructi			•		-		
•		Check this box if the orga		•					
е		functionally integrated, or					турет, туре	п, туре п	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.			
		vide the following information	•	ad organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
				above (see instructions))					
Tota									
-		Paperwork Reduction Act N	lotice, see the Instri	uctions for Form 990 o	990-F7	132021 01-	1 04-22	Sche	ule A (Form 990) 2021
/						102021 01-		00110	STATE OF A

Schedule A	Form 990) 202
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MACCABI USA, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3640564.	1111603.	1450964.	2108902.	3399558.	<u>11711591.</u>
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			4.500.64			
	Total. Add lines 1 through 3	3640564.	1111603.	1450964.	2108902.	3399558.	11711591.
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,						0000100
	column (f)						2077137.
	Public support. Subtract line 5 from line 4.						9634454.
		(-) 0017	(1-) 0010	(-) 0010	(.1) 0000	(-) 0001	(f) Tabal
	ndar year (or fiscal year beginning in)	(a) 2017 3640564.	(b)2018 1111603.	(c) 2019 1450964.	(d) 2020 2108902.	(e) 2021	(f) Total 11711591.
	Amounts from line 4	3040304.	1111003.	1430904.	2100902.	33333300	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	4,000.	4,000.	4,000.	4,244.	2,202.	18,446.
9		<u> </u>	4,000.	4,000.		2,202.	10,110.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11730037.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th	`	,	ourth. or fifth tax	/ear as a section 5		
	organization, check this box and stop						
Se	ction C. Computation of Publi						······································
	Public support percentage for 2021 (I			olumn (f))		14	82.13 %
	Public support percentage from 2020					15	83.14 %
	33 1/3% support test - 2021. If the o					ore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►
						Schedule A	(Form 990) 2021

132022 01-04-22

Schedule A			MACCABI				
Part III	Support	Schedule	for Organization	ons Des	cribed in	Section 509(a	a)(2)

MACCABI USA, INC.

(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 business under section 512						
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	-	1	-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
Section C. Computation of Publi	••				<u> </u>	
15 Public support percentage for 2021 (li			column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20		D 1 1 1 1 1			17	<u>%</u>
18 Investment income percentage from 2			an line 14 and lin		18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the	-	•				►
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organizatio						
132023 01-04-22			, e, on on t			lule A (Form 990) 2021
		18	}			· · · · · · · · · · · · · · · · · · ·

MACCABI USA, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2021	MACCABI		INC
Part IV	Supporting Org	anizations (contin	nued)	

1

2

No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 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.	
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. Section C. Type II Supporting Organizations

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

Section 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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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	2		
	supported organizations played in this regard	3		

Section 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	r (see instructions).
-	Onech the box next to the method that the organization used	i to satisfy the integral i art	Tost during the yea	, (

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a d	overnmental entity	(see instructions)	
---	--	---	-------------------------	-------------------	--------------------	--------------------	--

20

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **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.**

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.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

132025 01-04-22

Schedule A (Form 990) 2021

2021.05000 MACCABI USA, INC.

Sche	dule A (Form 990) 2021 MACCABI USA, INC.			13-1810938 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	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		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

22 2021.05000 MACCABI USA, INC.

Sect	on E - Distribution Allocations (see instructions)	(I) Excess Distributions	(II) Underdistributions Pre-2021	(III) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			
			So	chedule A (Form 990) 202

(i)

MACCABI USA, INC.

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

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1

2

3 4

5

6

7

8 9

10

(ii)

Current Year

(iii)

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Schedule A			MACCABI					
Part V	Type III	l Non-F	unctionally Integra	ated 509	9(a)(3) Si	upporting	Organizations	(continued)

Section D - Distributions

2

3

4

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	(Form 990) 2021
Dart VI	Supplement

Section D, lines 5, 6, and 8; and Part V, Secti (See instructions.)	ion E, lines 2, 5, and 6. Also complete this part for any additional information.
(
	Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

2021

Employer identification number

13-1810938

MACCABT	USA.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

ACCABI US	SA, INC.	13	-1810938
Part I Cont	tributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		\$ <u>200,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>4</u>	Name, address, and ZIP + 4	Total contributions \$\$	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 5 </u>		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 6 </u>		\$278,255.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

	B (Form 990) (2021)			Page 3
Name of o	rganization		Employ	yer identification number
MACCA	BI USA, INC.		13	-1810938
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
c	PPP LOAN FORGIVENESS	-		
6		-		
		\$\$278,2	55.	05/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		- \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		_ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		_ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		- \$		
123453 11-11		- *		Schedule B (Form 990) (2021)

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27 2021.05000 MACCABI USA, INC.

Name of or	rganization		Employer identification number
MACCAF	BI USA, INC.		13-1810938
Part III	Exclusively religious, charitable, etc., contribution	utions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the following line ent , charitable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additionation	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ			
	Transferes's name address	(e) Transfer of gift	
F	Transferee's name, address,		Relationship of transferor to transferee
123454 11-11-	-21	28	Schedule B (Form 990) (202
		20	

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2021.05000 MACCABI USA, INC.

Department of the freasury	f the counts	
Image of the organization Image of the organization <thimage of="" organization<="" th="" the=""> Image</thimage>	rea	mber
MACCABI USA, INC. 13-181 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete i organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. Complete i 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. (b) Funds and other accounts. 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts. 4 Aggregate value at end of year (a) Donor advised funds (b) Funds and other accounts. 5 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 charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Yes 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land a preservation of a natural habitat Preservation of on fore space <td< th=""><th>f the counts</th><th></th></td<>	f the counts	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organization answered "Yes" on Form 990, Part IV, line 6. I Total number at end of year (a) Donor advised funds (b) Funds and other accounts. 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts. 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? Yes 6 Did the organization 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 or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 1 Purpose(s) of conservation easements held by the organization or ducation in the form of a conservation easements. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2a 2 Complete lines 2a through 2d if the organization beld a qualified conservation contribution in the form of a conservation easements 2a	f the counts	_
organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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 or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization or education) Preservation of a historically important land a protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements of the tax year. 2a a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2a c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 2 Number of conservation easements 2a 3 Number of conservation easements modified, transferred,	rea	_
(a) Donor advised funds (b) Funds and other acc 1 Total number at end of year	rea	_
 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 is property, subject to the organization's exclusive legal control? 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 or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) Total acreage restricted by conservation easements C 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 		_
 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 is property, subject to the organization's exclusive legal control? 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 or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) Total acreage restricted by conservation easements C 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 		_
 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in 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 or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements a Total number of conservation easements on a certified historic structure included in (a) a Total acreage restricted by conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 		_
 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's property, subject to the organization's exclusive legal control? 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 or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land a Preservation of a certified historic structure day of the tax year. a Total number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 		_
 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 or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) a Total number of conservation easements on a certified historic structure included in (a) a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 		_
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land a Protection of natural habitat Preservation of open space 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 or day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3		
impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land a Protection of natural habitat Preservation of a certified historic structure Preservation of open space Preservation of open space Preservation in the form of a conservation easement or day of the tax year. a Total number of conservation easements on a certified historic structure included in (a) 2a d Number of conservation easements on a certified historic structure included in (a) 2c 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax		No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).		No
 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land a Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement or day of the tax year. Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 		
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land a Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement or 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) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 		
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 Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement or 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) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 		
 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of 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) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 		
day of the tax year. Held at the End of a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax		
 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) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 		
b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax		ICal
 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2c 2d 		
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		
listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax		
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax		
jour p		
4 Number of states where property subject to conservation easement is located		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
violations, and enforcement of the conservation easements it holds?		No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the	e year	
▶		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	r	
►\$		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	_	_
and section 170(h)(4)(B)(ii)?		No
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 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 VIII, line 1		
 b Assets included in Form 990, Part X b \$ 		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Fo		
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²⁹ 2021.05000 MACCABI USA, INC. 88005621

Sche	dule D (Form 990) 2021 MACCABI	USA, INC.				13	-18	10938	3 р	age 2		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Si	milar As	ssets	(contin	nued)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	signif	icant use	of its	-				
	collection items (check all that apply):											
а	Public exhibition	d	Loan or excl	hange program								
b	Scholarly research	е	Other									
с	Preservation for future generations											
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt	purpose ir	Part	XIII.				
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simi	lar ass	ets						
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes"	on For	m 990, Pa	art IV, I	ine 9, or				
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets no	ot inclu	ıded						
	on Form 990, Part X?											
b	If "Yes," explain the arrangement in Part XIII a				_							
					[Amount	t			
с	Beginning balance				[1c						
	Additions during the year					1d						
	Distributions during the year					1e						
f					[1f						
2a	Did the organization include an amount on Fo				bility?		🗆	Yes		No		
b	If "Yes," explain the arrangement in Part XIII.											
Par	rt V Endowment Funds. Complete it	f the organization and	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.							
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three years	back	(e) Four	years	back		
1a	Beginning of year balance	16,171,119.	13,371,210.	11,001,963	•	11,799,	897.	10,	527,	047.		
	Contributions 3,116,515. 249,983. 265,000. 300,000. 312,5								514.			
	Net investment earnings, gains, and losses	2,558,358. 3,147,079. 2,611,907534,002.					2	,348,	746.			
d	Grants or scholarships	904,082.	494,245.	419,961		468,822.		468,822.		1,	,297	706.
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses	134,196.	102,908.	87,699		95,	110.		90,	704.		
	End of year balance	20,807,714.	16,171,119.	13,371,210		11,001,	963.	11,	799,	897.		
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:								
а	Board designated or quasi-endowment	24.7715	%									
b	Permanent endowment > 48.7100	%	_									
с	Term endowment 26.5184	%										
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.										
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for	the or	ganizatior	า					
	by:	C C				•		ſ	Yes	No		
	(i) Unrelated organizations							3a(i)		Х		
	(ii) Related organizations							3a(ii)	Х			
b	If "Yes" on line 3a(ii), are the related organization								Х			
4	Describe in Part XIII the intended uses of the											
Par	rt VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.						
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accu	mulated		(d) Bool	k valu	е		
		basis (investm	ient) basis	(other)	deprec	iation						
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment		14	5,816.	128	8,091	•	1'	7,7	25.		
	Other											
	I. Add lines 1a through 1e. (Column (d) must ed		<u>(. column (</u> B). line 10	0c.)		►		1'	7,7	25.		
				, 			edule	D (Form	n 990)	2021		

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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
	(b) Book Value		
1) Financial derivatives 2) Closely held equity interests			
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	L		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	
(a) Description of liability			(b) Book value
(1) Federal income taxes			1 = 0 = 0 0
(2) PPP AND EIDL LOAN			150,000
(3) DEFERRED RENT			15,065
(4) DUE FROM RELATED PARTY			61,501
(5)			
(6)			
(7)			
(8)			
(9)			▶ 226,566

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 🚺

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 MACCABI USA, INC. Part VIII Investments - Other Securities.

Sche	edule D (Form 990) 2021 MACCABI USA, INC.	13-2	1810938 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,642,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b			
с			
d			
е	Add lines 2a through 2d	2e	<u>43,712.</u> 3,598,840.
3	Subtract line 2e from line 1	3	3,598,840.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,598,840.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	leturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,136,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	-	
b	Prior year adjustments 2b	-	
С	Other losses 2c	-	
d	Other (Describe in Part XIII.) 2d 43,712.		
е	Add lines 2a through 2d	2e	43,712.
3	Subtract line 2e from line 1	3	2,093,204.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,093,204.
Pa	rt XIII Supplemental Information.		

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

PART V, LINE 4:

THE ENDOWMENT IS HELD BY THE ENDOWMENT FUND OF MACCABI USA SPORTS FOR

ISRAEL INC. TO SUPPORT QUALIFIED CHARITABLE ORGANIZATIONS.

THE ORGANIZATION HAS INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS

UNDER THE PERCENTAGE OF PORTFOLIO REPORTING METHOD THAT ATTEMPTS TO

PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAM SERVICES SUPPORTED BY

ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE

ENDOWMENT ASSETS.

PART X, LINE 2:

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MANAGEMENT OF THE ORGANIZATION CONSIDERS THE LIKELIHOOD OF CHANGES BY

32

TAXING AUTHORITIES IN ITS FILED INCOME TAX RETURNS AND RECOGNIZES A

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MACCABI USA, INC. Part XIII Supplemental Information (continued)	13-1810938 Page 5
LIABILITY OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT M	ANAGEMENT
BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR UPON EXAMINATION	BY TAX
AUTHORITIES, INCLUDING CHANGES TO THE ORGANIZATION'S STATUS	AS A NOT-FOR
PROFIT ENTITY. MANAGEMENT BELIEVES THAT THE ORGANIZATION ME	T THE
REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NO I	NCOME SUBJECT
TO UNRELATED BUSINESS INCOME TAX, THEREFORE NO PROVISION FO	R INCOME TAXES
HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS	43,712.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS	43,712.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047								
(Form 990)	Complete if the	or if the	2021								
Department of the Treasury			Open to Public								
Internal Revenue Service		to www.irs.g	ov/Form990 for instr	uction	s and	the latest informati	on.		Inspection		
Name of the organization	MACCABI							13-1810			
	complete this part		ne organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not		
1 Indicate whether th	e organization rais		· ·	-							
a Mail solicitat	tions email solicitations					overnment grants					
d In-person so			3 Opeoidi	lanare	long						
2 a Did the organization							tees,				
• • •			/ in connection with p es (fundraisers) pursu			-	ne fur	draiser is to b			
compensated at le	-								-		
	a a filmali dale a l			(iii)	Did		(v)	Amount paid	(vi) Amount paid		
(i) Name and addres or entity (fund		(i	i) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	ì	or retained by) fundraiser ted in col. (i)	to (or retained by) organization		
				Yes	No						
Total											
3 List all states in whi or licensing.				contrib	utions	or has been notified	it is e	exempt from re	egistration		
LHA For Paperwork R	eduction Act Noti	ce, see the In	structions for Form 9	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021		

132081 10-21-21

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

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through				
			CHICAGO GOLF	PHILLY GOLF	1	col. (c)				
0			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	91,585.	76,626.	51,480.	219,691.				
	2	Less: Contributions	84,872.	43,911.	452.	129,235.				
	3	Gross income (line 1 minus line 2)	6,713.	32,715.	51,028.	90,456.				
	4	Cash prizes		2,000.		2,000.				
	5	Noncash prizes		5,070.		5,070.				
enses	6	Rent/facility costs	79,741.	21,947.	7,938.	109,626.				
Direct Expenses	7	Food and beverages			3,752.	3,752.				
Di		Entertainment								
	9	Other direct expenses			13,720.	13,720.				
		Direct expense summary. Add lines 4 through				134,168.				
Da		Net income summary. Subtract line 10 from li				-43,712.				
Fd	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than					
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue	1	Gross revenue								
Se	2	Cash prizes								
t Expenses	3	Noncash prizes								

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_					

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Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	MACCABI	USA,	INC.		13-1	.810938	Page 3
11	Does the organization conduct	gaming activities w	ith nonme				Yes	No
12		•			of a partnership or other entity formed			
							Yes	No
	Indicate the percentage of gam						13a	04
							13b	<u>%</u>
					gaming/special events books and reco			
	Name 🕨							
	Address 🕨							
15a	Does the organization have a co	ontract with a third	party fror	n whom the org	anization receives gaming revenue?		Yes	No No
b					\$ and the an	nount		
	of gaming revenue retained by t If "Yes," enter name and addres							
C	in res, entername and addres	ss of the third party						
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	1 ▶ \$		-				
	Description of services provided	d 🕨						
	Director/officer	Employee			ndent contractor			
	Mandatory distributions:							
а	Is the organization required unc retain the state gaming license?				from the gaming proceeds to		Yes	🗌 No
b	• •				to other exempt organizations or spent			
	organization's own exempt acti							
Ра					ed by Part I, line 2b, columns (iii) and (v formation. See instructions.	v); and Par	t III, lines 9, 9	9b, 10b,
	· · · · · ·		•					
13208	83 10-21-21					Sched	ule G (Form	990) 2021
				36				

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SC	SCHEDULE J Compensation Information			OMB No. 1545-0047					
(Fo	rm 990)	- For certain Officers, Director	rs, Trustees, Key Employees, and Highest		2021				
			ensated Employees 1swered "Yes" on Form 990, Part IV, line 23.		ZU		1		
Dena	tment of the Treasury		ach to Form 990.		Open to		ic		
Intern	al Revenue Service) for instructions and the latest information.		Inspection				
Nam	e of the organization				identificatio		nber		
		MACCABI USA, INC.		13-1	181093	5			
Pa	rt I Question	Regarding Compensation							
						Yes	No		
1a		() 6 1 ,	of the following to or for a person listed on Form	990,					
	·	line 1a. Complete Part III to provide any relev							
	First-class or c		Housing allowance or residence for perso						
	Travel for com		Payments for business use of personal re-						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, che								
		pending account	Personal services (such as maid, chauned	ir, chei)					
h	If any of the bayes	on line to are checked, did the organization f	collow a written policy regarding poyment or						
D	•	on line 1a are checked, did the organization f	onow a written policy regarding payment of ove? If "No," complete Part III to explain		1b				
2			or allowing expenses incurred by all directors,						
2			arding the items checked on line 1a?		2				
	trustees, and onloc	s, moldaring the OLO/Exceditive Director, reg							
3	Indicate which if a	w of the following the organization used to e	establish the compensation of the organization's						
-	,		boxes for methods used by a related organization						
		tion of the CEO/Executive Director, but explanation	, ,						
	Compensation		Written employment contract						
	·	ompensation consultant	Compensation survey or study						
	·	her organizations	Approval by the board or compensation c	ommittee					
				ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Sec	ction A, line 1a, with respect to the filing						
	organization or a re		<i>, ,</i> , , , , , , , , , , , , , , , , ,						
а	-	e payment or change-of-control payment?			4a		X		
b		eive payment from a supplemental nonqualif			41		X		
с		eive payment from an equity-based compens			4		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the app	licable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did t	the organization pay or accrue any compensatio	n					
	contingent on the r	evenues of:							
а	The organization?				5a		X		
							X		
	If "Yes" on line 5a o	r 5b, describe in Part III.							
6	•		the organization pay or accrue any compensatio	n					
	contingent on the r	5							
							X		
b					6b		X		
		r 6b, describe in Part III.							
7			the organization provide any nonfixed payments						
					7		X		
8			ed pursuant to a contract that was subject to the	ne			37		
		ption described in Regulations section 53.49			8		X		
9		d the organization also follow the rebuttable							
							<u> </u>		
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	or Form 990.	Schee	dule J (Forn	n 990)	2021		

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13-1810938

Page **2**

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARSHALL EINHORN	(i)	230,873.	0.	0.	6,882.	0.	237,755.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

2021
Open to Public Inspection

(d)

Employer	identification number
1	3-1810938

(c)

MACCABI USA, INC. Part I Types of Property (b) (a)

		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	terminir	•	•
		applicable		Form 990, Part VIII, line 1g	noncash continbu	tion and	ounts	>
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (PPP LOAN FORG)	X	1	278,255.	LOAN AGREEM	ENT		
26	Other ► ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
						'`	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	n 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ons?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				I
	contributions?					32a		X
b	If "Yes," describe in Part II.							
						-		

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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41 2021.05000 MACCABI USA, INC. **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

61115 150872 88005625.001	42 2021.05000 MACCABI USA, INC	. 88005
132142 11-17-21		Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

13-1810938

MACCABI USA, INC.

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

CONTINUITY THROUGH ATHLETIC, EDUCATIONAL, AND CULTURAL EXPERIENCES FOR

PARTICIPANTS OF ALL AGES.

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

MACCABI USA ENDEAVORS, THROUGH SPORTS, TO PERPETUATE AND PRESERVE THE

AMERICAN JEWISH COMMUNITY BY ENCOURAGING JEWISH PRIDE, STRENGTHENING

JEWISH BONDS AND BY CREATING A HEIGHTENED SENSE OF AWARENESS OF ISRAEL

AND JEWISH IDENTITY. OUR VOLUNTEER ORGANIZATION SEEKS TO ENRICH THE

LIVES OF JEWISH YOUTH IN THE UNITED STATES, ISRAEL AND THE DIASPORA

THROUGH ATHLETIC, CULTURAL AND EDUCATIONAL PROGRAMS.

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

MARK SUSSON (TRUSTEE) AND DANA SUSSON (TRUSTEE) HAVE A FAMILY RELATIONSHIP

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

DEBORAH LICHTENFELD (TRUSTEE) AND JEFFREY SCHULMAN (TRUSTEE) HAVE A FAMILY

RELATIONSHIP

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

JACOB MAGERMAN (TRUSTEE), JOEL MAGERMAN (TRUSTEE) AND TONJA MAGERMAN (VICE

PRESIDENT) HAVE A FAMILY RELATIONSHIP

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

WALTER WORTMAN (REGIONAL VP) AND TONIA WORTMAN (TRUSTEE) HAVE A FAMILY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21

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Schedule O (Form 990) 2021

Name of the organization

MACCABI USA, INC.

RELATIONSHIP

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

FORM 990 IS DISTRIBUTED ELECTRONICALLY TO BOARD AND REVIEWED PRIOR TO

SUBMISSION.

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

CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD ANNUALLY AND REVIEWED ANNUALLY.

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

COMPENSATION LEVELS ARE REVIEWED ANNUALLY BY PERSONNEL COMMITTEE OF BOARD.

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

AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, VA, WV WI

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

FORM 990 AND GOVERNING DOCUMENTS ARE POSTED ON ORGANIZATION'S WEBSITE.

CONFLICT OF INTEREST POLICY IS AVAILABLE FOR REVIEW UPON REQUEST.

132212 11-11-21

For Paperwo	ork Reduction A	ct Notice, see	the Instructions	for Form 990.

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(a)

Name, address, and EIN

of related organization

THE ENDOWMENT FUND OF MACCABI USA/SPORTS FOR

ISRAEL INC. - 26-0043932, 1511 WALNUT AND INVEST AND MANAGE STREET, SUITE 401, PHILADELPHIA, PA 19102 ENDOWMENT FUNDS PENNSYLVANIA 501(C)(3) LINE 12B, II

(b)

Primary activity

RAISE AND MAINTAIN FUNDS.

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

MACCABI USA, INC.

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

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

(c)

Legal domicile (state or

foreign country)

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

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Schedule R (Form 990) 2021

(f)

Direct controlling

entity

MACCABI USA, INC.

OMB No. 1545-0047

Open to Public Inspection

(g) Section 512(b)(13)

controlled

entity?

No

Yes

Х

Employer identification number

13-1810938

SCHED	ULE R	

(Form 990)

(e)

Public charity

status (if section

501(c)(3))

(d)

Exempt Code

section

Schedule R (Form 990) 2021 MACCABI USA, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j						
Name, address, and EIN of related organization	Primary activity	(state or entity		Legal domicile (state or (state or	Legal domicile (state or foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under		Share of total income	income end-		d-of-year allocations?	itions?	Code V-UBI General amount in box 20 of Schedule	al or Percen ^{jing} owners	ntage rship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) (g) Share of total income end-of-year assets		(h) Percentage ownership	contr	i) b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2021 MACCABI USA, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		X	Ŧ
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		I
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Conter transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE ENDOWMENT FUND OF MACCABI USA/SPORTS			
(1) FOR ISRAEL INC.	C	904,082.	СОЅТ
THE ENDOWMENT FUND OF MACCABI USA/SPORTS			
(2) FOR ISRAEL INC.	E	60,270.	COST
(3)			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2021 MACCABI USA, INC.

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

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

(2)	<u> </u>	C	(d)	10		(#)	(ന)		•	(3)	(3)	(k)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	Are Are partners 501(c orgs	all	(f) Share of	(g) Share of		n)	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. :)(3)	total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
orentity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	4
					i T							
				$\left \right $								
				+								

Schedule R (Form 990) 2021

MACCABI USA, INC.

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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