Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the 20	20 calendar year, or tax year beginning , 2020,	and ending		, 20
_		C Name of organization			ntification number
Вс	heck if applicab	* AMERICAN FRIENDS OF BEIT RUTH, INC		45-5626	5260
	Address change	Doing business as			
	Name chang	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur	nber
	Initial return	2 JERICHO PLZ WING A, STE 111	111	(516) 822	2-0074
	Final returni terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	JERICHO, NY 11753		G Gross receipts	\$ 1,796,531.
	Application pending	F Name and address of principal officer: DANIELLE BURENSTEIN		H(a) Is this a grou subordinates?	
		2 JERICHO PLZ WING A, STE 111111, JERICHO, N	NY 11753	H(b) Are all subordi	
1	Tax-exempt	status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," att	tach a list. See instructions
J	Website:	WWW.BEITRUTH.COM		H(c) Group exemp	otion number
K	Form of on	ganization: X Corporation Trust Association Other	L Year of form	nation: 2012 M s	State of legal domicile: NY
Pa	art I	Summary			
	1 Brie	efly describe the organization's mission or most significant activities: PROVID	E EDUCATIO	NAL, THERA	PEUTIC, SOCIAL,
9		LTURAL, RESIDENTIAL & CRISIS INTERVENTION SERVI			
and	YC	OUNG WOMEN AT RISK IN ISRAEL.			
Je.	2 Che	eck this box if the organization discontinued its operations or dispose	d of more than 25	% of its net assets	
Governance		mber of voting members of the governing body (Part VI, line 1a)			3 7.
Activities &		mber of independent voting members of the governing body (Part VI, line 1b)			4 6.
ties		al number of individuals employed in calendar year 2020 (Part V, line 2a)			5 3.
		al number of volunteers (estimate if necessary)			6
A		al unrelated business revenue from Part VIII, column (C), line 12			7a 0.
		unrelated business taxable income from Form 990-T, Part I, line 11			7b
	Kay 1			Prior Year	Current Year
	8 Co	ntributions and grants (Part VIII, line 1h)		3,126,063	3. 1,659,182.
ž		gram service revenue (Part VIII, line 2g)			0. 0.
Revenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)		106,863	31,528.
~		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-28,84	
		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		3,204,079	
100	1.767	ants and similar amounts paid (Part IX, column (A), lines 1-3)		391,562	
		nefits paid to or for members (Part IX, column (A), line 4)			0. 0.
ø		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		253,013	1. 289,143.
Expenses		fessional fundraising fees (Part IX, column (A), line 11e)			0. 0.
, de	College Williams	al fundraising expenses (Part IX, column (D), line 25) 45,208.		930 100 0	
ú		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		125,87	1. 105,919.
		al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		770,44	
	19 Re	venue less expenses. Subtract line 18 from line 12		2,433,635	
2 8				inning of Current Ye	ear End of Year
sets	20 Tot	al assets (Part X, line 16)		7,420,450	8,098,082.
t As	21 Tot	al liabilities (Part X, line 26)		18,059	
2,2	22 Ne	t assets or fund balances. Subtract line 21 from line 20		7,402,391	1. 8,086,076.
	art II	Signature Block			
Ur	der penalti	es of perjury, I declare that I have examined this return, including accompanying schedul and complete. Declaration of preparer (other than officer) is based on all information of whic	les and statements	, and to the best of	my knowledge and belief, it is
		Company of Secretary of Propagal (Cities trial) of the Secretary is based of all information of which	in preparer has any	knowledge.	1 . 1
Sig	ın D	X dell J. Phil	The state of the s		11417021
He		Signature of officer		Date ' '	
110			VE DIRECTO)R	
		Type or print name and title			
Dois		nt/Type preparer's name	Date	Check	if PTIN
Paid	AL	ON STERNHILL	11/12/20	21 self-employe	
-	Only Fin	n's name ▶SOMEKH CHAIKIN - KPMG ISRAEL		Firm's EIN ▶ 9	
	Fim	m's address ▶17 HA'ARBA'AH STREET TEL AVIV, IS IS 64	73917		46-968-0641
		discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paperwo	k Reduction Act Notice, see the separate instructions.			Form 990 (2020)

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Pa	art III	Statement of Program Service Check if Schedule O contains a		III	
1		escribe the organization's mission	n:		
			APEUTIC, SOCIAL, CULTURAL,		
			ICES TO GIRLS AND YOUNG WOT F THE CORPORATION APPROVE.	MEN AT RISK IN	
	TOKABI	WHERE THE DIRECTORS O	THE CONTONATION ATTROVE.		
2	Did the	organization undertake any signi	ficant program services during the yea	ar which were not listed on the	
				Yes	X No
_		describe these new services on S			
3	services	?	, or make significant changes in h		X No
4		describe these changes on Scheo		a three largest program conject of mass	urad by
4	expense		(4) organizations are required to repo	s three largest program services, as meas ort the amount of grants and allocations to	
4a	(Code:		821,985. including grants of \$)
			NDS TO BEIT RUTH, AN ORGAN		
			ONAL, THERAPEUTIC, SOCIAL, VENTION SERVICES TO GIRLS		
		AT RISK IN ISRAEL.	VENTION SERVICES TO GIRES A	TOOING	
41-	(O a al a c) /F	including analysis of the) (Davidana (b.	
4D	(Code: _) (Expenses \$	including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	<u> </u>				
4d		rogram services (Describe on Sch		•	
40	(Expens	es \$ including gr ogram service expenses ►	ants of \$) (Revenue 821,985.)	
JSA		ogram sorvice expenses	021,700.	Form 99	0 (2020)
UE1	020 1.000	5GP L25U		· 5 • •	, ,==,

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Par	Checklist of Required Schedules		V	Na
	le the experiencies described in section E01/a)/2) or 4047/a)/4) (ather these a private foundation)? If "Vec"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
2	complete Schedule A	2	X	
2 3	Did the organization required to complete <i>Scriedule B, Scriedule of Contributors</i> see instructions?		21	
3		,		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		- 21
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
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			Х
_	"Yes," complete Schedule D, Part I.	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
_	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			v
	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	4.0		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
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,"			Х
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
а	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	Х	
	Schedule D, Parts XI and XII.	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
40	"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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 21
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		Х
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 21
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.	Х	
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		Х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 21
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Λ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, ,		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, ,		v
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	COMESTIC COVERNMENT OF PAULIX COMMITTED THE LATE AGE COMPLETE SCHOOLIE L'PARCLANA II			

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Part	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		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	00	v	
24 2	employees? If "Yes," complete Schedule J	23	X	
24 a	\$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		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
2	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
2.4	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
35 a	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			37
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	0.		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.		res	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 0E1030		Form	990	(2020)
	0965GP L25U			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	66		
_	gifts were not tax deductible?	6b		
	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	_		v
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.5		
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?...... 8b Each committee with authority to act on behalf of the governing body?................ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?............ 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? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright $\frac{NY}{}$, 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DANIELLE BURENSTEIN 2 JERICHO PLZ WING A, STE 111 JERICHO, NY 11753 516-822-0074

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

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

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

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

		Check this box if neither the	organization nor	any related	organization	compensate	d any current offic	er, director, or trus	itee.
--	--	-------------------------------	------------------	-------------	--------------	------------	---------------------	-----------------------	-------

(A) Name and title	(B) Average hours per week	box,	(C) Position do not check more the ox, unless person is b fficer and a director/t				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DANIELLE BURENSTEIN	40.00									
EXECUTIVE DIRECTOR	0.			Х				173,498.	0.	39,593.
(2) ARIANNA DEFELCY	40.00									
	0.	X						26,645.	0.	6,267.
(3) IRIS TWERSKI	5.00									
MANAGING DIRECTOR	0.	X						30,000.	0.	0.
(4) ILANA SCHEAR	40.00	Х						10,394.	0.	2,746.
(5) SUSAN ASHNER	0.							20,001		2,710
DIRECTOR	0.	X						0.	0.	0.
(6) MICHAEL ASHNER	0.									
DIRECTOR	0.	Х						0.	0.	0.
(7) WENDY SILVERSTEIN	0.									
DIRECTOR	0.	Х						0.	0.	0.
(8)LISA SILVERSTEIN	0.									
DIRECTOR	0.	X						0.	0.	0.
(9) ANYA GROSS	0.									
DIRECTOR	0.	X						0.	0.	0.
(10) SHERRY WIENER	0.									
DIRECTOR	0.	X						0.	0.	0.
<u>(11)</u>										
(12)										
<u>(13)</u>										
(14)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson lirect	n oth st highest compensated is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations n (W-2/1099-MISC)		Estil amo ot compe fror orgar and	mated unt of her ensation in the nization related izations
								240,537.		0.		18,606
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not	limited to t				bove	e) who	► ► • re	0. 240,537.	\$100,000	0.		0 18,606
reportable compensation from the organization ▶ 1 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
1 Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompensa	ition
							+					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f 1g \$	1,659,182.				
<u> </u>	h	Total. Add lines 1a-1f	<u> </u>	1,659,182.			
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code				
	g	Total. Add lines 2a-2f	▶	0.			
	3 4 5	Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt bond process.	terest, and	31,528. 0.			
	6a b	(i) Real	(ii) Personal	0.			
	С	Rental income or (loss) 6c					
Revenue	d 7a b	Net rental income or (loss)	(ii) Other	0.			
Other I	d 8a	Net gain or (loss)	<u></u>	0.			
,	b	events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
		Less: direct expenses 9b Net income or (loss) from gaming activities		0.			
	с 10а	Gross sales of inventory, less returns and allowances	0.	0.			
	b c	Less: cost of goods sold	0.	0.			
Miscellaneous Revenue	11a b	UNREALIZED INVESTMENT REVALUATION	Business Code	105,821.			105,821.
eve	C						
Misc	d e	All other revenue		105,821.			
	12	Total revenue. See instructions		1,796,531.			105,821.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				·
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and	507,336.	507,336.		
foreign individuals. See Part IV, lines 15 and 16	0.	307,330.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	289,143.	237,315.	23,783.	28,045.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	80,804.	64,643.	7,925.	8,236.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	5,572.	1 054	100	5,572.
13 Office expenses	1,677.	1,376.	138.	163.
14 Information technology	7,233.	5,936.	595.	702.
15 Royalties	0.			
16 Occupancy	0.	5 250	520	626
17 Travel	6,554.	5,379.	539.	636.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings				
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aMISCELLANEOUS	4,079.		2,225.	1,854.
	1,075.		2,223.	1,031.
b				
dNONE CHOME				
e All other expenses	902,398.	821,985.	35,205.	45,208.
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 	, , , , , , , , , , , , , , , , , , , ,	021,000.	33,203.	15,200.
organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	595,948.	1	502,837.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	2,707,362.	3	2,845,963.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges ATCH . 1	0.	9	54,000.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities	215,094.	11	0.
	12	Investments - other securities. See Part IV, line 11	3,902,046.	12	4,695,282.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,420,450.	16	8,098,082.
	17	Accounts payable and accrued expenses	18,059.	17	12,006.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0.		0.
	20	of Schedule D	18,059.	25	12,006.
	26	Total liabilities. Add lines 17 through 25	10,039.	26	12,000.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	7,402,391.	27	8,086,076.
Fund Balances	28	Net assets with donor restrictions.	0.	28	0.
Ы	20	Organizations that do not follow FASB ASC 958, check here ▶	<u> </u>	20	0.
		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	7,402,391.	32	8,086,076.
ž	33	Total liabilities and net assets/fund balances	7,420,450.	33	8,098,082.
_			•		Form 990 (2020)

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					<u>. L L</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			96,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2			02,3		
3	Revenue less expenses. Subtract line 2 from line 1	3			94,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			02,3		
5	Net unrealized gains (losses) on investments		-2	10,4	148.		
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				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		8,0	86,0	76.	
Part	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," e	ting from a prior year or checked "Other," explain in					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a				
	separate basis, consolidated basis, or both:						
	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 over	ersigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b			

SCHEDULE A (Form 990 or 990-EZ)

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

Total

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

Par	Support Schedule for Orga (Complete only if you checke						
	Part III. If the organization fail						illy urider
Sec	tion A. Public Support			, <u>, , , , , , , , , , , , , , , , , , </u>	· · ·	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (lin						<u>%</u>
15	Public support percentage from 2019						<u>%</u>
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization qu	•		•			
b	331/3% support test - 2019. If the org						
17a	this box and stop here. The organization 10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization.	2020. If the orgon meets the facts-and-c	ganization did n cts-and-circums circumstances te	ot check a box tances test, che est. The organiz	on line 13, 16a eck this box ar zation qualifies	a, or 16b, and l nd stop here. E as a publicly s	ine 14 is Explain in upported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizin Part VI how the organization meets	2019. If the organication meets the facts-and	ganization did r le facts-and-ciro l-circumstances	ot check a box cumstances test, test. The organ	on line 13, 16, check this boxization qualifies	a, 16b, or 17a, c and stop here as a publicly s	and line . Explain

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

(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.)

<u></u>	tion A Dublic Commont			•	•	<u>′</u>	
	tion A. Public Support	(2) 2016	(b) 2017	(c) 2019	(d) 2040	(a) 2020	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	0.054.000	0.45 211	4 602 122	2 205 101	1 650 100	10 061 016
2	received. (Do not include any "unusual grants.")	2,274,209.	947,311.	4,693,133.	3,387,181.	1,659,182.	12,961,016.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						2
•	organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an						0
4	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						0.
5	or expended on its behalf						0.
3	furnished by a governmental unit to the						
	, •						0.
6	organization without charge	2,274,209.	947,311.	4,693,133.	3,387,181.	1,659,182.	12,961,016.
	Amounts included on lines 1, 2, and 3	2,274,209.	947,311.	4,093,133.	3,307,101.	1,039,182.	12,901,010.
<i>i</i> a	received from disqualified persons						0.
b	Amounts included on lines 2 and 3						<u></u>
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						0.
_	or 1% of the amount on line 13 for the year						0.
8	Add lines 7a and 7b						
Ŭ	line 6.)						12,961,016.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	2,274,209.	947,311.	4,693,133.	3,387,181.	1,659,182.	12,961,016.
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	24,068.	19,012.	453,805.	78,016.	137,350.	712,251.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	24,068.	19,012.	453,805.	78,016.	137,350.	712,251.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						0.
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.)	2,298,277.	966,323.	5,146,938.	3,465,197.	1,796,532.	13,673,267.
14	First 5 years. If the Form 990 is for	the organization	on's first, second	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔼
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,					15	94.79%
16	Public support percentage from 2019 Sche					16	95.72%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (lin					17	5.21%
18	Investment income percentage from 2019					18	4.28%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3 %, check this		-				
b	331/3% support tests - 2019. If the orga						. \square
	line 18 is not more than 331/3 %, check			•	. ,		
20	Private foundation. If the organization of	did not check a	box on line 14	, 19a, or 19b,	check this box	and see instruct	ions 🕨 📗

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Part	V Supporting Organizations (continued)			i age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.		0110).	
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 governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	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	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S					
1	- Constitution and organization database and integral and root as a qualifying tract on the configuration and integral and							
	instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.				
Se	ection 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		7						
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
C	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e						
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
	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			ated Type III supporting	g organization				
	(see instructions).	-		· -				

Schedule A (Form 990 or 990-EZ) 2020

	IIE A (Form 990 or 990-EZ) 2020			Page I
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	zations 3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - p			
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
			Pre-2020	Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

Breakdown of line 7: Excess from 2016 Excess from 2017 Excess from 2018 d Excess from 2019 Excess from 2020

and 4c.

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

IVAIII	e of the organization	Employer identification number
AMI	ERICAN FRIENDS OF BEIT RUTH, INC	45-5626260
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets hel	d 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	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
Ps	art II Conservation Easements.	
1 6	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).	
•		n of a historically important land area
		n of a certified historic structure
	Preservation of open space	if of a certified flistofic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a consequation
2		Held at the End of the Tax Year
	easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	26
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 ter	minated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspe	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	ncial statements that describes the
	organization's accounting for conservation easements.	0: " 4 1
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er 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 rever	nue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education 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	
~	art, historical treasures, or other similar assets held for public exhibition, education, or re	
	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 simila	
	following amounts required to be reported under FASB ASC 958 relating to these items:	3 71
а	Revenue included on Form 990, Part VIII, line 1	> \$
h	Assets included in Form 990, Part X	> ¢

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

Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Trea	asures, o	r Other Sin	nilar Assets (d		rage =			
3	Using the organization's acquisition	_ 							of its			
	collection items (check all that app			,	, ,	3						
а	Public exhibition	-3/-	d [Loan o	r exchange	e program						
b	Scholarly research		e	Other	· ononang	o p. og. a						
C	Preservation for future gene	rations										
4	Provide a description of the organ		s and expl	ain how th	nev furthe	r the organi	zation's exemp	t purpose in	Part			
•	XIII.				,	· ine ergann	_a	. pa.pood				
5		on solicit or receive	donations of	of art. histo	rical treas	ures, or othe	er similar					
	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Pa	Part IV Escrow and Custodial Arrangements.											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form											
	990, Part X, line 21.				,	,						
1a	Is the organization an agent, trus	tee, custodian or	other intern	nediary fo	r contribu	tions or oth	er assets not					
	included on Form 990, Part X?							Yes	No			
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	le:							
	11, 1 p 11 11 11 11 11 11 11 11 11 11 11 11			3			Amount					
С	Beginning balance				1c							
d	Additions during the year					1						
е	Distributions during the year					1						
f	Ending balance											
2a	Did the organization include an am					ustodial acc	ount liability?	Yes	No			
b	If "Yes," explain the arrangement i	n Part XIII. Check	nere if the e	xplanation	has been p	provided on F	Part XIII		7			
	rt V Endowment Funds.											
	Complete if the organiza	ation answered "Y	es" on For	m 990, P	art IV, line	e 10.						
		(a) Current year	(b) Prio	or year	(c) Two yea	ars back (d)	Three years back	(e) Four years	back			
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the current vear	end balanc	e (line 1a.	column (a)) held as:						
а	Board designated or quasi-endown		%	3,	(-7	,						
b	Permanent endowment ▶	%										
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.									
3a	Are there endowment funds not in	the possession of	the organiza	ation that a	are held ar	nd administe	red for the					
	organization by:							Yes	No			
	(i) Unrelated organizations							3a(i)				
	(ii) Related organizations							3a(ii)				
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as requir	ed on Sche	edule R?.			3b				
4	Describe in Part XIII the intended u											
Pa	rt VI Land, Buildings, and Equ Complete if the organization	uipment.	/os" on Fo	rm 000 E	Part IV/ lin	o 11a Soo	Form 000 Pa	rt Y line 10	1			
	Description of property		or other basis		r other basis	(c) Accumu) Book value	<i>.</i>			
		(inve	estment)		her)	depreciati		,				
1 a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
	Other											
Tota	II. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990. Part	X. column	(B). line 1	0c.)	>					

Schedule D (Form 990) 2020 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) JPMORGAN 100% US		FMV	
(B) CASH FUND BALANCE		FMV	
(C) CHIMERA INVESTMENT CORPORATION	104,550.	FMV	
(D) ACUITY BRANDS INC	4,723.	FMV	
(E) BLACKROCK LIQ TREAS TRST	2,782,670.	FMV	
(F) BLACKROCK LIQ TREAS TRST	1,803,339.		
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	4,695,282.		
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marki	on:
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	scription		(b) Book value
(1)	'		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes			(5) 20011 14.40
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the			at reports the
L. Liability for uncertain tax positions. In Fait Alli, provide the	TOAL OF THE FOOTHOLE TO	ino organizations inianoidi statements th	iar reborra me

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 0E1270 1.000 0965GP L25U

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,660,359.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	.	
е	Add lines 2a through 2d	2e	-136,172.
3	Subtract line 2e from line 1	3	1,796,531.
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,796,531.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	976,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	<u>.</u>	
е	Add lines 2a through 2d	2e	74,277.
3	Subtract line 2e from line 1	3	902,397.
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	902,397.
Provide 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PAGE 5		

Part XIII Supplemental Information (continued)

DIRECT EXPENSE OF FUNDRAISING EVENTS

DIRECT EXPENSE OF FUNDRAISING EVENTS

FINANCE EXPENSE

FINANCE EXPENSE

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

45-5626260

AME	RICAN FRIENDS OF BEIT I	RUTH, INC			45-562626	50
Pai	General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	nswered "Yes" on
1	For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	int of its grants and	
	other assistance, the grantees'					
	award the grants or assistance?					Yes No
2	For grantmakers. Describe in	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
	outside the United States.					
3	Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
_(3)	<u> </u>					
_(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
(17)						
3a						
b						
c	Totals (add lines 3a and 3b)					

Schedule F (Form 990) 2020

Part II	Grants and Other Assist Part IV, line 15, for any re							red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				THE GRANTEE					
(1)				RESIDENCE	507,336.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient or mpt 501(c)(3) organization by the er total number of other organiz	he IRS, or for which th	ne grantee or counsel has	provided a sec	tion 501(c)(3) equiv	alency letter	▶		

Schedule F (Form 990) 2020

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of noncash assistance valuation (book, FMV, recipients cash grant cash of noncash disbursement assistance appraisal, other) (1) (2) (3) _ (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14)(15) (16) (17) (18)

Schedule F (Form 990) 2020 Page 4

Part	Y Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page **5**

Part V Supp

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

Schedule F (Form 990) 2020

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN FRIENDS OF BEIT RUTH, INC

Employer identification number

45-5626260

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
	or réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b				
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2				
•		_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
3	compensation contingent on the revenues of:					
•	The organization?	5a		Х		
a b	Any related organization?	5b		X		
b	If "Yes" on line 5a or 5b, describe in Part III.	30				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
Ū	compensation contingent on the net earnings of:					
а	The organization?	6a		Х		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.	OD				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed					
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2020

AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DANIELLE BURENSTEIN	(i)	173,498.	0.	39,593.			213,091.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260

Schedule J (Form 990) 2020 Page 3

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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

45-5626260

Name of the organization

AMERICAN FRIENDS OF BEIT RUTH, INC

ORGANIZATION MISSION, FORM 990, PART III

THE ORGANIZATION SOLICITS FUNDS TO DONATE TO BEIT RUTH. BEIT RUTH IS A

NOT-FOR-PROFIT ORGANIZATION IN ISRAEL THAT PROVIDES EDUCATIONAL,

THERAPEUTIC, SOCIAL, CULTURAL, RESIDENTIAL AND CRISIS INTERVENTION

SERVICES TO GIRLS AND YOUNG WOMEN AT RISK IN ISRAEL. GIFTS IN MONEY OR

PROPERTY OF ANY KIND FROM MEMBERS, PRIVATE PERSONS, COMPANIES,

INSTITUTIONS & ASSOCIATIONS.

FORM 990, PART VI, LINE 11B

THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY THE EXECUTIVE DIRECTOR AND GIVEN TO THE FULL BOARD OF DIRECTORS FOR THEIR ACCEPTANCE BEFORE FILING OF THE RETURN.

FORM 990, PART VI, LINE 19
SUCH DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

MISCELLANEOUS ADJUSTMENTS INCLUDING ADJUSTMENT OF RECOGNITION OF DIVIDEND INCOME AND CAPITAL GAIN DISTRIBUTION INCOME.

FORM 990, PART VI, LINE 2

MICHAEL ASHNER AND SUSAN ASHNER, BOTH DIRECTORS OF THE ORGANIZATION, ARE

MARRIED

FORM 990, PART XI, LINE 9

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

Employer identification number Name of the organization AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260

FORM 990, PART VI, LINE 12C

BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY AND

STATE ANY CONFLICTS THEREIN.

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING

DESCRIPTION BOOK VALUE

PREPAID EXPENSES 54,000.

> 54,000. TOTALS

> > ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

COST DESCRIPTION OR FMV

CHIMERA INVESTMENT CORPORATION FMV

ACUITY BRANDS INC FMV

TOTALS