Form **990**

Department of the Treasury

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.



_	_				00.000			
A F	or th	e 2021 calendar year, or tax year beginnin	g		and ending	D Employee Ide	diffication h	umber
R ^	hack if -	C Name of organization				D Employer ide	nuncation h	
ہ د 		AMERICAN FRIENDS OF	BEIT RUTH, INC			_		
	Addr chan	ge During business as	× 2		Room/suite	45-5626		
	Name	e change Number and street (or P.O. box if mail	E Telephone nu					
	Initia	I return 2 JERICHO PLZ WING A	(516)8:	22-0074				
		return/ City or town, state or province, countr						
	Arner retur					G Gross receipts		2,695,888.
	Appli pend	ration F Name and address of principal officer:	DANIELLE BURN	ENSTEIN	F	H(a) Is this a group subordinates		Yes X No
		2 JERICHO PLZ WING AS	TE 111, JERICHO,	NY 117	53	H(b) Are all subord	inales included?	Yes No
ī	Tax-ex	cempt status: X 501(c)(3) 501(c)	(_) ┥ (insert no.)	4947(a)(1)	or 527	If "No," a	tlach a list, See	e instructions
J	Webs	ite: WWW.BEITRUTH.COM				H(c) Group exem		
_		of organization: X Corporation Trust	Association Other		L Year of form	nation: 2012 M	State of lega	I domicile: NY
Pa	art I	Summary			8 ¹²	2 ×		
		Briefly describe the organization's mission	n or most significant activities	: PROV	IDE EDUCATI	ONAL, THER	APEUTIC	, SOCIAL,
ø		CULTURAL, RESIDENTIAL & C						
anc		YOUNG WOMEN AT RISK IN IS						
Governance	2	Check this box if the organization	discontinued its operation	s or dispos	ed of more than 2	5% of its net asset	S.	
200	3	Number of voting members of the governi					3	7
	4	Number of independent voting members of	· · · · · · · · · · · · · · · · · · ·		8 - 10.080.02 - 10 - 10.02.02.02	[14] Martin Martin and Theory and American States and American Sciences and American Scienc American Sciences and American Scienc	4	6
Activities &	5	Total number of individuals employed in c					5	3
livit	6	Total number of volunteers (estimate if nec					6	
Act		Total unrelated business revenue from Par					7a	NONE
		Net unrelated business taxable income fro			a and a second		7b	
-		Net unrelated business taxable moome no				Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)				1,659,18	32.	2,735,312.
Revenue							ONE	NONE
ver	9	Program service revenue (Part VIII, line 2g)	31,5		13,377.			
Re	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)					
	11					105,82		-52,801.
_	12	Total revenue - add lines 8 through 11 (m				507,3		2,554,749.
- 4	13	Grants and similar amounts paid (Part IX, o		an engeeneers a	A MARCHANNE M. COM		ONE	NONE
	14	Benefits paid to or for members (Part IX, c			N MARKANA NA MARKANA ANA MARKANA MANA	289,14		318,516
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).				ONE	NONE	
Expenses					C. CONTRACTOR CONTRACTOR CONTRACTOR	IN	UNE	NOME
Ĕ		Total fundraising expenses (Part IX, column				105,93	1.0	311,581.
	17	Other expenses (Part IX, column (A), lines				902,3		3,184,846.
	18	Total expenses. Add lines 13-17 (must equ						-488,958.
- 0	19	Revenue less expenses. Subtract line 18 fr	rom line 12			894,1 ginning of Current		End of Year
Net Assets or Fund Balances		× * * >	· · · · · · · · · · · · · · · · · · ·	1	De			P
sset	20	Total assets (Part X, line 16)	••• ••• ••• •• • • • •		••••••	8,098,08		7,693,200.
of A	21	Total liabilities (Part X, line 26)						3,265.
		Net assets or fund balances. Subtract line	21 from line 20.	<u></u>		8,086,0	/6.	7,689,935.
Pa	rt ll	Signature Block				the sector of the sector		dae and holiof it is
Une	der pe	nalties of perjury, I declare that I have examined ect, and complete. Declaration of preparer (other t	this return, including accomp han officer) is based on all infor	anying scheo mation of wh	tules and statement nich preparer has an	s, and to the best o y knowledge.	r my knowle	loge and beller, it is
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Ci.		X Jameter 5	and I and			Date	-13-	2.00
Sig Hei		Signature of officer	6. A 1			8 ¹⁰		
ne.	re	DANIELLE BURENSTEIN	2011	EX	ECUTIVE DI	RECTOR		
		Type or print name and title	1		1.5.	- 20° -		
Dai		Print/Type preparer's name	Preparer's signature		Date		if PTIN	
Paic	a parer	ALON STERNHILL	112		11/15/2	022 self-employ	1 1 0 1 0	885441
	Only	Firm's name SOMEKH CHAIKIN		<u> </u>		Firm's EIN 🕨		68327
_		Firm's address 🕨 17 HA 'ARBA 'AH S			6473917	Phone no.		068-0641
Ma	y the	IRS discuss this return with the prepa	rer shown above? See ir	structions			X	Yes No
For	Pape	rwork Reduction Act Notice, see the sepa	rate instructions.			á.		Form 990 (2021)

Part III Statement of Program Service Accomplishments Check II Schedule O contains a response or note to any line in this Part III 10 Didfy describe the organization's mission: 70 PROVINCE EXITATIONAL, THERAPHYTIC, SOCTAL, CULTUREAL, RESIDENTIAL NID CRISTS I INTERVENTION SERVICES TO GIALE AND YOUNG KOMER AT RISK IN 15RAL WRIPE THE DIRECTORS OF THE CORPORATION APPROVE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-672?. 11 "Yes, 'describe these conduction, or make significant changes in how it conducts, any program in order accomplishments for each of its three largest program services, as measured by expenses. Societon 901(53) and 901(64) organizations are required to report the amount of grants and allocations to others, the total largeness, and revenue, and the organization program service accomplashments of \$ 2.154, 175.](Revenue \$] 44 (Code:	For	Form 990 (2021)	Page 2
1 Briefly describe the organization's mission: 10 PROFINE EDUCATIONAL, THERAPHITIC, SOCIAL, CULTURAL, RESIDENTIAL AND CRISIS INTERVENTION SERVICES TO GILLE AND YOUNG WOMEN AT RISK IN 1SHARL, WIRRER THE DIRECTORS OF THE CORPORATION APPROVE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-527,,,,,,,, .	Pa	J	
TO_PROVIDE_EDUCATIONALTHERAPEUTIC, SOCIAL, CULTURAL, RESIDENTIAL AND_CRESTS INTERVENTION SERVICES TO GIELS AND YOUND WORKE AT FIRST IN ISRAEL_WHERE THE DIRECTORS OF THE CORPORATION APPROVE. 2 Did the organization undertake any significant program services during the year which ware not listed on the prior Form 990 e027. Yes ∑ No 1*Yes; 'describe these new services on Schedule 0. 1*Yes; 'describe these new services on Schedule 0. Yes ∑ No 1*Yes; 'describe these changes on Schedule 0. 0 1*Yes; 'describe these changes on Schedule 0. 1*Yes; 'describe these changes on Schedule 0. 40 Describe the organization program services are required to report the amount of grans and allocations to others, the total approxes, and review.) 1*I to total programs, and review.) 1*He (Code:			Part III
ADD CRUSIS INTERVENTION SERVICES TO GIRLE AND YOUNG WOREN AT RISK IN ISRAEL WHERE THE DIRECTORS OF THE CORPORATION APPROVE. Vest Status Ves Status Ves	1		
ISRAEL WHERE THE DIRECTORS OF THE CORPORATION APPROVE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 300 or 930-E27.			
2 Did the organization undertake any significant program services during the year which were not listed on the program services conducting, or make significant changes in how it conducts, any program services orducing, or make significant changes in how it conducts, any program services conducting, or make significant changes in how it conducts, any program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to reported. 40 (code:) (Expenses \$			
prior Form 190 or 990-E22		ISRAEL WHERE THE DIRECTORS OF THE CORPORATION APPR	OVE.
prior Form 190 or 990-E22			
II 'Ves,' describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	2		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program mixed by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. And revenue, if any, for each program service reported. 4a (Code:) (Expenses \$			
services?,,,,,,,,		•	
If Yes,' describe these changes on Schedule O. 4 Describe the organization's program service accompletements for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:	3		
 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Sectors 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$			Yes X No
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 48 (Code:	٨		of its three largest program services as measured by
the total expenses, and revenue, if any, for each program service reported. 44 (Code:	-		
4a (Code:) (Expenses \$			
THE ORGANIZATION PROVIDED FUNDED TO BETT RUTH, AN ORGANIZATION IN ISRAEL THAT PROVIDES EDUCATIONAL, THERAPEUTIC, SOCIAL, CULTURAL, RESIDENTIAL AND CRISIS INTERVENTION SERVICES TO GIRLS AND YOUNG WOMEN AT RISK IN ISRAEL.		······································	
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;	No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		37
h	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		X
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		v
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	lie		~
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		- 21
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	Х
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Form 990 (2021)

Part IV

Checklist of Required Schedules

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	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		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		<u> </u>
2 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
U				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		37
20	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%			37
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	ĺ
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		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	7.		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.			
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.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form 9	90 (202	1) AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626	260	F	Page 6
Part	: VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
		Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A.	Governing Body and Management			
				Yes	No
1a	lf thei if the	the number of voting members of the governing body at the end of the tax year 1a 7 re are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar ittee. explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent			
2	Did a	ny officer, director, trustee, or key employee have a family relationship or a business relationship with her officer, director, trustee, or key employee?	2	Х	
3		e organization delegate control over management duties customarily performed by or under the direct			
3		vision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	-	e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5		e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		e organization become aware during the year of a significant diversion of the organization s assets	6		x
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>.</i>		r more members of the governing body?	7a		x
b	Are a	iny governance decisions of the organization reserved to (or subject to approval by) members,			
		nolders, or persons other than the governing body?	7b		X
8		e organization contemporaneously document the meetings held or written actions undertaken during ar by the following:			
а	The g	overning body?	8a	Х	
b	Each	committee with authority to act on behalf of the governing body?	8b		
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B.	Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>'</i>	
				Yes	No
		e organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes	s," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliat	es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		ibe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give			
		conflicts?	12b	Х	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," ibe on Schedule O how this was done	12c	х	
13		e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14	Х	
15		be process for determining compensation of the following persons include a review and approval by			
		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		rganization's CEO, Executive Director, or top management official	15a		х
b		officers or key employees of the organization	15b		Х
~		s" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		le organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		taxable entity during the year?	16a		Х
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	partic	pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organ	zation's exempt status with respect to such arrangements?	16b		
Secti		Disclosure			
17	List th	e states with which a copy of this Form 990 is required to be filed \blacktriangleright $_{ m NY}$,			
18	Sectio	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T nly) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	tion 5	501(c)
		Own website Another's website Upon request Other (explain on Schedule O)			
19		ibe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o nancial statements available to the public during the tax year.	t inter	rest p	oolicy,
20		the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨		
		ELLE BURENSTEIN 2 JERICHO PLZ WING A, STE 111 JERICHO, NY 11753			
JSA	516-	822-0074	Form	990	(2021)

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	(C) Position ot check more inless person is and a directo			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/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DANIELLE BURENSTEIN	40.00									
EXECUTIVE DIRECTOR	NONE			x				231,476.	NONE	NONE
(2) ARIANNA DEFELCY	40.00			A				231,470.	INOINE	NONE
DIRECTOR	NONE	x						29,604.	NONE	7,292.
(3) IRIS TWERSKI	5.00	Λ						25,004.	INCINE	1,272.
MANAGING DIRECTOR	NONE	x						30,000.	NONE	NONE
(4) MELANIE VESELY	40.00	21						50,000.	110111	NONE
DIRECTOR	NONE	x						15,923.	NONE	4,221.
(5) SUSAN ASHNER	1.00							13,723.		1,221.
DIRECTOR	NONE	x						NONE	NONE	NONE
(6) MICHAEL ASHNER	1.00									
DIRECTOR	NONE	x						NONE	NONE	NONE
(7) WENDY SILVERSTEIN	1.00									
DIRECTOR	NONE	х						NONE	NONE	NONE
(8) LISA SILVERSTEIN	1.00									
DIRECTOR	NONE	x						NONE	NONE	NONE
(9) ANYA GROSS	1.00									
DIRECTOR	NONE	x						NONE	NONE	NONE
(10) SHERRY WIENER	1.00									
DIRECTOR	NONE	x						NONE	NONE	NONE
(11) ILANA SCHEAR	40.00									
DIRECTOR	NONE	x						NONE	NONE	NONE
(12)										
(13)										
(14)										

Form 990 (2021)										Page 8
Part VII Section A. Officers, Directors, Tr		y En	nplo			and H	lig	-		
(A) Name and title	(B) Average hours per week (list any	box,	unles	ss pe	ition more rson	e than o is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	or director	a Institutional trustee	a Officer	Key employee	t Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	+	_								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
1b Sub-total				•••			►	307,003.	NONE	11,513.
c Total from continuation sheets to Part VII, S	ection A						►	NONE	NONE	NONE
d Total (add lines 1b and 1c)								307,003.	NONE	11,513.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	4	v	
5	individual	4	X	
Se	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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AMERICAN FRIENDS OF BEIT RUTH, INC

Pa	rt VII		- , -			
		Check if Schedule O contains a response or note to a		/III(B)	(C)	<u> </u>
			(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f g	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 1f 2,735,312 Noncash contributions included in lines 1a-1f 1g \$ 1g	2,735,312.			
		Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue				
	g	Total. Add lines 2a-2f	NONE			
	3	Investment income (including dividends, interest, and other similar amounts).	13,377. NONE		NONE	
	5	Royalties	NONE			
	6a b c	(i) Real (ii) Personal Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	NE			
	d	Net rental income or (loss)	NONE			
enue	7a b	Gross amount from sales of assets other than inventory (i) Securities (ii) Other Less: cost or other basis and sales expenses 7b	_			
Rey	c	Gain or (loss) 7c				
Other Rev	d 8a	Net gain or (loss)	NONE			
	b	1c). See Part IV, line 18 8a NOI Less: direct expenses 8b NOI	-			
	c	Net income or (loss) from fundraising events	NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a NOT	NE			
		Less: direct expenses	NENONE			
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Image: Non-				
	b	Less: cost of goods sold	NE			
	c	Net income or (loss) from sales of inventory	NONE			
Miscellaneous Revenue	11a b	UNREALIZED INVESTMENT REVALUATION	-52,801.			-52,801.
Rev	c					
ΜÏ	d	All other revenue	-52,801.			
	<u>е</u> 12	Total revenue. See instructions	2,695,888.		NONE	-52,801.

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 response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 2,554,749. 2,554,749. foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 318,516. 249,239. 28,852. 40,425. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages NONE NONE 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) NONE NONE 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal 226,945 145,069 65,757. 16,119 c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17 NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column NONE (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion 1,488 1,488. 12 4,217. 3,300. 382. 535. 13 Office expenses 12,589. 1,457. 14 Information technology 16,088. 2,042. NONE 15 Royalties Occupancy NONE 16 <u>3,</u>915. 5,003. 453. 635. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 53,395 Conferences, conventions, and meetings 53,395 19 NONE 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization NONE 22 NONE Insurance 23 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.) a MISCELLANEOUS 1,424 1,424 3,021 302 2,719 SETTLEMENT WITH JAFFA b С d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,184,846. 2,968,861. 98,627. 117,358. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

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Page	1	1	
		_	

	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X	<u>.</u>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	502,837.	1	1,072,904
2	Savings and temporary cash investments.	NONE	2	NON
3	Pledges and grants receivable, net	2,845,963.	3	3,554,184
4	Accounts receivable, net	NONE	4	NON
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	NONE	5	NON
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).	NONE	6	NON
2 7	Notes and loans receivable, net	NONE	7	NON
8	Inventories for sale or use	NONE	8	NON
9	Prepaid expenses and deferred charges	54,000.	9	25,000
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	4,695,282.	12	3,041,112
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,098,082.	16	7,693,200
17	Accounts payable and accrued expenses	12,006.	17	3,265
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE	19	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
2	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25	12,006.	26	3,265
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	8,086,076.	27	7,689,935
28	Net assets with donor restrictions.	NONE	28	NON
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	8,086,076.	32	7,689,935
	Total liabilities and net assets/fund balances	. , ,	33	7,693,200

Form **990** (2021)

AMERICAN	FRIENDS	OF	BEIT	RUTH,	INC
1 II III I I I I I I I I I I I I I I I	TICTURDO	01		100 111 /	±110

Form 9	00 (2021)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	95,	<u>888</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>846</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>958</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			<u>076</u> .
5	Net unrealized gains (losses) on investments	5		92,	<u>817</u> .
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	32, column (B))	10	7,6	89,	<u>935</u> .
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," exp	olain on	1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled 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 audite				
	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	siaht of	F		
	the audit, review, or compilation of its financial statements and selection of an independent accountar			Х	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in the			
÷u	Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	erao the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•			

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form **990** (2021)

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

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

OMB No. 1545-0047 6 4

	artment of the Treasury nal Revenue Service		Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	information.	Open to Public Inspection
Nam	e of the organization						Employer identif	ication number
AMI	ERICAN FRIENDS	S OF BEIT	RUTH, INC				45-5	626260
Pa	rt I Reason for	[•] Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instruction	S.
The		-		t is: (For lines 1 through	-	-		
1				tion of churches desc			70(b)(1)(A)(i).	
2				. (Attach Schedule E	-			
3			-	rganization described				
4		-		conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	hospital's nam	-						
5		-		a college or universit	ty owned	d or ope	erated by a governme	ental unit described in
~			Complete Part II.)				1. \ / 4 \ / 4 \ / \	
6		-	-	rnmental unit describe				an the general public
7			-	-	ipport in	om a go	vernmental unit or in	om the general public
0)(1)(A)(vi). (Compl	o)(1)(A)(vi). (Complete	Dort II.)			
8 9				ed in section 170(b)(1	-	oporator	t in conjunction with a	land-grant college
9	•		•	griculture (see instruct		•		• •
	university:		grant conege of a		uons). L		name, ony, and state o	The conege of
10		on that norma	Illv receives (1) mo	ore than 331/3% of its	support	from co	ntributions. membersh	ip fees, and gross
	receipts from	activities rela	ited to its exempt f	functions, subject to c	ertain ex	ceptions	s; and (2) no more tha	n 331/3 % of its
				nrelated business tax 975. See section 509				Dusinesses
11				usively to test for publ				
12	An organizatio	on organized a	and operated exclu	sively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
	one or more p	ublicly suppo	rted organizations	described in section 5	509(a)(1)	or sect	ion 509(a)(2). See see	ction 509(a)(3). Check
	the box on line	es 12a throug	h 12d that describ	pes the type of suppor	rting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	Type I. A su	pporting org	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	supporting o	rganization.	You must complet	te Part IV, Sections A	and B.			
b			-	ed or controlled in co				
	control or m	anagement o	of the supporting c	organization vested in	the sam	e persor	ns that control or mar	age the supported
	-		-	, Sections A and C.				
С	••			ng organization opera				lly integrated with,
		-		ns). You must comple				
d		-		porting organization of	-			
		-		nization generally mus	-		-	d an attentiveness
			,	omplete Part IV, Sect				U. T
е		-		a written determinatio				п, туре п
f				tionally integrated sup			lion.	
g			-	orted organization(s).				•••••
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
		-		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)								
(~)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990) 2021

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2021 (li		•		,	14	%
15	Public support percentage from 2020						%
16a	331/3% support test - 2021. If the or	•					
	box and stop here. The organization q						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organizati	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization						•
	Part VI how the organization meets			-	-		
L	organization						
a	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets			-			
18	organization						
10	instructions						

Schedule A (Form 990) 2021

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.)

	tion A. Public Support	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	
	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	SEE SUPP PAGE					
•	received. (Do not include any "unusual grants.")	947,311.	4,693,133.	3,387,181.	1,659,182.	2,735,312.	13,422,119.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						NONE
2	organization's tax-exempt purpose						NONE
3	Gross receipts from activities that are not an						NONE
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						NONE
F	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						NONE
6	organization without charge	947,311.	4 602 122	2 207 101	1 650 190	2,735,312.	NONE 13,422,119.
6	Total. Add lines 1 through 5	947,311.	4,693,133.	3,387,181.	1,659,182.	2,735,312.	13,422,119.
<i>i</i> a	Amounts included on lines 1, 2, and 3 received from disgualified persons						NONE
h	Amounts included on lines 2 and 3						NONE
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						NONE
_	or 1% of the amount on line 13 for the year						NONE
с 8	Add lines 7a and 7b						110111
Ŭ	line 6.)						13,422,119.
Sec	tion B. Total Support						,,
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	947,311.	4,693,133.	3,387,181.	1,659,182.	2,735,312.	13,422,119.
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	19,012.	453,805.	78,016.	137,350.	-39,423.	648,760.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
с	Add lines 10a and 10b	19,012.	453,805.	78,016.	137,350.	-39,423.	648,760.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						NONE
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	966,323.	5,146,938.	3,465,197.	1,796,532.	2,695,889.	14,070,879.
14	First 5 years. If the Form 990 is for	r the organizatio	on's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						<u></u> ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2021 (line 8	, column (f), divide	ed by line 13, colur	mn (f))		15	95.39%
16	Public support percentage from 2020 Sch	edule A, Part III, lin	e15			16	94.79%
Sec	tion D. Computation of Investmer	t Income Perc	entage				
17	Investment income percentage for 2021 (I	ine 10c, column (f	i), divided by line 1	3, column (f))		17	4.61%
18	Investment income percentage from 2020	Schedule A, Part	III, line 17			18	5.21%
19 a	331/3% support tests - 2021. If the o	rganization did n	ot check the bo	x on line 14, ar	nd line 15 is mo	ore than 331/3 %	and line
	17 is not more than 331/3%, check the	is box and stop	here. The organ	ization qualifies	as a publicly su	ipported organiza	tion ► X
b	331/3% support tests - 2020. If the org	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	/3 %, and
	line 18 is not more than 331/3%, check	this box and st	op here. The org	ganization qualifie	es as a publicly	supported organi	zation 🕨 🔄
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this box		
JSA 1E122	1 1.000					Schedule	A (Form 990) 2021

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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.
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

1

2

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru-	uctions	;).	
•		Yes	No	
2	2 Activities Test. Answer lines 2a and 2b below.			

-	Activities Test. Answer miles zu und zo below.	1 1	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "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		
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedu	le A (Form 990) 2021				Page 7
Part		Supporting Organizat	ions (continued)		
Secti	on 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	npt purposes of support	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		4		
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h			-	
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j			_	
1	and 4c.				
8	Breakdown of line 7:				
 a	Excess from 2017				
 b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

SCHEE	DULE 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.

2 **Open to Public**

OMB No. 1545-0047

	artment of the Treasury	Co to your irs gov	Attach to Form 990. Form990 for instructions an	d the latest inform	nation	Open to Public Inspection
	nal Revenue Service e of the organization				Employer identifica	
	-	G OF BEIT RUTH, INC			45-56262	
		tions Maintaining Donor Advi	sed Funds or Other Sir	nilar Funds or		200
10	-	e if the organization answered			/ looounto.	
	•••••		(a) Donor advised		(b) Funds and	other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		it end of year				
5		ion inform all donors and donor	advisors in writing that t	he assets held	in donor advised	
-	•	nization's property, subject to the	•			Yes No
6	•	on inform all grantees, donors, a	•	•		
	-	purposes and not for the benef				
	conferring imperm	issible private benefit?				Yes No
Pa		tion Easements.				
	Complete	e if the organization answered	"Yes" on Form 990, Par	rt IV, line 7.		
1	Purpose(s) of con	servation easements held by the	organization (check all that	apply).		
	Preservatio	n of land for public use (for example,	, recreation or education)	Preservation	of a historically im	portant land area
		of natural habitat		Preservation	of a certified histo	ric structure
_		n of open space				
2	-	through 2d if the organization he	eld a qualified conservatio	n contribution in		
		ast day of the tax year.				End of the Tax Year
a		onservation easements			2a	
b	-	tricted by conservation easements			2b	
C		vation easements on a certified l			2c	
d		rvation easements included in (c isted in the National Register			2d	
3		rvation easements modified, trai			·	anization during the
5	tax year ►		isieneu, releaseu, exiingu	district, or termin	inated by the org	anization during the
4		where property subject to conse	rvation easement is located			
5		ation have a written policy reg			ion, handling of	
•		orcement of the conservation eas			-	Yes No
6		hours devoted to monitoring, inspe				
	▶		0, 0			0,
7	Amount of expens	es incurred in monitoring, inspect	ing, handling of violations,	and enforcing co	onservation easem	ents during the year
	▶\$					
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requi	rements of secti	on 170(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?				Yes No
9		be how the organization reports			•	
		d include, if applicable, the text o		nization's financi	ial statements that	describes the
D		ounting for conservation easement				
Pa		tions Maintaining Collections a if the organization answered			r Similar Assets	•
	· · · ·					
1a	of art, historical t	elected, as permitted under FA reasures, or other similar asset	SB ASC 958, not to repo is held for public exhibit	ort in its revenu- ion, education,	e statement and t or research in fu	palance sheet works
	service, provide in	Part XIII the text of the footnote t	to its financial statements	that describes th	hese items.	
b		n elected, as permitted under FA				
		sures, or other similar assets hel ing amounts relating to these iten		ducation, or res	earch in furtheran	ce of public service,
		ded on Form 990, Part VIII, line 1			► ¢	
	(ii) Assets include	d in Form 990, Part X.			▶ \$	
2		n received or held works of ar				
-	-	required to be reported under F				a gain, provide the
а		on Form 990, Part VIII, line 1.			▶ \$	
b		Form 990, Part X				

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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance . d Additions during the year. d Additions during the year. d Ending balance . til. Image: Complete III (Complete) (Complete	Schee	ule D (Form 990) 2021 AMEE	RICAN	FRIENDS	OF BEI	T RUTH	, INC			45-5	5626260	Page 2
collection items (check all that apply): a b Contex Contex a b Scholarly research c Other Contex Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. The organization's collections 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? Vers No 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. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Imagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has b	Ра	t III Organizations Maintainin	ng Colle	ctions of	Art, Hist	orical Tre	easure	s, or	Other Sim	ilar Assets (continuea)
a	3	Using the organization's acquisition	n, acces	sion, and o	other reco	ords, chec	k any c	of the	following t	hat make sig	nificant us	e of its
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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?		collection items (check all that apply	/):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 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 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, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. 1a Be the distributions during the year	а	Public exhibition			d	Loan	or exch	ange	program			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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?	b	Scholarly research			e	Other						
XIII. 5 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?	С	Preservation for future genera	ations									
5 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?	4	Provide a description of the organi	ization's	collections	s and exp	lain how	they fu	rther	the organiz	ation's exemp	t purpose	in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization an 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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount d Additions during the year. 1d Distributions during the year. 1e Tading balance 1f a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. C Heat or scholar		XIII.										
Part V 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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance 1d Amount Id	5	During the year, did the organization	n solicit d	or receive o	donations	of art, hist	orical ti	easu	res, or other	similar		
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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year. 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ta Beginning of year balance a didministrative expenses b Contributions s c Net investment earrings, gains, and losses a did year balance g End dy ear balance m do year balance g End dy ear balance g End dy		assets to be sold to raise funds rathe	er than to	o be maint	ained as p	art of the	organiz	ation'	s collection?	? [Yes	No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Image: The set of the set	Pa	rt IV Escrow and Custodial Ar	rangem	nents.								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ?			tion ans	wered "Ye	es" on Fo	rm 990, l	Part IV,	line	9, or repor	ted an amou	nt on Fori	n
included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Id d Additions during the year 1e Id e Distributions during the year 1e Id f Ending balance 1f Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If *Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Three years back (e) Four years back d Grants or scholarships (b) (c) Three years back (e) Four years back (e) Four years back d Grants or scholarships (c) (c) Three years back (e) Four years back (e) Four years back c No Modifites (c) Three		990, Part X, line 21.										
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c d Additions during the year. 1d e Distributions during the year. 1d e Distributions during the year. 1d f Ending balance. 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c No Scontributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year<	1a	Is the organization an agent, truste	ee, custo	odian or o	ther inter	mediary f	or cont	ributi	ons or othe	r assets not		
c Beginning balance Additions during the year. Id d Additions during the year. Id Id e Distributions during the year. Id Id 2a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Yes No b If 'tes,'' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ta Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and losses		included on Form 990, Part X?								[Yes	No
c Beginning balance 1c 1d d Additions during the year. 1d 1d e Distributions during the year. 1d 1e f Ending balance 1f 1e 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Four years back a Beginning of year balance (b) Prior year (c) Two years back (d) Four years back a Contributions (b) Prior year (c) Two years back (d) Four years back a Contributions (b) Prior year (c) Two years back (d) Four years back a Contributions (b) Prior year (c) Two years back	b	If "Yes," explain the arrangement in	Part XII	I and com	plete the f	ollowing ta	ble:					
d Additions during the year										Amoun	t	
e Distributions during the year	С	Beginning balance						1c				
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back four four four four four four four four	d	Additions during the year						1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions	е	Distributions during the year						1e				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back c Other expenditures for facilities and programs (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (b) Prior year c Other expenditures for facilities and programs (b) Prior year (c) Current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Ending balance						1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance	2a	Did the organization include an amo	ount on F	orm 990,	Part X, lin	e 21, for e	escrow	or cu	stodial acco	unt liability?	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	b	If "Yes," explain the arrangement in	Part XII	I. Check h	ere if the	explanation	n has be	en pr	ovided on Pa	art XIII		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	Pa											
1a Beginning of year balance Image: Construction of the set		Complete if the organizat										
b Contributions			(a) Cur	rent year	(b) Pr	or year	(c) Tw	o year	s back (d)	Three years back	(e) Four ye	ars back
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
and losses	b	Contributions										
d Grants or scholarships	с	Net investment earnings, gains,										
e Other expenditures for facilities and programs		and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% c Term endowment ▶% a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 	f	Administrative expenses										
 a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 	g	End of year balance										
 b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 	2			rrent year		ce (line 1g	, columr	ו (a))	held as:			
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes No 3a(i) 3a(ii) 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	а				_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(i) 3a(ii) 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	b											
3a Are there endowment funds not in the possession of the organization that are held and administered 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 related organizations listed as required on Schedule R? 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	С	· · · · · · · · · · · · · · · · · · ·										
organization by: Yes No (i) Unrelated organizations 3a(i) 3b												
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	3a		he posse	ession of th	he organiz	ation that	are hel	d and	d administer	ed for the	N	
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												S NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	-		•								3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	_				ition's end	owment fu	nds.					
	Pa	Complete if the organiza	tion ans	swered "Y	es" on Fo	orm 990.	Part IV	. line	11a. See I	Form 990. Pa	art X. line	10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value		Description of property		(a) Cost or	r other basis	(b) Cost	or other b		(c) Accumula	ated (
(investment) (other) depreciation		1 1		(inves	stment)	(0	other)		depreciatio	n		
1a Land												
b Buildings						+						
c Leasehold improvements	-	-	- F									
d Equipment			F									
e Other	e Tota	Add lines 1a through 1a (Column	(d) must	equal For	n QQA Da	t X colum	n (R) li	ne 10	<u>()</u>			

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BLACKROCK LIQ TREAS TRST	40,666.	FMV
(B) BLACKROCK LIQ TREAS TRST	3,000,445.	FMV
(C) CHIMERA INVESTMENT CORPORATION		FMV
(D) ACUITY BRANDS INC		FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,041,111.	

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 valuation: Cost or end-of-year market value
(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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	•

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Caluman (h) mount annual Farma 000 Bart V and	(R) (inc. 2.5.)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	IN AMERICAN FRIENDS OF BEIT RUTH, INC	45-	5626260 Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,788,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	92,818.
3	Subtract line 2e from line 1	3	2,695,888.
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	2,695,888.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,184,846.
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.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,184,846.
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		
b	Other (Describe in Part XIII.) 4b		
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	3,184,846.
Part	XIII Supplemental Information.		

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

SEE SUPPLEMENTAL PAGE

DIRECT EXPENSE OF FUNDRAISING EVENTS

DIRECT EXPENSE OF FUNDRAISING EVENTS

FINANCE EXPENSE

FINANCE EXPENSE

SCHEDULE F	Statement of Activities Outside the United St	ates 🗋	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 		2021 Open to Public Inspection
Name of the organization		Employer identi	ification number
AMERICAN FRIENDS	OF BEIT RUTH, INC	45-5626	5260
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizatior	n answered "Yes" on
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
с	Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 1E1274 1.000 0965GP L25U

JSA

Schedule F (Form 990) 2021

		<u>о</u> п	DDTD	DITENT	TNO
AMERICAN	FRIENDS	OF.	RET.L.	RUTH,	TNC

45-5626260

Part II	Grants and Other Assist	ance to Organiza	tions or Entities Outsid	de the United	d States. Comple	te if the orga	anization answere	ed "Yes" on	Form 990,
	Part IV, line 15, for any re	ecipient who receive	ved more than \$5,000. F	Part II can be o	duplicated if addition	onal space is	needed.		
1	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of

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)		MIDDLE EAST/NORTH AFRICA	RESIDENCE	2,554,749.	BANK TRANSFE			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
<u>(10)</u>								
<u>(11)</u>								
(12)								
(13)								
<u>(14)</u>								
<u>(15)</u>								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities.....▶

Schedule F (Form 990) 2021

Page 2

Part III

45-5626260

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Schedule F (Form 990) 2021

Foreign Forms

Part IV

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

SCH	CHEDULE J Compensation Information							
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	91		
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	ZU			
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information		pen to Inspe			
	of the organization			Employer identification				
AMEI	RICAN FRIE	NDS OF BEIT RUTH, INC		45-562626	C			
Part	Question	s Regarding Compensation						
						Yes	No	
1a			ovided any of the following to or for a pers provide any relevant information regarding					
		ss or charter travel		-				
		or companions	Housing allowance or residence for Payments for business use of perso	•				
		emnification and gross-up payments	Health or social club dues or initiation					
		onary spending account	Personal services (such as maid, ch					
b	If any of the	boxes on line 1a are checked, did the	ne organization follow a written policy re openses described above? If "No," con	egarding payment				
	explain			ipiele Fait III lo	1b			
2	Did the orga	anization require substantiation prior	r to reimbursing or allowing expenses	incurred by all				
	directors, trus	stees, and officers, including the CEC	D/Executive Director, regarding the items	checked on line				
	1a?				2			
3	Indicate which	n, if any, of the following the organization	on used to establish the compensation of	the				
			at apply. Do not check any boxes for metho					
			e CEO/Executive Director, but explain in P	art III.				
	·	nsation committee	Written employment contract					
		dent compensation consultant	Compensation survey or study					
	Form 99	00 of other organizations	Approval by the board or compensation	ation committee				
4			Part VII, Section A, line 1a, with respect t	o the filing				
а		or a related organization:	ayment?		4a		x	
b			ntal nonqualified retirement plan?		4b		X	
c	-		sed compensation arrangement?		4c		X	
-	-		rovide the applicable amounts for each in					
		, , , ,						
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations must complete lines 5-9.					
5	For persons	listed on Form 990, Part VII, Sect	ion A, line 1a, did the organization pa	ay or accrue any				
	compensatior	n contingent on the revenues of:						
					5a		X	
b	•	-			5b		X	
		e 5a or 5b, describe in Part III.						
6	-		ion A, line 1a, did the organization pa	ay or accrue any				
-	•	n contingent on the net earnings of:			6-		37	
a b			• • • • • • • • • • • • • • • • • • • •		6a		X	
b		e 6a or 6b, describe in Part III.	• • • • • • • • • • • • • • • • • • • •		6b		X	
-			A line to did the energiantic start	ido onu sestina i				
7			on A, line 1a, did the organization prov lescribe in Part III		7		x	
8			paid or accrued pursuant to a contract the		·			
			Regulations section 53.4958-4(a)(3)?					
		-			8		x	
9			low the rebuttable presumption procee					
			<u> </u>		9			

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

Schedule	J (Form 990)	2021			AMEF	RICAN	FRIENDS	S OF	BEIT	RUTH,	INC		45	5-562	26260	C		Page 2	
			_													-	 · · ·		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(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)	173,607.		57,869.			231,476.		
1 EXECUTIVE DIRECTOR	(ii)								
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
-	(i)								
9	(ii)								
40	(i) (ii)								
10	(i)								
	(ii)								
11	(i)								
12	(ii)								
12	(i)								
13	(ii)								
10	(i)								
14	(ii)								
••	(i)								
15	(ii)								
	(i)								
16	(ii)								

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

AMERICAN FRIENDS OF BEIT RUTH, INC

Employer identification number 45-5626260

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.

FORM 990, PART XI, LINE 9

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 VI, LINE 12C

BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY AND STATE ANY CONFLICTS THEREIN.