Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

18. and ending	$\frac{12}{31}$. 20 18

For calendar year 2018, or fiscal year beginning 01/01

▶ Do not send to the IRS. Keep for your records.

45-5626260

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization

Employer identification number

Name and title of officer

0

	דאד הייים דאה מדום	$\pi v \pi \cap \tau \tau \tau \tau \tau$	
DANTELLE	BURENSTEIN.	けんけんしけしてん	リース いし しん

AMERICAN FRIENDS OF BEIT RUTH, INC

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,146,938
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here D Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's el

ectronic return and, if applicable, the organization's consent to electronic f		13
fficer's PIN: check one box only X I authorize SOMEKH CHAIKIN - KPMG ISRAEL ERO firm name	to enter my PIN 4 5 5 6 2 as my sign to enter my PIN Enter five numbers, but do not enter all zeros	gnature
on the organization's tax year 2018 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.	1,7	

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4 3

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date >

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

A F	or the	e 2018	calendar year, or tax year beginning	, 2018	, and ending				, 20	
В.			C Name of organization				D Employer ider	itification i	number	
B 0	heck if ap		AMERICAN FRIENDS OF B	EIT RUTH, INC			45-5626	5260		
	Addre		Doing business as							
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nur	nber		
	Initial	return	2 JERICHO PLZ WING A		111		(516) 82	2-0074	<u> </u>	
	Final termin	return/	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amen	ided	JERICHO, NY 11753				G Gross receipts	\$	5,14	6,938.
	Applic	cation	F Name and address of principal officer:	DANIELLE BURENSTEIN			H(a) Is this a grou		Yes	s X No
	_ pond.	9	2 JERICHO PLZ WING A1:	11, JERICHO, NY 11753			H(b) Are all subordi		Yes	s No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	7	If "No," att	ach a list. (se	e instruction	ıs)
J	Websi	te: 🕨	WWW.BEITRUTH.COM		<u> </u>		H(c) Group exemp	tion number	•	
K	Form o	of organ	nization: X Corporation Trust	Association Other ►	L Year of	format	ion: 2012 M s	State of leg	al domicile	e: NY
	art I		mmary	1			<u> </u>			
		Briefly	describe the organization's mission o	r most significant activities: PROVI	DE EDUCAT	TION	AL, THERA	PEUTIC	, SOC	IAL,
ø			TURAL, RESIDENTIAL & CRI							
anc		YOU	NG WOMEN AT RISK IN ISRA	AEL.						
ern	2	Check	this box if the organization d	iscontinued its operations or dispose	ed of more tha	n 25%	of its net assets			
Governance			er of voting members of the governing	·			i i	3		5.
⋖ŏ			er of independent voting members of t					4		4.
Activities			number of individuals employed in cale					5		1.
ΞΞ			number of volunteers (estimate if necess					6		
Act			unrelated business revenue from Part V					7a		0.
			nrelated business taxable income from					7b		
	-	ivet ui	Trelated business taxable income from	1 OIII 990-1, IIIIe 30			Prior Year		Current	Voor
	8	Contr	ibutions and grants (Part VIII line 1h)				947,31			3,133.
ne	l .		ibutions and grants (Part VIII, line 1h)				717,31	0.	1,000	0.
Revenue			am service revenue (Part VIII, line 2g)				19,01		7.	7,101.
Re			ment income (Part VIII, column (A), line				17,01	0.		5,704.
			revenue (Part VIII, column (A), lines 5,				966,32	• •		5,938.
			revenue - add lines 8 through 11 (must				237,43			$\frac{3,930.}{9,105.}$
			s and similar amounts paid (Part IX, colu				237,43	0.	493	0.
	l .		its paid to or for members (Part IX, colu				207,215.		221	<u> </u>
Expenses	15		es, other compensation, employee bene				207,21	0.	22.	0. 0.
ens	16a		ssional fundraising fees (Part IX, column	(A), line 11e)				0.		0.
Ĕ	b		fundraising expenses (Part IX, column (I	D), line 25) ▶)		01 02		224	C 2 4
			expenses (Part IX, column (A), lines 11				81,83			5,634.
			expenses. Add lines 13-17 (must equal				526,48			1,038. 5,900.
_ s	19	Rever	nue less expenses. Subtract line 18 from	n line 12			439,84		-	
Net Assets or Fund Balances						Begin	ning of Current Y		End of Yo	
sse	20		assets (Part X, line 16)				1,535,18			3,156.
nd E	21		liabilities (Part X, line 26)				614,47			3,246.
			ssets or fund balances. Subtract line 21	from line 20			920,71	4.	4,939	9,910.
	rt II		gnature Block							
			of perjury, I declare that I have examined the complete. Declaration of preparer (other than					my knowle	edge and	belief, it is
Sig	n		Circoture of officer				Data			
He		'	Signature of officer				Date			
110			DANIELLE BURENSTEIN	EXECUT	IVE DIRE	CTOR	-			
			Type or print name and title							
Paic			Type preparer's name	Preparer's signature	Date		Check	if PTIN		
	parer	ALO					self-employe		018854	41
	Only		s name ►SOMEKH CHAIKIN -				Firm's EIN ▶ 9			
	•		address ▶17 HA'ARBA'AH STR				1 110110 110.	12-954		
May	y the	IRS d	iscuss this return with the prepare	r shown above? (see instructions)) <u>.</u> .			Х	Yes	No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.					Form 99	0 (2018)

AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: TO PROVIDE EDUCATIONAL, THERAPEUTIC, SOCIAL, CULTURAL, RESIDENTIAL AND CRISIS INTERVENTION SERVICES TO GIRLS AND YOUNG WOMEN AT RISK IN 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 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 299,105. including grants of \$ 299,105.) (Revenue \$ 4a (Code:) (Expenses \$ THE ORGANIZATION PROVIDED FUNDS TO BEIT 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. including grants of \$) (Revenue \$ **4b** (Code:) (Expenses \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

299,105.

) (Revenue \$

4e Total program service expenses ▶

Page 3 Form 990 (2018)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
5	election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	assessments, or similar amounts as defined in Revenue Procedure 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	3		- 21
O	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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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		3.7	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		Х
لہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		
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? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a	Х	
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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		Х
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		Х
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2018) 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26		230		- 21
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		Х
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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
	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
55	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		100		
rail	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of flote to any line in this Part V		Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Fermi V 20 metaded in the fat Enter of infectappination [1]	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2018) Page 5

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 1			
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 <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		Х
	solicit any contributions that were not tax deductible as charitable contributions?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	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			Х
	and services provided to the payor?	7a		Λ
	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	_		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		37
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 Χ 14 14 Did the organization have a written document retention and destruction policy?............ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed $\triangleright \frac{NY}{}$.

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

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(C)

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

Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of week (list any officer and a director/trustee) from related other Individual t or director hours for organizations compensation Officer employee Institutional trustee Highest compensated organization (W-2/1099-MISC) related from the employee (W-2/1099-MISC) organizations organization below dotted and related trustee organizations line) (1) SUSAN ASHNER 1.00 DIRECTOR 0. Χ 0 0 0. (2)MICHAEL ASHNER 1.00 DIRECTOR 0. Χ 0 0. 0. (3)WENDY SILVERSTEIN 1.00 DIRECTOR 0. 0 0. 0. Χ (4)LISA SILVERSTEIN 1.00 DIRECTOR 0 0. 0. 0. X (5) IRIS TWERSKI 5.00 MANAGING DIRECTOR 0. 0. X (6) DANIELLE BURENSTEIN 40.00 Ō. EXECUTIVE DIRECTOR Χ 0. (7) (8) (9) (10)(11)(12)

Form **990** (2018)

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Form 990 (2018)

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title		(B) Average hours per week (list any hours for	(C) Position (do not check more than of box, unless person is both officer and a director/trust					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensation		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099·	-MISC)	orga and	m the inization related nization	l
 	Sub-total								0.	225	,299.			0.
	Total from continuation sheets to Part VII, S	ection A							0.		0.			0.
d	Total (add lines 1b and 1c)							<u></u>	0.		,299.			0.
2	Total number of individuals (including but not reportable compensation from the organization		hosel 0.		d al	bove	e) who	o re	ceived more than	\$100,000	of			
		· · ·											Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for	such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	sati	on f	from	n any	un	related organization	on or indivi	dual	5		Х
	ction B. Independent Contractors													
1	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 Compensat								ation						
								-						
								+						

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part VI	III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	4,693,133.				
	h	Total. Add lines 1a-1f		4,693,133.			
Program Service Revenue	2a b c d		Business Code				
rog	f	All other program service revenue		0.			
	3	Total. Add lines 2a-2f	ds, interest,	77,101.			77,101
	4	Income from investment of tax-exempt bond	•	0.			
	6a b c	Royalties	(ii) Personal	0.			
	d 7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Coin or (loss)	(ii) Other	0.			
	d	Gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
0	C	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See Part IV, line 19 a					
		Less: direct expenses b					
	10a	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances		0.			
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory.	0.	0.			
		Miscellaneous Revenue	Business Code				
	11a b c	UNREALIZED INVESTMENT REVALUATION		376,704.			376,704.
	d	All other revenue					
	e	Total. Add lines 11a-11d		376,704.			
	12	Total revenue. See instructions.		5,146,938.			453,805.

AMERICAN FRIENDS OF BEIT RUTH, INC

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)		

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	299,105.	299,105.					
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
	trustees, and key employees	225,299.		225,299.				
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	0.						
8	Pension plan accruals and contributions (include	_						
	section 401(k) and 403(b) employer contributions)	0.						
9	Other employee benefits	0.						
10	Payroll taxes	0.						
	Fees for services (non-employees):	0.						
	Management	0.						
	Legal	23,078.		23,078.				
	Accounting	23,078.		23,070.				
	I Lobbying	0.						
	Professional fundraising services. See Part IV, line 17.	0.						
	f Investment management fees	· ·						
Q	Other. (If line 11g amount exceeds 10% of line 25, column	0.						
12	(A) amount, list line 11g expenses on Schedule O.)	1,408.		1,408.				
13	Advertising and promotion	6,801.		6,801.				
14	Office expenses	14,127.		14,127.				
15	Royalties	0.		· · · · · · · · · · · · · · · · · · ·				
16	Occupancy	0.						
17	Travel	10,980.		10,980.				
	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	166,258.		166,258.				
20		0.						
21	Payments to affiliates	0.						
22		0.						
23	Insurance	0.						
24								
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	MISCELLANEOUS	3,982.		3,982.				
b	·							
c	•							
c	I							
	All other expenses	7F1 020	000 105	451 000				
	Total functional expenses. Add lines 1 through 24e	751,038.	299,105.	451,933.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)	0.						
			i .		i			

Form 990 (2018) Page **11**

Part X Balance Sheet

1 (1	ιΛ	24.4.100			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	344,113.	1	346,157.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	490,435.	3	2,211,515.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	Ū	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.		0
ts	_	organizations (see instructions). Complete Part II of Schedule L	0.	6 7	0.
Assets	7	Notes and loans receivable, net	0.		0.
ĕ	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
	L	other basis. Complete Part VI of Schedule D 10a	0	10c	0.
		Less: accumulated depreciation	700,636.	10c	186,247.
	11 12	Investments - publicly traded securities Coa Part IV line 44	0.		2,209,237.
	13	Investments - other securities. See Part IV, line 11	0.	13	0.
	13 14	Investments - program-related. See Part IV, line 11	0.	14	0.
	15	Intangible assets Other assets See Part IV line 11	0.	15	0.
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	1,535,184.	16	4,953,156.
$\overline{}$	17	Accounts payable and accrued expenses	114,478.	17	13,246.
	18	Grants payable	499,992.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ig		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	614,470.	26	13,246.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	440,413.	27	4,939,910.
Fund Balances	28	Temporarily restricted net assets	480,301.	28	0.
힏	29	Permanently restricted net assets	0.	29	0.
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Ō	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š				32	
¥	32	Retained earnings, endowment, accumulated income, or other funds		JZ	
#	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	920,714.	33	4,939,910.

Form **990** (2018)

Page **12** Form 990 (2018)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			46,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2			51,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			95,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			20,7	
5	Net unrealized gains (losses) on investments	5		-3	76,7	704.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,9	39,9	910.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.			_		3.5
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		ı	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		- 1	2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20	21	
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in			
•	Schedule O.					
за	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortr	n in	3a		Х
L-	the Single Audit Act and OMB Circular A-133?	ores	tho	Ja		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		uie	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

	g Provide the following information about the supported organization(s).											
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
_				Yes	No							
(A)											
(B)											
(C	;)											
(D)											
(E)											
To	otal											

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations.

Schedule A (Form 990 or 990-EZ) 2018	Pa
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	, , , , , , , , , , , , , , , , , , , ,	(a) 2014	(b) 2013	(6) 2010	(d) 2017	(e) 2018	(I) 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	,				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			44		44	0/
14	Public support percentage for 2018 (li		•			14	<u>%</u> %
15	Public support percentage from 2017 331/3% support test - 2018. If the organization of the control of the contr					1/3.9/ or more of	
ıva	box and stop here. The organization q	•		•		•	
h	331/3% support test - 2017. If the organization q						
~	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	-		-			
	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	d-circumstances	s" test, check t	his box and st	op here.
	Explain in Part VI how the organizati	on meets the "	facts-and-circur	nstances" test.	The organization	on qualifies as a	a publicly
	supported organization						
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	e
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,		, i	<u>'</u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,339,953.	1,646,902.	2,274,209.	947,311.	4,693,133.	10,901,508.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						<u></u>
3	furnished by a governmental unit to the						
	, ,						0
_	organization without charge	1 220 052	1 646 000	2,274,209.	0.47 211	4,693,133.	0.
6	Total. Add lines 1 through 5	1,339,953.	1,646,902.	2,274,209.	947,311.	4,693,133.	10,901,508.
ı a	Amounts included on lines 1, 2, and 3						2
b	received from disqualified persons						0.
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						_
	or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b.						0.
8	Public support. (Subtract line 7c from						
	line 6.)						10,901,508.
	tion B. Total Support	(=) 2011	(h) 2045	(-) 2010	(4) 2047	(e) 2018	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017		(f) Total
9	Amounts from line 6 Gross income from interest, dividends,	1,339,953.	1,646,902.	2,274,209.	947,311.	4,693,133.	10,901,508.
iva	payments received on securities loans,						
	rents, royalties, and income from similar	4 0.50	2 505	04.050		450 005	504.650
	sources	4,078.	3,687.	24,068.	19,012.	453,805.	504,650.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	4,078.	3,687.	24,068.	19,012.	453,805.	504,650.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,344,031.	1,650,589.	2,298,277.	966,323.	5,146,938.	11,406,158.
14	First five years. If the Form 990 is for	or the organizat	ion's first, secon	nd, third, fourth,	or fifth tax ye	ear as a section	` ` ` ` _
	organization, check this box and stop here						▶ X
Sec	tion C. Computation of Public Supp	port Percenta	ge				
15	Public support percentage for 2018 (line 8,	. ,	•			. 15	<u></u> %
16	Public support percentage from 2017 Sche					16	<u>%</u>
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment income percentage for 2018 (lin					17	%
18	Investment income percentage from 2017	Schedule A, Part	III, line 17			18	%_
19 a	331/3% support tests - 2018. If the org					e than 331/3%, a	nd line
	17 is not more than 331/3%, check this	is box and stop	here. The orga	nization qualifies	as a publicly	supported organiz	ation . >
b	331/3% support tests - 2017. If the orga	anization did not	check a box on li	ine 14 or line 19a	a, 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	s as a publicly	supported organiz	ation 🕨 🔲
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see instru	ictions ►

Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	2		
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٠.	3b		
3)	3с		
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	4b		
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d	10-		
to	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2018

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Part	Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 25% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or a provide detail in Part VI	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	116		
ocoti	on b. Type reapporting organizations		Yes	No
	Did the Product to the control of th		100	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	NI -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
	77		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ions).	
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.		C11C/.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
•	Activities Test Anguay (a) and (b) helay.		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the arganization's activities during the tay year directly further the example purposes of			
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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See				
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.				
Section A - Adjusted Net Income (A) Prior Year							
		(7.) 7.1101 7.001	(optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other							
factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see				
instructions).			• •				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	ed						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI . See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
b	Excess from 2015							
С	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 8

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

▶ \$

	Question of Maintain	O - II -	-1!	A (11! (-			Oth	Olasilaa Aasata /	·	Page Z
	rt Organizations Maintaini							<u> </u>		
3	Using the organization's acquisition		sion, and o	other reco	rds, chec	k any of	the follow	ving that are a sig	nificant us	e of its
	collection items (check all that app	ly):			٦.					
a	Public exhibition			d	=		ge progra			
b	Scholarly research			e	_ Other					
C	Preservation for future gene									. 5 .
4	Provide a description of the organ	nization's	collections	s and expl	ain how	they furth	er the or	ganization's exemp	t purpose	in Part
_	XIII.									
5	During the year, did the organization									—
	assets to be sold to raise funds rath			ained as pa	art of the	organizati	on's colle	ction?	Yes	No_
Pa	rt IV Escrow and Custodial A				000 5	S (N / P				
	Complete if the organiza	ition ans	werea "Ye	es" on For	m 990, F	art IV, III	ne 9, or r	eported an amou	nt on Forr	n
	990, Part X, line 21.									
1a	Is the organization an agent, truste				-			_		—
_	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XII	I and com	plete the fo	llowing tal	ole:				
								Amoun	!	
C	Beginning balance						С			
d	Additions during the year						d			
е	Distributions during the year						е			
f	Ending balance					1	f		1	
2a	Did the organization include an am								Yes	No No
	If "Yes," explain the arrangement i	n Part XII	I. Check h	ere if the e	xplanation	has been	provided	on Part XIII		
Pa	rt V Endowment Funds.		1 1137		000 5	5				
	Complete if the organiza			1				T		
		(a) Cur	rent year	(b) Prid	or year	(c) Two y	ears back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage	of the cu	rrent year	end baland	e (line 1g,	column (a	a)) held as	:		
а	Board designated or quasi-endown	nent ▶_		_%						
b	Permanent endowment	%								
С	Temporarily restricted endowment		%							
	The percentages on lines 2a, 2b, a		-							
3a	Are there endowment funds not in	the posse	ession of th	he organiza	ation that	are held	and admir	nistered for the		
	organization by:								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	ed as requir	ed on Sch	edule R?			3b	
4	Describe in Part XIII the intended u		e organiza	tion's endo	wment fu	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	word "V	oc" on Fo	rm 000	Dart I\/ li	ino 11a (Soo Form 000 Pr	art V lina	10
	Description of property	alion ans		r other basis		or other basis			d) Book value	
				stment)		ther)		eciation	, 200K value	·
1 a	Land									
b	Buildings									
С	Leasehold improvements	[
d	Equipment	[
_е	Other									
Tota	I. Add lines 1a through 1e. (Column		equal Fori	m 990, Pan	X, colum	n (B), line	10c.)			

Schedule D (Form 990) 2018 Page **3**

Part VII	Investments - Other Securities.			
	Complete if the organization answered	l "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	
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
(A) JPM	ORGAN 100% US	2,209,237.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	2,209,237.		
Part VIII				
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.		·	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie e	
(1) Fede	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	•		
	or uncertain tax positions. In Part XIII, provide the		e organization's financial statements that ren	orts the
	's liability for uncertain tax positions under FIN 48			

Schedule D (Form 990) 2018 Page 4

Part	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. 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	4,770,234.		
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.)		276 704		
е	Add lines 2a through 2d	2e	-376,704. 5,146,938.		
3	Subtract line 2e from line 1	3	3,140,930.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a				
a	investment expenses not included on Form 550, Fait Vin, inte 75 1 1 1 1 1 1	1			
b c	Other (Describe in Part XIII.)	4c			
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	5,146,938.		
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	751,038.		
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	- 1			
d	Other (Describe in Part XIII.)	-			
е	Add lines 2a through 2d	2e	751,038.		
3	Subtract line 2e from line 1	3	731,030.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a				
a	Investment expenses not included on Form 990, Part VIII, line 7b	1			
b c	Add lines 4a and 4b	4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	751,038.		
Part	XIII Supplemental Information.				
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, I nation	ine 4; Part X, line		

JSA 8E1271 1.000 Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF BEIT RUTH, INC

Employer identification number 45-5626260

Par		General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.								
1	assistance, the grantees' eligib	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
2	For grantmakers. Describe in outside the United States.					d other assistance				
3	Activities per Region. (The following		1							
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	expenditures for and investments in the region				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)	<u> </u>									
(7)	<u> </u>									
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
3a b		n								
С	Totals (add lines 3a and 3b))								

AMERICAN FRIENDS OF BEIT RUTH, INC

45-5626260

Schedule F (Form 990) 2018 Page **2**

Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				THERAPEUTIC					
(1)			MIDDLE EAST/NORTH AFRICA	RESIDENCE	299,105.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	er total number of recipient orgathe IRS, or for which the grantee er total number of other organiz	or counsel has prov	vided a section 501(c)(3) ed	quivalency lette	er		<u> </u>		1.

AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260

Schedule F (Form 990) 2018

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

(18)

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Part V

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

Schedule F (Form 990) 2018

Page 5

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

45-5626260

Department of the Treasury Internal Revenue Service

AMERICAN FRIENDS OF BEIT RUTH, INC

Name of the organization

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

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 RETURN WAS REVIEWED WITH THE PAID PREPARER.

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.

ATTACHMENT 1

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CHIMERA INVESTMENT CORPORATION	181,764.	FMV
ACUITY BRANDS INC	4,483.	FMV
TOTALS	186,247.	