Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A I	For the	2019	calendar year, or tax year beginning	, 20)19, and ending			, 20			
_			C Name of organization				D Employer identification	ation number			
В	Check if app	plicable:	AMERICAN FRIENDS OF B	EIT RUTH, INC			45-562626	0			
	Address		Doing business as								
	Name o		Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone number				
	Initial r	return	2 JERICHO PLZ WING A		111		(516) 822-0	0074			
	Final re		City or town, state or province, country, a	and ZIP or foreign postal code							
	Amend		JERICHO, NY 11753				G Gross receipts \$	3,204,079.			
	Applica		F Name and address of principal officer:	DANIELLE BURENSTEI	N	1	H(a) Is this a group retu subordinates?	urn for Yes X No			
*	pending	Э	2 JERICHO PLZ WING A1:	11, JERICHO, NY 1175	3		H(b) Are all subordinates i	ncluded? Yes No			
ī	Tax-exe	mpt sta	atus: X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527	7	If "No," attach a	list (see instructions)			
J	Website	e: >	WWW.BEITRUTH.COM		11111111		H(c) Group exemption r	number			
K	Form of	f organ	ization: X Corporation Trust	Association Other	L Year of	formation	on: 2012 M State	of legal domicile: NY			
	art I	Su	mmary	<u>-</u>							
N.	1 6	Briefly	describe the organization's mission o	r most significant activities: PRO	VIDE EDUCAT	TIONA	AL, THERAPEU	TIC, SOCIAL,			
φ		CUL	TURAL, RESIDENTIAL & CRI	SIS INTERVENTION SE	RVICES TO (GIRLS	S AND				
anc		YOU	NG WOMEN AT RISK IN ISRA	ÆL.							
eru	2	Check	this box if the organization d	iscontinued its operations or disp	oosed of more that	n 25%	of its net assets.				
Activities & Governance			er of voting members of the governing					7			
-ಶ	1		er of independent voting members of t	•				6.			
ties			number of individuals employed in cale	• • •	•			2.			
ξ			number of volunteers (estimate if necess								
Ac			unrelated business revenue from Part V					0,			
			related business taxable income from								
							Prior Year	Current Year			
Revenue	8 (Contri	butions and grants (Part VIII, line 1h)				4,693,133.	3,126,063.			
			am service revenue (Part VIII, line 2g)				0.	0.			
ève			ment income (Part VIII, column (A), line				77,101.	106,863.			
ĕ	1		revenue (Part VIII, column (A), lines 5,		1		376,704.	-28,847.			
							5,146,938.	3,204,079.			
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					299,105.	391,562.			
			its paid to or for members (Part IX, colu	A DI W IN MANAGEMENT		0.	0.				
(D	10- 0		es, other compensation, employee bene			225,299.	253,011.				
Expenses	16a		ssional fundraising fees (Part IX, column				0 .	0.			
bei	b -	Total t	fundraising expenses (Part IX, column (I	D), line 25) 97, 3	06.						
ñ	17 (expenses (Part IX, column (A), lines 11				226,634.	125,871.			
	1		expenses. Add lines 13-17 (must equal		1		751,038.	770,444.			
	1		nue less expenses. Subtract line 18 from				4,395,900.	2,433,635.			
or		110101	ide lead experieds. Captract wife to treft			Beginn	ing of Current Year	End of Year			
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)				4,953,156.	7,420,450.			
Ass	21		liabilities (Part X, line 26)				13,246.	18,059.			
let de	22		ssets or fund balances. Subtract line 21				4,939,910.	7,402,391.			
	rt II		anature Block								
Un	der nen:	alties o	of periury I declare that I have examined th	is return, including accompanying sc	hedules and statem	ents, ar	nd to the best of my l	knowledge and belief, it is			
tru	e, correc	ct, and	complete Beclaration of preparer (other than	officer) is based on all information of	which preparer has	any kno	owledge.				
			* I will be King				11-9-	2020			
Sig		S	Signature of officer				Date				
Не	re	K	DANIELLE BURENSTEIN	EXEC	UTIVE DIREC	CTOR					
		Ť	ype or print name and title								
_		Print/	Type preparer's name	Preparer's signature	Date		Check if	PTIN			
Paid	- 1	ALC	ON STERNHILL	112	11/9/20		self-employed	P01885441			
	parer		sname SOMEKH CHAIKIN -	KPMG ISRAEL			Firm's EIN ▶ 98-1068327				
Use	Only	Firm's	address 17 HA'ARBA'AH STR		6473917		Phone no. 646-	-968-0641			
Ma			iscuss this return with the prepare					. X Yes No			
_			Reduction Act Notice, see the separat		,			Form 990 (2019)			

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Pa		Statement of Program Service		 	
1		escribe the organization's mission			
			RAPEUTIC, SOCIAL, CULTURAL,	RESIDENTIAL	
			VICES TO GIRLS AND YOUNG WON		
	ISRAEL	WHERE THE DIRECTORS (OF THE CORPORATION APPROVE.		
2	prior For		nificant program services during the year services		X No
	services?		g, or make significant changes in h		X No
	Describe expenses	the organization's program s . Section 501(c)(3) and 501(c)	ervice accomplishments for each of its	s three largest program services, as me ort the amount of grants and allocations	
	(Code:		636,826. including grants of \$	391,562) (Revenue \$	_)
			UNDS TO BEIT RUTH, AN ORGAN		
			IONAL, THERAPEUTIC, SOCIAL,		
			RVENTION SERVICES TO GIRLS A	AND YOUNG	
	WOMEN A	AT RISK IN ISRAEL.			
4b	(Code: _) (Expenses \$	including grants of \$) (Revenue \$	_)
40	(Codo:) (Expenses \$	including grapts of C) (Revenue \$	\
40	(Code) (Expenses #	including grants of \$) (Revenue \$	_)
<u>۱</u> ۷۷	Other pro	ogram services (Describe on Sc	hadula O)		
+u	(Expense	= :	· · · · · · · · · · · · · · · · · · ·	\$	
4e	· ·		636,826.	* /	

JSA 9E1020 2.000 0965GP L25U

Part	Checklist of Required Schedules		V	Na
	In the prescription described in section E01(a)(2) or 1017(a)(1) (ather them a private foundation)? If "Vec"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
2	complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
		3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		21
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	·	3		21
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		21
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		21
0	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			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
. •	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		3.5	
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		Х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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		21
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		21
13	If "Yes," complete Schedule G, Part III	19		Х
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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 12 If "Ves" complete Schedule I. Parts I and II.	21		Х

Part	Checklist of Required Schedules (continued)		Voc	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	X	
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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,"			v
22	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	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			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
-	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		169	.40
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 9E1030		Form	990	(2019)
	0965GP L25U			

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		7f		X
	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:			
	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			
	Section 501(c)(12) organizations. Enter:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
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.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.	. 5		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

AMERICAN FRIENDS OF BEIT RUTH, INC

Sect	ion A. Governing Body and Management	• • •	• • •	
0000	Ton A. Coverning Body and management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year.			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent. 1b			
	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
_	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	00		Х
a	The governing body?	8a 8b		21
b	Each committee with authority to act on behalf of the governing body?	OD		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	. 1	121
Secu	on b. Folicies (This Section b requests information about policies not required by the internal Nevenue	Code	· / Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	TUa		21
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?	11a	X	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		Х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		21
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b		
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	14		21
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		Х
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization	130		21
	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	160		X
_	with a taxable entity during the year?	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?	16h		
Section	ion C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► NY,	- /0	·· -	.04()
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	υ1(c)
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inte	est r	olicy.
	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 record	ls ▶		

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than box, unless person is both officer and a director/trus Highest compensated Highest compensated			is both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) DANIELLE BURENSTEIN	40.00									
EXECUTIVE DIRECTOR	0.			X				223,011.	0.	0 .
(2) IRIS TWERSKI	5.00									
MANAGING DIRECTOR	0.	X						30,000.	0.	0 .
(3) SUSAN ASHNER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(4) MICHAEL ASHNER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5) WENDY SILVERSTEIN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6)LISA SILVERSTEIN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) ANYA GROSS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8) SHERRY WIENER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										

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JSA

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plc	ye	es,	and F	ligl	hest Compensat	ed Employe	yees (continued)							
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson lirect	e that or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-Mi	from	am comp fro orga and	timated ount of other oensation the anization in the aniz	f on in d				
1b Sub-total								253,011.		0.			0.				
c Total from continuation sheets to Part VII, S	_						▶	0.		0.			0.				
d Total (add lines 1b and 1c)							<u> </u>	253,011.	•	0.			0.				
2 Total number of individuals (including but not reportable compensation from the organization		hose I 1		d al	bove	e) who	re	ceived more than	\$100,000 of								
												Yes	No				
3 Did the organization list any former office													37				
employee on line 1a? If "Yes," complete Schede											3		X				
4 For any individual listed on line 1a, is the sorganization and related organizations greaters.	eater than	\$15	0,0	00?	ⁱ If	"Yes	," (complete Schedu	le J for su	ch	_	37					
individual											4	X					
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5		Х				
Section B. Independent Contractors																	
 Complete this table for your five highest com- compensation from the organization. Report of year. 																	
(A) Name and business add	lress		_					(B) Description of se	rvices	C	(C) ompens	ation					
							+										

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.

JSA 9E1055 1.000

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	3,126,063. \$	3,126,063.			
			Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3 4 5	Investment income (including dividends, other similar amounts)	proceeds >	106,863.			106,863.
	6a	Royalties (i) Real Gross rents 6a	(ii) Personal				
	b	Less: rental expenses 6b Rental income or (loss) 6c					
	d 7a	Rental income or (loss) 6c Net rental income or (loss)	(ii) Other	0.			
r Revenue	b c d	Less: cost or other basis and sales expenses		0.			
Other	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b	0.				
	b C	Less: direct expenses Net income or (loss) from gaming activities	1	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory	0.	0.			
	۰	THE INCOME OF (1000) HOM Sales OF INVENTORY	Business Code	0.			
Miscellaneous Revenue	11a b	UNREALIZED INVESTMENT REVALUATION	Dualiess Code	-28,847.			-28,847.
Selleve	c						
Mis(d	All other revenue					
_	е	Total. Add lines 11a-11d		-28,847.			
	12	Total revenue. See instructions	<u> </u>	3,204,079.			78,016.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a responder include amounts reported on lines 6b, 7b,	ponse or note to any lin (A)	e in this Part IX (B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	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	201 560	201 562		
individuals. See Part IV, lines 15 and 16	391,562.	391,562.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	253,011.	174,957.	22,301.	55,753.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	11,000.		11,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	69,131.	48,944.		20,187.
12 Advertising and promotion	6,278.			6,278.
13 Office expenses	3,491.	2,414.	308.	769.
14 Information technology	8,531.		250.	8,281.
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	17,482.	12,089.	1,541.	3,852.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aMISCELLANEOUS	9,958.	6,860.	912.	2,186.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	770,444.	636,826.	36,312.	97,306.
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.			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	346,157.	1	595,948.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	2,211,515.	3	2,707,362.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
Ś	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	186,247.	11	215,094.
	12	Investments - other securities. See Part IV, line 11	2,209,237.	12	3,902,046.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,953,156.	16	7,420,450.
	17	Accounts payable and accrued expenses	13,246.	17	18,059.
	18	Grants payable	0.	18	0.
	19		0.	19	0.
	20	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
"	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	<u> </u>
ţį	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Lia	22	· · · · · · · · · · · · · · · · · · ·	0.	23	0.
	23 24	Secured mortgages and notes payable to unrelated third parties	0.	24	0.
	24 25	· ·	<u> </u>	24	0.
	23	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	· ·	13,246.		18,059.
	20	Total liabilities. Add lines 17 through 25	13,210.	26	10,037.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	4,939,910.	27	7,402,391.
Bal	28	Net assets with donor restrictions.	0.		0.
Б	20		<u> </u>	28	0.
Ē		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	4,939,910.	32	7,402,391.
Z	33	Total liabilities and net assets/fund balances	4,953,156.	33	7,420,450.
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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			04,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			70,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			33,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,9	39,9	910.
5	Net unrealized gains (losses) on investments	5			28,8	346.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		7,4	02,3	391.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	ne organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 45-5626260

AME	ERICAN FRIENDS OF BEIT	RUTH, INC				45-56262	60
Pai	t Reason for Public Char	rity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions	i.
	organization is not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of chu	rches, or associat	tion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	00 or 990)-EZ).)	
3	A hospital or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4	A medical research organization	ation operated in	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and sta	ate:					
5	An organization operated for	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (Co	omplete Part II.)					
6	A federal, state, or local gov	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	described in section 170(b)((1)(A)(vi). (Comple	ete Part II.)				
8	A community trust described	d in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research org	anization describe	ed in section 170(b)(1)(A)(ix) (perated	I in conjunction with a	land-grant college
	or university or a non-land-g	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
	university:						
10	An organization that normal receipts from activities relat support from gross investment acquired by the organization	ent income and ur	nrelated business taxa	able inco	me (les:	s section 511 tax) from	nip fees, and gross n 331/3% of its businesses
11	An organization organized a	•	•	-			
12	An organization organized a	•		-			
	of one or more publicly sup	-					
	Check the box in lines 12a th	nrough 12d that de	escribes the type of su	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а	Type I. A supporting orga	•	•			• , ,	
	the supported organization	n(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	supporting organization. Y	=					
b	Type II. A supporting orga	-					
	control or management of			the sam	e persor	ns that control or man	age the supported
	organization(s). You must						
С	Type III functionally integ						lly integrated with,
	its supported organization(•				
d	Type III non-functionally i	•		•		• • • • • • • • • • • • • • • • • • • •	• ,
	that is not functionally inte	-	= :	-		•	an attentiveness
_	requirement (see instruction	•	-				U. T
е	Check this box if the organ					• • • • • • • • • • • • • • • • • • • •	п, туре ш
f	functionally integrated, or Enter the number of supported			porting c	nganizai	IOH.	
a	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(4)	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
			above (see instructions))	Yes	nent?	instructions)	instructions)
				163	140		
(A)							
(B)							
(C)							
(D)							
(E)							

Page 2 Schedule A (Form 990 or 990-EZ) 2019

	, , , , , , , , , , , , , , , , , , , ,						
Par	Support Schedule for Orga (Complete only if you checke						
	Part III. If the organization fail						•
Sec	tion A. Public Support				•	•	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup		_				
	Public support percentage for 2019 (lin						<u>%</u>
15	Public support percentage from 2018						<u>%</u>
16a	331/3% support test - 2019. If the org	-					
b	box and stop here . The organization quantum 331/3% support test - 2018. If the organization box and stop here. The organization	janization did n	ot check a box	on line 13 or 16	a, and line 15 i	s 331/3 % or mo	re, check
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets torganization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization	meets the "fa the "facts-and-c colors of the organization meets on meets the "	cts-and-circums circumstances" t ganization did n s the "facts-and facts-and-circur	tances" test, chest. The organion of check a box discircumstances test.	eck this box and action qualifies	as a publicly s a, 16b, or 17a, nis box and st on qualifies as a	explain in upported and line op here. a publicly
	supported organization						▶ □

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

Page 3 Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,646,902.	2,274,209.	947,311.	4,693,133.	3,387,181.	12,948,736.
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						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	1,646,902.	2,274,209.	947,311.	4,693,133.	3,387,181.	12,948,736.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0.
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b.						0.
8	Public support. (Subtract line 7c from						10 040 536
500	line 6.)						12,948,736.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,646,902.	2,274,209.	947,311.	4,693,133.	3,387,181.	12,948,736.
	Gross income from interest, dividends,	_,,,,,,,,,	_,,_,,	7 11 , 7 2 2 7	2,020,200	5,551,7551	
	payments received on securities loans,						
	rents, royalties, and income from similar sources	3,687.	24,068.	19,012.	453,805.	78,016.	578,588.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	3,687.	24,068.	19,012.	453,805.	78,016.	578,588.
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.)	1,650,589.	2,298,277.	966,323.	5,146,938.	3,465,197.	13,527,324.
14	First five years. If the Form 990 is for	ŭ	•		•		` ^ ` _
	organization, check this box and stop here.						▶ 🔼
	tion C. Computation of Public Supp			40.5	1		05 70
15	Public support percentage for 2019 (line 8,		•			15	95.72%
16	Public support percentage from 2018 Sche					16	%_
	tion D. Computation of Investment			2 oolumn (f))		47	4.28%
17	Investment income percentage for 2019 (lin					17	
18	Investment income percentage from 2018 S				`	18 ore than 331/3 %	and line
ıøa	331/3% support tests - 2019. If the organization of the state of the s	-					
h	17 is not more than 331/3%, check thi	-	-	•			
a	331/3% support tests - 2018. If the orgaline 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of			•			. —

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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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
g by			
	1		
ıs ed			
	2		
er	3a		
id ie			
	3b		
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to	10a		
	10b		

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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 3EV 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		
00011	on B. Type reapporting organizations		Yes	No
	Did the direction to the control of		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			
			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	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions)	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
	Astivities Test Assessed (A) heless		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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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	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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-functionally	y integra	ted Type III supporting	g organization (see
instructions).	-		

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Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

AME	RICAN FRIENDS OF BEIT RUTH, INC	45-5626260
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	nated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
_	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	ar statements that describes the
Da	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assots
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Olimai Addeta.
4-		atatamant and balance about works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese provide the following amounts relating to these items:	arch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	5565 for illiancial gaill, provide the
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

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Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other	Similar Assets (continued)	rage =
3	Using the organization's acquisition	on, accession, and	other reco	ds, check	any of th	e follow	ing that make sigr	nificant use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan	r exchange	e prograr	n		
b	Scholarly research		е _	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expl	ain how t	hey furthe	r the org	ganization's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization						_		_
_	assets to be sold to raise funds rath		tained as pa	art of the o	organizatio	n's collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial A			200 5		•		. –	
	Complete if the organiza 990, Part X, line 21.	ation answered "Y	es" on For	m 990, F	art IV, Ilne	e 9, or re	eported an amoui	nt on Form	1
4-		a austadian ar ath		liam, fama			· cocata not		
та	Is the organization an agent, truste							Yes	No
b	included on Form 990, Part X? If "Yes," explain the arrangement i	n Part VIII and com	plote the fo	llowing tah				res	NO
D	ii res, explain the arrangement	II Fait Aili ailu coili	ipiete trie io	ilowing tac	,ie.	1	Amount		
С	Beginning balance				1c		71110411		
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					ustodial	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the e	xplanation	has been p	provided o	on Part XIII	[
Pa	rt V Endowment Funds.								
	Complete if the organiza	ation answered "Y	es" on For	m 990, F					
		(a) Current year	(b) Prio	or year	(c) Two yea	ars back	(d) Three years back	(e) Four year	rs 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 a	Provide the estimated percentage Board designated or quasi-endown		end balanc	e (line 1g,	column (a)) held as:			
b	Permanent endowment ▶								
c	Term endowment ▶								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in			ation that	are held ar	nd admin	istered 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 organizations list	ed as requir	ed on Sch	edule R?.			3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	u ipment. ation answered "Y	es" on Fo	rm 990 F	Part IV lin	e 11a S	See Form 990 Pa	rt X line 1	0
	Description of property	(a) Cost of	or other basis		or other basis			l) Book value	0.
		(inve	stment)	(0	ther)		eciation		
_	Land								
b	Buildings			-					
Q C	Leasehold improvements								
d	Equipment								
	I. Add lines 1a through 1e. (Column		m 990. Part	X. columi	n (B), line 1	0c.)	•		

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(a) Description of security or category (including name of security) (including name of security (including name of security) (including name of security) (including name of security) (including name of security (including name of security) (including name of security (including name of security (including name of security) (including name of security (including name of security) (including name of security (including name of security (including name of security) (including name of security (including name of security (including name of security) (including name of security (including name of security (including name of security) (including name of security (including name of security) (including name of security (including name of security) (including name of security) (including name of security) (including name of security) (including name of security (including name of security) (including name of security (including name of	Part VII Investments - Other Securities. Complete if the organization answer	red "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
2) Closely held equity interests	(a) Description of security or category		(c) Method of valuation:
2) Closely held equity interests	(1) Financial derivatives		
(B) CASH FUND BALANCE	(2) Closely held equity interests		
(B) CASH FUND BALANCE 594,860. FMV (C)	(3) Other		
C C C C C C C C			FMV
(E) (F) (G) (H) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes		594,860.	FMV
(E) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F)			
(G) (G) (H) (G) (H) (G) (H) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H			
(G) (H) Total. (Column (B) must equal Form 990, Part X, col. (B) line 12.). ▶ 3,902,046. Part XIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 13.). ▶			
Control (Column (b) must equal Form 990, Part X, col. (B) line 12.) X 3,902,046.			
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) New Series			
Investments - Program Related.		2 002 046	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value		3,902,046.	
Cost or end-of-year market value		ed "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 15.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.) Cottant (Column (b) must equal Form 990, Part X, col. (B) line 25.	(a) Description of investment	(b) Book value	
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(6)	(4)		
(7) (8) (9) (10	(5)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	_(6)		
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
		5.)	

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

JSA
9E1270 1.000
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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 4

Ochicadi	(i b (i oiii ooo) 2010		r age -r
Part !		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,438,609.
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	234,530.
3	Subtract line 2e from line 1	3	3,204,079.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	3,204,079.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	976,127.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	·
2	Donated services and use of facilities		
a	Defiated 3ct vices and disc of facilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
b	Ther year adjustments : : : : : : : : : : : : : : : : : : :	-	
C	005 602		
d	Other (Describe III Fait Alli.)	20	205,683.
е	Add lines 2a through 2d	2e 3	770,444.
3	Subtract line 2e from line 1	3	770,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	.	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	770,444.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	770,444.
Provide	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Ort \/	line 1: Part V line
2: Part	e the descriptions required for Fart II, lines 3, 5, and 9, Fart III, lines 1a and 4, Fart IV, lines 1b and 2b, F : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art v,	illie 4, Fait A, illie
	CT EXPENSE OF FUNDRAISING EVENTS		
DIKE	CI EXPENSE OF FUNDARISING EVENTS		
DIDE	CT EXPENSE OF FUNDRAISING EVENTS		
DIKE	CI EXPENSE OF FUNDRAISING EVENIS		

45-5626260

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AME	RICAN FRIENDS OF BEIT	RUTH, INC			45-562620	60
Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	nswered "Yes" or
1	For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	int of its grants and	
	other assistance, the grantees'	eligibility for t	the grants or	assistance, and the selec	tion criteria used to	
	award the grants or assistance?		· ·			Yes No
	, and the second					
2	For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
_	Anti-iting and Danier (The faller		0 table see b		:	
	Activities per Region. (The follow	ving Part I, line ⊤		e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
_(')						
(2)	<u> </u>					
(3)						
(4)						
_(5)						
(6)	<u> </u>					
_(7)						
(8)	<u> </u>					
(9)	1					
(10)						
(11)						
(12)						
(13)						
(14)						
<u>(15)</u>	l					
<u>(16)</u>						
(17)						
3a						
b						

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2019

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, othe
				THERAPEUTIC					
(1)			MIDDLE EAST/NORTH AFRICA	RESIDENCE	391,562.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	er total number of recipien	t organizations listed abo	ove that are recognized as o	charities by the t	foreian country, re	cognized as tax	-exempt		

AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260

Schedule F (Form 990) 2019

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) 2019

Part IV Foreign Forms Page 4

Part	v Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Y	⁄es ∑	◯ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Y	⁄es X	No 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)	Y	⁄es ∑	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)	Y	/es 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)	Y	/es 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)	Y	/es X	No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

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) 2019

Page 5

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN FRIENDS OF BEIT RUTH, INC Part I Questions Regarding Compensation Employer identification number 45-5626260

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

AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260

Schedule J (Form 990) 2019

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

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

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

	(B) Bre	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Ba comper	ase nsation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
DANIELLE BURENSTEIN	(i) 18	30,690.	0.	42,321.			223,011.		
	ii)	0.	0.	0.					
	(i)								
	ii)								
	(i)								
3	ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
	ii)								
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AMERICAN FRIENDS OF BEIT RUTH, INC 45-5626260

Schedule J (Form 990) 2019 Page 3

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

AMERICAN FRIENDS OF BEIT RUTH, INC

Employer identification number 45-5626260

ORGANIZATION MISSION, FORM 990, PART III THE ORGANIZATION SOLICITS FUNDS TO DONATE TO BEIT RUTH. BEIT RUTH IS A NOT-FOR-PROFIT ORGANIZATION IN ISRAEL THAT PROVIDES EDUCATIONAL, THERAPEUTIC, SOCIAL, CULTURAL, RESIDENTIAL AND CRISIS INTERVENTION SERVICES TO GIRLS AND YOUNG WOMEN AT RISK IN ISRAEL. GIFTS IN MONEY OR PROPERTY OF ANY KIND FROM MEMBERS, PRIVATE PERSONS, COMPANIES, INSTITUTIONS & ASSOCIATIONS.

FORM 990, PART VI, LINE 11B THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY THE EXECUTIVE DIRECTOR AND GIVEN TO THE FULL BOARD OF DIRECTORS FOR THEIR ACCEPTANCE BEFORE FILING OF THE RETURN.

FORM 990, PART VI, LINE 19

SUCH DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

MISCELLANEOUS ADJUSTMENTS INCLUDING ADJUSTMENT OF RECOGNITION OF DIVIDEND

INCOME AND CAPITAL GAIN DISTRIBUTION INCOME.

ATTACHMENT 1

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST BOOK VALUE DESCRIPTION OR FMV

CHIMERA INVESTMENT CORPORATION 209,712. FMV Name of the organization Employer identification number 45-5626260 AMERICAN FRIENDS OF BEIT RUTH, INC ATTACHMENT 1 (CONT'D) FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ENDING COST

ACUITY BRANDS INC 5,382. FMV

> TOTALS 215,094.

BOOK VALUE

OR FMV

DESCRIPTION