Department of the

Treasury

DLN: 93493318089029 OMB No 1545-0047

2018

Return of Organization Exempt From Income Tax

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

▶ 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.

Open to Public Inspection

AMERICAN FRIENDS OF LEKET ISRAEL INC AMERICAN FRIENDS OF LEKET ISRAEL INC AMERICAN FRIENDS OF LEKET ISRAEL INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 2090 City or town, state or province, country, and ZIP or foreign postal code TEANECK, NJ 07666 F Name and address of principal officer SHACHAR MINKOVE PO BOX 2090 TEANECK, NJ 07666 I Tax-exempt status J 501(c)(3) □ 501(c)() ◄ (insert no) □ 4947(a)(1) or □ 527 Website: ► N/A K Form of organization Corporation □ Trust □ Association □ Other ► Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE GRANTS & ASSISTANCE TO EXEMPT ORGANIZATIONS OUTSIDE OF THE U.S. TO FEED THE HILL.	Yes ✓ No Yes □No a list (see instructions) Ion number ► 6 M State of legal domicile DE
Address change □ Name change □ Initial return □ Application pending □ Application pending □ City or town, state or province, country, and ZIP or foreign postal code □ TEANECK, NJ 07666 F Name and address of principal officer SHACHAR MINKOVE PO BOX 2090 □ TEANECK, NJ 07666 I Tax-exempt status □ Application Poly Describes the organization or most significant activities □ Application Poly Describes the organization of the Poly Describes the Describes the organization of the Poly De	shone number 2) 331-0070 s receipts \$ 6,057,772 return for Yes No nates Yes No nates No nates No nates Descriptions M State of legal domicile DE
Doing business as Initial return	s receipts \$ 6,057,772 return for Yes No nates Yes No na list (see instructions) non number M State of legal domicile DE
Amended return □ Application pending City or town, state or province, country, and ZIP or foreign postal code TEANECK, NJ 07666 F Name and address of principal officer SHACHAR MINKOVE PO BOX 2090 TEANECK, NJ 07666 I Tax-exempt status □ 501(c)(3) □ 501(c)() ◀ (insert no) □ 4947(a)(1) or □ 527 ■ Corporation □ Trust □ Association □ Other ▶ L Year of formation 200 Part □ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE GRANTS & ASSISTANCE TO EXEMPT ORGANIZATIONS OUTSIDE OF THE U.S. TO FEED THE HIS	s receipts \$ 6,057,772 return for Yes No nates Yes No na list (see instructions) non number M State of legal domicile DE
TEÂNECK, NJ 07666 F Name and address of principal officer SHACHAR MINKOVE PO BOX 2090 TEANECK, NJ 07666 I Tax-exempt status ✓ 501(c)(3)	o return for Yes ✓ No nates Yes □No a list (see instructions) ion number ► M State of legal domicile DE
SHACHAR MINKOVE PO BOX 2090 TEANECK, NJ 07666 I Tax-exempt status	Yes ✓ No Yes □No a list (see instructions) Ion number ► 6 M State of legal domicile DE
I Tax-exempt status	a a list (see instructions) ion number ▶ 6
H(c) Group exempt K Form of organization Corporation Trust Association Other L Year of formation 2000 Part Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE GRANTS & ASSISTANCE TO EXEMPT ORGANIZATIONS OUTSIDE OF THE U.S. TO FEED THE HIS	on number ► 6 M State of legal domicile DE
Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE GRANTS & ASSISTANCE TO EXEMPT ORGANIZATIONS OUTSIDE OF THE U.S. TO FEED THE HI	
Briefly describe the organization's mission or most significant activities TO PROVIDE GRANTS & ASSISTANCE TO EXEMPT ORGANIZATIONS OUTSIDE OF THE U.S. TO FEED THE HI	INGRY
TO PROVIDE GRANTS & ASSISTANCE TO EXEMPT ORGANIZATIONS OUTSIDE OF THE U.S. TO FEED THE HI	NGRY
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its no	
2 Check this box > 1 if the organization discontinued its operations or disposed of more than 25% of its no	
\bullet 2 Check this box \triangleright \square if the organization discontinued its operations or disposed of more than 25% of its n_i	
ジ │ 3 Number of voting members of the governing body (Part VI, line 1a)	et assets 5
	4 5
4 Number of independent voting members of the governing body (Part VI, line 1b)	5 6
6 Total number of volunteers (estimate if necessary)	6 8
The state of the s	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0
Prior Year 8 Contributions and grants (Part VIII, line 1h)	Current Year 59,390 5,987,797
9 Program service revenue (Part VIII, line 2g)	0 0,567,757
9	-1.406 35
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Form	990 (2018)					Page 2
Pa	rt III Statement	t of Program Servic	e Accomplis	hments		
	Check If Scho	edule O contains a respo	nse or note to	any line in this Part III .		\square
1	Briefly describe the	organization's mission				
<u>TO P</u>	ROVIDE GRANTS AND	ASSISTANCE TO EXEM	PT ORGANIZATI	ONS OUTSIDE OF THE U	JNITED STATES TO FEED THE HUN	GRY
_						
2	-			vices during the year wh	ich were not listed on	
		or 990-EZ?				🗌 Yes 🗹 No
_	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?					
3	-	- -	_	<u>-</u>	cts, any program	
						🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedul	e O			
4	Section 501(c)(3) ar	nd 501(c)(4) organizatio	ns are required	to report the amount of		
4a	(Code) (Expenses \$	6,400,000	including grants of \$	6,400,000) (Revenue \$)
	See Addıtıonal Data				, , , ,	,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	Other program son	ıces (Describe in Schedi	ر م مار			
Tu	(Expenses \$	•	uding grants of	\$) (Revenue \$)
4e	Total program ser		6,400,0	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
			5, 155,0			Form 990 (2018)

Pa	Part IV Checklist of Required Schedules				
				Yes	No
1	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Schedule A 2	f "Yes," complete	1	Yes	
2	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	⊌ <u>[</u>	2	Yes	
3	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in oppose for public office? If "Yes," complete Schedule C, Part I	ition to candidates	3		No
4	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during If "Yes," complete Schedule C, Part II	the tax year?	4		No
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5		No
6	6 Did the organization maintain any donor advised funds or any similar funds or accounts for which do to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	nors have the right	6		No
7	7 Did the organization receive or hold a conservation easement, including easements to preserve oper the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. ' '	7		No
8	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets If "Yes," complete Schedule D, Part III		8		No
9	9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, services for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or deservices? If "Yes," complete Schedule D, Part IV		9		No
LO	.0 Did the organization, directly or through a related organization, hold assets in temporarily restricted permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	endowments,	10		No
L 1	1 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Pa or X as applicable	arts VI, VII, VIII, IX,			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		11a		No
b	b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		No
С	c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		No
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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 covere this return	ed by 2a	6
${f h}$. If at least one is renorted on line 2a, did the organization file all required federal		2b Yes
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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 in Schedule O See instructions														
Section	Check if Schedule O contains a response or note to any line in this Part VI														
	Yes														
	, , , , , , , , , , , , , , , , , , ,														
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Part VII Compensation of Officers, D and Independent Contractor		stees, Key Employees, H	ighest Compei	nsated Employ	ees,
Check if Schedule O contains a resp	onse or note to	o any line in this Part VII			<u> \square</u>
Section A. Officers, Directors, Truste	es, Key Emp	oloyees, and Highest Com	pensated Emp	oloyees	
1a Complete this table for all persons required to year	·	·			ganızatıon's tax
 List all of the organization's current officers of compensation Enter -0- in columns (D), (E), a 	ind (F) if no co	mpensation was paid			
List all of the organization's current key employed.					
 List the organization's five current highest c who received reportable compensation (Box 5 of organization and any related organizations 					
 List all of the organization's former officers, of reportable compensation from the organization 			loyees who receive	ed more than \$100	,000
 List all of the organization's former director organization, more than \$10,000 of reportable co List persons in the following order individual trus 	mpensation fro	om the organization and any re	lated organization:	s	
compensated employees, and former such person Check this box if neither the organization no	ns				
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
• 1.2	week (li <u>st</u>	is both an officer and a	from the	from related	compensation
•					1
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Part VII Section A. Officers, Direc	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Compensate	d Employees (col	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n of	t che inles ficer	s pers and a	on	(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
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
		, and the second								

			_		

1b Sub-Total			>		

		'	<u>'</u>		<u>'</u>	<u> </u>	<u>_</u> '			
				\Box						
				\sqcap	\Box					
1b Sub-Total						>				
c Total from continuation sheets to Pa	art VII , Section	Α				▶ [
d Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u></u>			>		0	0	0

1b Sub-Total				>		<u>'</u>	
c Total from continuation sheets to Pa	art VII , Section	Α		▶ [
d Total (add lines 1b and 1c)				•	0	0	0

	1											_
												_
1b Sub-Total												
c Total from continuation sheets to Pa	▶□						_					
d Total (add lines 1b and 1c)		<u> </u>	<u></u>			•		0		0		5
2 Total number of individuals (including	but not limited	to thos	a listi	ad al	201/6	a) who	rece	aived more than	¢10	0.000		_

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						•		0	0	0
2 Total number of individuals (including	but not limited	to those	e liste	ed al	oove	e) who	rece	eived more than	\$100,000	

1b	Sub-Total					1	•					
С	Total from continuation sheets to Pa	art VII , Section	Α				▶					
d	Total (add lines 1b and 1c)						▶		0		0	0
2	Total number of individuals (including			e list	ed a	bove	e) wh	o rece	eived more than	າ \$10	0,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

3

4

5

1b	Sub-Total	▶			
С	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	•	0	0	0
2	Total number of individuals (including but not limited to those listed above of reportable compensation from the organization ▶ 0	e) wh	o received more than	\$100,000	

Yes

3

4

5

(B)

Description of services

No

No

Νo

Νo

(C)

Compensation

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Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

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

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			g	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	6,400,000	6,400,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	339,051		121,080	217,971
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,414		1,229	2,185
9 Other employee benefits	38,162		13,738	24,424
10 Payroll taxes	23,096		8,315	14,781
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,000		12,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
- <u>-</u>				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion	43,657			43,657
- · · · · · · · · · · · · · · · · · · ·	6,735		1 694	5,051
13 Office expenses	6,733		1,684	5,051
14 Information technology				
15 Royalties				
16 Occupancy	18,000		4,500	13,500
17 Travel	12,875			12,875
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,581		2,581	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING	26,147			26,147
b POSTAGE	18,372		4,593	13,779
c TELEPHONE & INTERNET	6,267		1,566	4,701
d FEES	6,047		6,047	
e All other expenses	10,080		10,080	
25 Total functional expenses. Add lines 1 through 24e	6,966,484	6,400,000	187,413	379,071
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Net Assets or Fund Balances

	Beginning of year		End of year
1 Cash-non-interest-bearing	242,878	1	156,227
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	2,471,739	4	1,586,909
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	ted employees Complete		5	
	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations of Part II of Schedule L	ied persons (as defined under n 4958(c)(3)(B), and tions of section 501(c)(9) (see instructions) Complete		6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
٩	9	Prepaid expenses and deferred charges		3,875	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	11		13	

		Fait II OI Scriedule L. a. a. a. a. a. a.					
ets		Notes and loans receivable, net				7	
SS		Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			3,875	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10 b			10c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .	•		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,850	15	2,850
	16	Total assets Add lines 1 through 15 (must equ	al line	24)	2 721 342	16	1 745 986

4	9	Prepaid expenses and deferred charges		3,875	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12 Investments—other securities See Part IV, line 11		11		12	
	13	Investments—program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,850	15	2,850
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,721,342	16	1,745,986
	17	Accounts payable and accrued expenses		36,537	17	37,819
	18	Grants payable			18	
	19	Deferred revenue			19	

		basis Complete Part VI of Schedule D	1 100			
	Ь	Less accumulated depreciation	10b]	10 c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	e 11		13	
	14 Intangible assets				14	
	15	Other assets See Part IV, line 11		2,850	15	2,850
	16	Total assets.Add lines 1 through 15 (must equ	ial line 34)	2,721,342	16	1,745,986
-	17	Accounts payable and accrued expenses		36,537	17	37,819
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
<u> </u>		persons Complete Part II of Schedule L		22		
	22	Secured mertanges and notes navable to unrela	stad third parties		22	

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5,372

43.191

589.511

1,113,284

1,702,795

1,745,986

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3.358

39.895

674.348

2,007,099

2,681,447

2,721,342

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_	T. I. (1) (2) (3) (4) (4) (4) (4)			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,987,832
2	Total expenses (must equal Part IX, column (A), line 25)	2			,966,484
3	Revenue less expenses Subtract line 2 from line 1	3			-978,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,681,447
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,702,795
Pa	t 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				
	If the 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle			

3b

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 20-8202424

Name: AMERICAN FRIENDS OF LEKET ISRAEL INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

INITIATIVE, CAPACITY BUILDING PROJECTS AND GENERAL OPERATING SUPPORT

GRANTS WERE UTILIZED FOR THE PURPOSE OF SUPPORTING ONGOING AND EXTENSIVE FOOD RESCUE OPERATIONS AND ACTIVITIES OVERSEAS GRANTS WERE PAID TO

LEKET ISRAEL IN SUPPORT OF THAT ORGANIZATIONS PROJECT LEKET (GLEANING) PROGRAM, HOT MEALS FOR KIDS PROJECT, DAY AND NIGHTTIME MEAL RESCUE

efile	e GR/	APHIC pri	nt - DO NOT PROCES	SS	As Filed Data -			DLN: 9	3493318089029
SCI	HED	ULE A	Dubli	<u>ر</u> ر	harity Statu	s and Duk	nlic Sunn	ort	OMB No 1545-0047
	m 990		Complete if th	e org	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	r a section	2018
•		the Treasury	► Go	to <u>v</u>	vww.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
Nam	e of th	ne organiza	tion ET ISRAEL INC					Employer identific	cation number
					4.11	<u>. </u>		20-8202424	
Par The o			for Public Charity Some private foundation because					See instructions.	
1	. ga <u>-</u>		onvention of churches, o		•	•	•	(A)(i).	
2		,	scribed in section 170(
3			or a cooperative hospital			,	,,		
4		·	esearch organization ope		_			-	inter the hospital's
	Ш	name, city,			a in conjunction with	a nospital deser-	Sed in Section .	-, ((,),(-),(), ()	
5			ation operated for the be (iv). (Complete Part II)	nefit	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local governmen	nt or o	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓	_	ation that normally receive (0(b)(1)(A)(vi).		•	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in sec	tion	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organizatio rant college of agriculture						lege or university or a
10		from activit	ation that normally receiv ties related to its exempt income and unrelated b See section 509(a)(2).	func usine	tions—subject to cer ss taxable income (le	taın exceptions, a	and (2) no more	than 331/3% of its s	upport from gross
11		An organiza	ation organized and oper	ated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and oper ly supported organization through 12d that descri	ns de	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization on the supporting organization on the support of the supp	pera rly ap	ted, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization nt of the supporting orga plete Part IV, Sections	anızat	tion vested in the sar			- ' ' '	_
С		Type III f	unctionally integrated organization(s) (see insti	. A su	ipporting organizatio				ated with, its
d		Type III n functionally	on-functionally integrally integr	ated ation	. A supporting organi generally must satis	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orga	1. 4
e		Check this	box if the organization re	eceive	ed a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Enter		or Type III non-function of supported organization		ntegrated supporting	organization			
g	Provi	de the follow	ing information about th	e sup	ported organization(s)			
	(i) N	organization organization in your governing document? monetary					(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
			,						
Tota	1			\dashv					
		work Reduc	tion Act Notice, see th	e Inc	structions for	Cat No 11285	<u> </u> 	l Schedule A (Form 9	90 or 990-EZ) 2018

Page 2

	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
L	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	6,097,290	5,101,329	6,200,112	8,469,390	5,987,797	31,855,918
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						
ļ	Total. Add lines 1 through 3	6,097,290	5,101,329	6,200,112	8,469,390	5,987,797	31,855,918
	The portion of total contributions by						

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,097,290	5,101,329	6,200,112	8,469,390	5,987,797	31,855,918
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	, ,	, ,	, ,			1,676,170
6	Public support. Subtract line 5 from line 4						30,179,748
	Section B. Total Support	•				•	

4	Total. Add lines 1 through 3	6,097,290	5,101,329	6,200,112	8,469,390	5,987,797	31,855,91
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,676,17
6	Public support. Subtract line 5 from line 4						30,179,74
- 5	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e) 2018	(f)Total
7	Amounts from line 4	6,097,290	5,101,329	6,200,112	8,469,390	5,987,797	31,855,91
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	809	487	651	532	140	2,61
9	Net income from unrelated business						

	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						30,179,748
- 5	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	6,097,290	5,101,329	6,200,112	8,469,390	5,987,797	31,855,918
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	809	487	651	532	140	2,619
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)		9,548	198			9,746
11	Total support. Add lines 7 through 10						31,868,283
12	Gross receipts from related activities,	etc (see instruction	ons)			12	

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total		
7	Amounts from line 4	6,097,290	5,101,329	6,200,112	8,469,390	5,987,797	31,855,918		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	809	487	651	532	140	2,619		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		9,548	198			9,746		
1	Total support. Add lines 7 through 10						31,868,283		
2	Gross receipts from related activities,	etc (see instructio	ons)			12	_		
3	First five years. If the Form 990 is fo	r the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a sec	tion 501(c)(3) org	anization,		
	check this box and stop here					▶[
S	ection C. Computation of Public								
4	Public support percentage for 2018 (lin	ne 6, column (f) dı	vided by line 11, o	column (f))		14	94 700 %		
_	Public support percentage for 2017 Schedule A Part II line 14								

15

15 Public support percentage for 2017 Schedule A, Part II, line 14 97 520 % 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

▶ ☑ and stop here. The organization qualifies as a publicly supported organization

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization

Sche	dule A (Form 990 or 990-EZ) 2018						Page 3
P	art III Support Schedule for						
	(Complete only if you c						er Part II. If
_	the organization fails to	qualify under	the tests listed	oelow, please co	omplete Part II.)	
	ection A. Public Support Calendar year			Ι	I	1 1	
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
,	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support						
	Calendar year	(-) 2014	(1-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a							
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11							
	activities not included in line 10b,						
	whether or not the business is						
í					,		•
	7.						
	4						
,							
-							
<i>\</i>							
<u>.</u> .							
<i>F</i> _							
<u>_</u> ,_							

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
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) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За 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 3b

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 3с 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

4a 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 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a amendment to the organizing document)

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? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) 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. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) 7

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)

8

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. 9a

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. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2018

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

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

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Additional Data

Software ID:

Software Version: EIN: 20-8202424

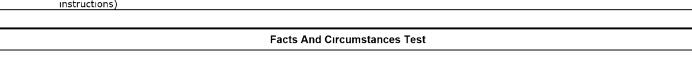
20 0202 121

Name: AMERICAN FRIENDS OF LEKET ISRAEL INC

Page 8

Part VI

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



SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493318089029

Open to Public Inspection

Interr	nal Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the latest information.	Inspection
	me of the orgar ERICAN FRIENDS OF			Employer identification number
Alti	ERICAN FRIENDS OF	LENET ISRAEL INC		20-8202424
Pa	art I Organi	izations Maintaining Donor Advi	sed Funds or Other Similar Funds o	r Accounts.
	Comple	ete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b)Condo and other possible
1	Total number at	end of year	(a) Donor advised funds	(b)Funds and other accounts
2		of contributions to (during year)		
3		e of grants from (during year)		
4	Aggregate value			
5		•	rs in writing that the assets held in donor ad	
_		property, subject to the organization's ex		☐ Yes ☐ No
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose o	
Pa	rt III Consei	rvation Easements. Complete if th	ne organization answered "Yes" on Forr	n 990, Part IV, line 7.
1	Purpose(s) of co	onservation easements held by the orga	nization (check all that apply)	
	Preservati	on of land for public use (e g , recreation	n or education) \qed Preservation of an	historically important land area
	Protection	of natural habitat	Preservation of a c	certified historic structure
	Preservati	on of open space		
2		2a through 2d if the organization held a ne last day of the tax year	qualified conservation contribution in the for	rm of a conservation Held at the End of the Year
а	Total number of	f conservation easements		2a
b	Total acreage re	estricted by conservation easements		2b
c	Number of cons	ervation easements on a certified histori	c structure included in (a)	2c
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of cons tax year ▶	servation easements modified, transferre	d, released, extinguished, or terminated by	the organization during the
4	Number of state	es where property subject to conservation	n easement is located >	
5		ızatıon have a wrıtten policy regardıng th nt of the conservation easements it holds	ne periodic monitoring, inspection, handling s ²	of violations,
6	Staff and volun	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
8	Does each cons and section 170		above satisfy the requirements of section 1	70(h)(4)(B)(ı)
9	balance sheet,		ervation easements in its revenue and expe footnote to the organization's financial state ts	
Pai		izations Maintaining Collections ete if the organization answered "Ye	of Art, Historical Treasures, or Oth s" on Form 990, Part IV, line 8.	er Similar Assets.
1a	art, historical tr	reasures, or other similar assets held for	6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f icial statements that describes these items	
b	historical treasi		6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furth	
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		> \$
(ii)Assets ıncluded	d in Form 990, Part X		▶ \$
2	If the organizat	•	cal treasures, or other similar assets for fina 116 (ASC 958) relating to these items	ncial gain, provide the
-	Pevenue includ	ed on Form 990 Part VIII line 1	·	▶ ¢

b Assets included in Form 990, Part X

Trivial Investments—Other Securities. Complete if the Securities of Secu	tne organizat	ion answere	d les on form 550,	rait IV, lille IID.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
) Financial derivatives				
Other				
)				
)				
Int VIII Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990, P	art IV, line 1	1c. See Form 990, Pa	art X, line 13.
(a) Description of investment		ok value	(c) Method	
)			cost of chia of y	
)				
)				
)				
)				
)				
)				
)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
art IX Other Assets. Complete if the organization answers (a) Description		n 990, Part IV	, line 11d See Form 99	O, Part X, line 15 (b) Book value
1				
)				
)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)	answered 'Ye			▶ or 11f.
otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	answered 'Ye	es' on Form		
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Ye			
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes EDIT CARD PAYABLE	answered 'Ye		value	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Pederal income taxes EDIT CARD PAYABLE	answered 'Ye		value	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Pederal income taxes EDIT CARD PAYABLE	answered 'Ye		value	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes EDIT CARD PAYABLE	answered 'Ye		value	
Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes EDIT CARD PAYABLE (a)	answered 'Ye		value	
ptal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability) Federal income taxes REDIT CARD PAYABLE)))	answered 'Ye		value	
See Form 990, Part X, line 25.	answered 'Ye		value	
ptal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability) Federal income taxes REDIT CARD PAYABLE))))	answered 'Ye		value	

Page 4

6.966.484

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

4

b

5

Part XIII

See Additional Data Table

Return Reference

2b

2c 2d Other (Describe in Part XIII) d Add lines 2a through 2d 2e 3 6,966,484 3

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

4a

4b

Explanation

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 20-8202424

Name: AMERICAN FRIENDS OF LEKET ISRAEL INC

Supplemental Information

Return Reference

Explanation

Software ID:

Part X, Line 2 THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018 efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318089029 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** AMERICAN FRIENDS OF LEKET ISRAEL INC. 20-8202424 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures (a) Region offices in the employees, agents, region (by type) (e q, program service, describe for and investments fundraising, program and independent specific type of region in region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) Middle East and North Africa 0 0 GRANTS TO LEKET 6,400,000 ISRAEL (2) (3) (4) (5) 3a Sub-total 6,400,000 **b** Total from continuation sheets to Part I O 6,400,000 c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2018

(2)				
(3)				
(4)				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Schedule F (Form 990) 2018 Part III

(4) (5) (6)

(7)

(8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash	(g) Description of non-cash	(h) Method of valuation
		, '	,		assistance	assistance	(book, FMV, appraisal, other)
(1)							

	. 55, p. 51105	545.1.	 assistance	assistance	(book, FMV, appraisal, other)
(1)					
/ 2\					

				appraisal, other)
(1)				
(2)				
(3)				

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ 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)		
	Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	✓ 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)		
	(see Instructions for Form 6005)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 99	0) 2018 Page 5
Provid amou metho any a	emental Information e the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide dditional information (see instructions). Supplemental Information
Return Referenc	e Explanation
SCHEDULE F,	ALL GRANTS ARE PAID TO LEKET ISRAEL ORGANIZATION REVIEWS GRANT REQUESTS AND SUPPORTING

DOCUMENTATION TO DETERMINE THAT FUNDS ARE USED IN ACCORDANCE WITH ORGANIZATION'S MISSION

PART 1, LINE 2

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Info

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

2018

DLN: 93493318089029OMB No 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN FRIENDS OF LEKET ISRAEL INC

Employer identification number 20-8202424

Pa	Fundraising Activi Form 990-EZ filers a	•	_			orm 990, Part IV, line :	17.		
L	Indicate whether the organiza	tion raised funds th	rough an	y of the fo	ollowing activities Check	all that apply			
а	Mail solicitations			е	Solicitation of nor	n-government grants			
b	☐ Internet and email solicita	tions		f	Solicitation of gov	ernment grants			
С	Phone solicitations		g Special fundraising events						
d	☐ In-person solicitations								
2a	Did the organization have a workey employees listed in For						es 🗆 No		
b	If "Yes," list the ten highest p to be compensated at least \$5			ndraisers)	pursuant to agreements	s under which the fundrais	ser is		
1 (i	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
_			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
ota	al								
	List all states in which the orgar licensing	nization is registered	d or licen	sed to sol	icit contributions or has l	peen notified it is exempt	from registration or		

Sche	edule G (Form 990 or 990-EZ) 2018				Page 2
Pa	Fundraising Events. Complet than \$15,000 of fundraising ev	ent contributions and			
	gross receipts greater than \$5,	(a)Event #1 WHISKEY EVENT (event type)	(b) Event #2 CONCERT (event type)	(c)Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	167,128	32,056	18,888	218,072
	2 Less Contributions	139,280 27,848	20,625 11,431	8,543 10,345	168,448 49,624
ñ	4 Cash prizes				
esu:	6 Rent/facility costs	3,100	5,500	1,000	9,600
Direct Expenses	7 Food and beverages	16,820		8,155	24,975
ŭ	8 Entertainment				
DE	9 Other direct expenses	7,928	5,931	1,190	15,049
	10 Direct expense summary Add lines 4 th	rough 9 in column (d)		•	49,624
	11 Net income summary Subtract line 10 f			•	0
Pa	on Form 990-EZ, line 6a.	nization answered "Ye	s" on Form 990, Part I\	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
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7	Pro-				
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					1

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3			
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No				
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No				
13	Indicate the percentage of gaming activ	vity conducted in							
а	The organization's facility			13a		%			
b	An outside facility			13b		%			
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords					
	Name ►								
	Address ►								
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$								
С	If "Yes," enter name and address of the third party								
	Name								
	Address ►								
16	Gaming manager information								
	Name ►								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17	Mandatory distributions								
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No				
b	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent \$ \$						
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor						
	Return Reference		Explanation						

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493318089029
SCHEDUL (Form 990 or EZ)	r 990-	Complete to pro Form 990 o	ovide information for or 990-EZ or to prov ► Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional information 1990 or 990-EZ. 90 for the latest information.	ons on	OMB No 1545-0047 2018 Open to Public Inspection
Name! & the of American frient 990 Schedul	OS OF LEKET I	SRAEL INC lemental Informatio	on		Employer ident 20-8202424	ification number
Return Reference				Explanation		
Form 990, Pa t VL	DRAFT FO	ORM 990 SENT TO DIRE	CTORS OF THE ORG	ANIZATION PRIOR TO FILING		

· 1

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 12c

ALL BOARD MEMBERS ARE ASKED ON AN ANNUAL BASIS OF POSSIBLE CONFLICTS OF INTEREST THEY NEE
D TO SIGN A FORM VERIFYING THERE ARE NO CONFLICTS OF INTEREST ALL MAJOR DECISIONS ARE VOT
ED ON BY THE BOARD INCLUDING GRANTS, HIRING, EXPENDITURES, ETC

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 15a

COMPENSATION OF THE BOARD CHAIR IS DETERMINED BY THE BOARD OF DIRECTORS AND HAS BEEN DETERMINED
TO BE ZERO FOR THE CURRENT YEAR

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 19

Form 990,
Part VI,
Section C,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, NO CHANGE FROM PRIOR YEARS

Part XII, Line