Compensation of officers, directors, and trustees (Schedule K).

Salaries and wages

Repairs and maintenance

Bad debts.

Interest (attach schedule) (see instructions).

Taxes and licenses

Depreciation (attach Form 4562).

Less depreciation claimed on Schedule A and elsewhere on return

Depletion.

Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

22

23

24

25

Excess readership costs (Schedule J)

26

Other deductions (attach schedule)

Total deductions Add lines 14 through 27
 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

For Paperwork Reduction Act Notice, see instructions.

Fgrm **990-T** (2019)

4		يم 990- <u>7</u> (201	9) . FRIENDS OF THE ISRAEL DEFENSE FORCES	13-3156445	Pa	ge 2	
	Par		Total Unrelated Business Taxable Income			30 -	
			unrelated business taxable income computed from all unrelated trades or businesses (see				
			ñs)	32			
2	₹ 33		paid for disallowed fringes	83			
	34		e contributions (see instructions for limitation rules)	34			
	35		related business taxable income before pre-2018 NOLs and specific deduction Subtract line				
	33		·	35		0.	
	36		n for net operating loss arising in tax years beginning before January 1, 2018 (see				
	50			36			
	37		,	37			
	38		·	38	-		
	39		business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	130		—	
	39			39		0.	
	Par		smaller of zero or line 37	, 15 1			
	40		trons Taxable as Corporations Multiply line 39 by 21% (0 21)	46			
	41		Taxable at Trust Rates See instructions for tax computation Income tax on				
	→ 1		int on line 39 from Tax rate schedule or Schedule D (Form 1041)	- <u> </u> -			
	42			42			
	42 43	-	ve minimum tax (trusts only).	43			
	44		oncompliant Facility Income See instructions	44			
	45		d lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
1/			Tax and Payments	45			
//			ax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
		-	edits (see instructions)				
	c	General h	pusiness credit Attach Form 3800 (see instructions)				
	d	Credit for	prior year minimum tax (attach Form 8801 or 8827) (
			\	46e			
	47		line 46e from line 45	47			
	48	Other taxe	s Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	-		
	49		Add lines 47 and 48 (see instructions)	49	·•	0	
	50		965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	5.0			
	51 a	Paymente	s A 2018 overnoyment credited to 2019	•			
	b	2019 esti	imated tax payments				
	С	Tax depos	sited with Form 8868				
			organizations Tax paid or withheld at source (see instructions)				
		-	vithholding (see instructions)				
			small employer health insurance premiums (attach Form 8941)				
	g		dits, adjustments, and payments Form 2439				
	Ū		rm 4136 Other Total ▶ 51g				
	52	Total pay	ments. Add lines 51a through 51g	52	9,4	65.	
	53	Estimated	d tax negativ (see instructions). Check if Form 2220 is attached	53			
	54	Tax due.	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
	55	Overpayr	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\$5	9,4	65.	
	56	Enter the a	amount of line 55 you want Credited to 202º estimated tax Refunded	. 56	9,4	65.	
	Par	t VI S	Statements Regarding Certain Activities and Other Information (see instructions	;)			
	57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other author						
		over a f	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y have to file			
			Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	í - I	:	
		here ▶ I	SRAEL		Х		
	58	During th	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust?	<u> </u>	X	
		If "Yes," s	ee instructions for other forms the organization may have to file		1 1	ı	
	<u>59</u>		amount of tax-exempt interest received or accrued during the tax year ▶ \$		oxdot		
		Inje	er penalties of penury, I declare that I have examined this return including accompanying schedules and statements, and to the bi , correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge	and belief	, it is	
	Sigr	n 📗	AU 11	y the IRS discuss	this re	turn	
	Her		11/12/2020 CFO with	the preparer sh	nown be		
			<u> </u>	instructions)? X Ye	s	No	
	Paid		Print/Type preparer's name Preparer's signature Date Check				
		parer			04182	<u>'</u>	
		Only		EIN ► 36-605			
		,	Firm's address ► 757 THIRD AVENUE, ORD FLOOR, NEW_YORK, NY 10017-2013 Phone	212-599-0			
9×27	JSA 741 1 0		7. 70 7. FF	Form 99			
		6950ME	V 19-7.5F 0195161-00004		PAGI	E 66	

4 divided

by column 5

%

%

%

%

Form	990	-T	(2019)

(column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B)

(1) (2)

(3)

(4)

acquisition debt on or

allocable to debt-financed

property (attach schedule)

Total dividends-received deductions included in column 8...

of or allocable to

debt-financed property

(attach schedule)

7 Gross income reportable

(column 2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A)

	Exempt Controlled Organizations										
1 Name of controlled organization	2 Employer Identification numb	2 Net week		ated income	4 Total of specifie payments made		I III CIUGEO III UIE COITUOIIII		connected with income		
(1)		-						•	+		
(2)									T		
(3)			-						\top	<u> </u>	
(4)				· · · · · · · ·				 -	-		
Nonexempt Controlled Organi	zations				1						
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		5 Total of specified		inc	10 Part of column 9 that is included in the controlling		11 Deductions directly connected with income in			
(4)	(1000) (200 mon demons)		paymonts made		orga	organization's gross income		column 10			
(1)	<u></u>					ļ				· ·	
(2)						<u> </u>					
(3)											
(4)							dd columns 5 a			I columns 6 and 11	
Totals			<u></u>		▶ ′) Orga	Pa	ter here and on int 1, line 8, colu	mn (A)		r here and on page 1, 1, line 8, column (B)	
1 Description of income	2 Amount of income			3 Deductions directly connected (attach schedule)			4 Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)										•	
(2)									1		
(3)		***	1								
(4)				-			-		T		
Totals (b)	Part I, line 9, c	er here and on page 1, t I, line 9, column (A)		(1, 2, -1)			J. J.		F	nter here and on page 1, Part I, line 9, column (B)	
Schedule I-Exploited Exe	empt Activity in	come, Oth	erin	an Adverti	ising ir	Come	(see instru	ictions)		<u></u>	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1, Pa	Enter here and on page 1, Part I, line 10, col (8)		,)		Enter here and on page 1, Part II, line 25		
Schedule J- Advertising Ir	ncome (see instr	uctions)			_		<u> </u>	·			
Part I Income From Per			onsol	idated Bas	sis						
Name of periodical	2 Gross		ct costs .	4 Advertising		5	Circulation	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								-		+ ,	
<u>(1)</u> (2)	 			 				 		1	
	 			 							
(3)				<u> </u>				 		<u> </u>	
(4)	-			-							
Totals (carry to Part II, line (5))				_						Form 990-T (2019)	
										. ()	

6.

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Total Enter here and on page 1, Part II, line 14,

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership 1 Name of periodical minus column 5, but 2 minus col 3) If advertising advertising costs ıncome costs not more than ıncome a gain, compute cols 5 through 7 column 4) (1) (2) (3)Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) ine 11, col (B) Part.II, line 26 Ĝ Totals, Part II (lines 1-5) . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to 1 Name 2 Title unrelated business business (1) (2) % (3) % (4)-

Form 990-T (2019)