

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
AMERICAN FRIENDS OF MIGDAL OHR

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1560 BROADWAY 708

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10036

F Name and address of principal officer: **MICHAEL KRONENBERG**
SAME AS C ABOVE

D Employer identification number
13-3389558

E Telephone number
212-397-3700

G Gross receipts \$ **6,063,012.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **MIGDALOHRUSA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1986** **M** State of legal domicile: **NY**

Part II Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RAISE ESSENTIAL FUNDS TO SUPPORT MIGDAL OHR INSTITUTIONS IN ISRAEL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,219,986.	Current Year 4,751,539.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	469.	-38,055.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,339.	-35,882.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,223,794.	4,677,602.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,459,542.	5,047,543.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	501,841.	607,485.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 663,652.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	260,938.	337,835.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,222,321.	5,992,863.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	2,001,473.	-1,315,261.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		4,240,379.	2,974,308.
21 Total liabilities (Part X, line 26)	2,380.	51,570.	
22 Net assets or fund balances. Subtract line 21 from line 20	4,237,999.	2,922,738.	

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer *[Signature]* Date **Nov 2, 2017**

▶ **MICHAEL KRONENBERG, TREASURER**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **AARON SHAPIRO** Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: **P01333816**

Firm's name: **LOEB & TROPER LLP** Firm's EIN: **13-1517563**

Firm's address: **655 THIRD AVENUE, 12TH FLOOR** Phone no.: **212-867-4000**
NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No