EXTENDED TO NOVEMBER 15, 2017

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

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.lrs.gov/form990. A For the 2016 calendar year, or tax year beginning and ending

Open to Public Inspection

В	Check i		7	D Employer identifi	cation number			
Г	Add	THE AMERICAN COMMITTEE FOR THE TELL AVIV	′					
<u> </u>	chan Nam	e Dalanta de la companya della companya della companya de la companya de la companya della compa		13_3	145161			
늗	chan Initia	De la company de	om/suite	E Telephone numbe				
F	retur Fiṇal	1 1 2 0 1 BB O 3 DW3 V		212-447-6070				
_	retur term ated	in-	, ,	G Gross receipts \$	2,099,098.			
٠, ٢	Ame	nded NEW YORK NY 10001		H(a) Is this a group re				
F	returi Appl tion			for subordinates				
_	pend			H(b) Are all subordinates in				
1	Tax-ex	xempt status: X 501(c)(3)	527		list. (see instructions)			
		ite: ► WWW.TELAVIVFOUNDATION.ORG		H(c) Group exemptio				
		of organization: X Corporation Trust Association Other	L Year c		A State of legal domicile: FL			
	art I	Summary						
6	1	Briefly describe the organization's mission or most significant activities: TO PRO	VIDE	HUMANITARI	AN,			
Governance		CHARITABLE ASSISTANCE AND OVERALL IMPROVEMENT	IENT (OF QUALITY	OF LIFE TO			
ř	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	ssets.			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	17			
<u>ග</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17			
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0			
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
e)	8	Contributions and grants (Part VIII, line 1h)		4,633,994.	1,952,742.			
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33.	3,836.			
m	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,634,027.	1,956,578.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,385,447.	3,041,046.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		113,886.	102,381.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
çbe	b	Total fundraising expenses (Part IX, column (D), line 25) 51,781	<u>. •</u>					
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		119,570.	132,604.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,618,903.	3,276,031.			
	19	Revenue less expenses. Subtract line 18 from line 12		1,015,124.	-1,319,453.			
26S			Beg	inning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		4,241,231.	3,298,052.			
t As	21	Total liabilities (Part X, line 26)		1,165,351.	1,541,625.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		3,075,880.	1,756,427.			
Pa	art II	Signature Block						
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules an	id stateme	nts, and to the best of my	/ knowledge and belief, it is			
true	, correc	ot, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer t	nas any knowledge.				
		klisabeth Cohen		9//6	<i>417</i>			
Sig	n	Signature of officer		Date $oldsymbol{ u}$	*			
Her	e	ELIZABETH COHEN, OPERATIONS DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Da	l if	PTIN			
Paid		SAM CYWIAK	20	9/04/17 self-employe				
	arer	Firm's name CYWIAK & COMPANY LLP		Firm's EIN	11-2626200			
Use	Only	Firm's address ▶ 19 WEST 44TH STREET SUITE 510						
		NEW YORK, NY 10036		Phone no. (2:	12)764-3884			
<u>May</u>	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2016)			

THE AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATION, INC. 13-3145161 Page 2 (C)rm 990 (2016) Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE TEL AVIV FOUNDATION HAS CATALYZED DONORS TO BE PARTNERS IN SUPPORTING THE EVOLVING NEEDS OF THE TEL AVIV COMMUNITY. THE FOUNDATION CARES FOR THE NEEDY, ASSISTS MINORITY POPULATIONS, ENCOURAGES THE TALENTED AND ENRICHES THE QUALITY OF LIFE FOR TEL Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 3,147,088. including grants of \$___ 3,041,046.) (Revenue \$_ <u>1,952,743.</u>)) (Expenses \$ PROVIDED SUPPORT FOR VARIOUS PROJECTS SUCH AS DAYCARE CENTERS, CULTURAL AND EDUCATIONAL INSTITUTIONS, SPORTS CENTERS, SENIOR CENTERS, LIBRARIES AND MEDICAL FACILITIES LOCATED THROUGHOUT THE CITY BUT MOSTLY IN DISADVANTAGED AREARS. FUNDED 26 PROJECTS DURING 2016 including grants of \$ ___) (Revenue \$ _____) (Expenses \$ ___ (Code: ___) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O.) 3,147,088. Total program service expenses Form **990** (2016)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ĭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ī	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? 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? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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	Х	
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
þ	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		X
14a		14a		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		,	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		j	**
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,,]	İ	v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x

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If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	n 990 (2016) FOUNDATION, INC. 13-314!			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			F221
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	ction A. Governing Body and Management		T.,	T
_ د	Enter the number of voting members of the governing body at the end of the tax year 11	,	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь		,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Distribution of the form to the state of the		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	400		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
b 12a		12a	х	
b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-22	
Ŭ	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	Х	
	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 with a	İ		
	taxable entity during the year?	16a		<u>X</u>
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		ŀ	
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NY, NJ, CA, FL, CT, OH, IL, PA, MD			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	e	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fines	via!	
	statements available to the public during the tax year.	mane	naı	
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ELIZABETH COHEN - 212-447-6070			
	1201 BROADWAY, SUITE 802, NEW YORK, NY 10001			
32006	11-11-16	Form	990 (2016)
_	6		•	,

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/E\

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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.

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

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	поt с	Pos	ition more) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week	-	cer an	oao	recto	siztrus	100)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	98			該		organization	(W-2/1099-MISC)	from the
	related organizations	uste	I Lus		8	iad.		(W-2/1099-MISC)		organization and related
	below	ltal th	tiona		glo	ig a				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Битег			organizations
(1) JOSH WESTON	3.00		_							
CHAIRMAN		X						0.	0.	0.
(2) IRA D. RIKLIS	2.00									
DIRECTOR		Х						0.	0.	0.
(3) STEPHEN GREENBERG	3.00									
SECTRETARY/TREASURER		Х						0.	0.	0.
(4) STEVEN H. HIRTH	2.00									
DIRECTOR		X						0.	0.	0.
(5) ABY J. ROSEN	2.00									
DIRECTOR		X						0.	0.	0.
(6) BERNARD KOSSAR	2.00									
DIRECTOR		X						0.	0.	0.
(7) MATTHEW MARCO	2.00									
DIRECTOR		X						0.	0.	0.
(8) MARK SELINGER	2.00									
VICE TREASURER		Х						0.	0.1	0.
(9) JOSE GALICOT	2.00						·			
DIRECTOR		X						0.	0.	0.
(10) HARVEY K. KREUGER	2.00									
DIRECTOR		X						0.	0.	0.
(11) WALTER LIEBER	2.00			İ						
DIRECTOR		Х						0.	0.	0.
(12) DAN RUBIN	2.00					-				
DIRECTOR		X						0.	0.	0.
(13) NATHAN HEVRONY	2.00									
DIRECTOR		X						0.	0.	0.
(14) DAVID WEINSTEIN	2.00		- 1	l						
DIRECTOR		Х						0.	0.	0.
(15) BRIAN SAGI	2.00							:		
DIRECTOR		X						0.	0.	0.
(16) SUSAN WEIKERS BALABAN	2.00									
DIRECTOR		X						0.	0.	0.
(17) NAHAL NELLIS	2.00								İ	
DIRECTOR		Х						0.	0.	0.
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					•	ne in this Part VIII (A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1	а	Federated campaigns	1	ia			·		
	b	Membership dues	1	lb					
ł		Fundraising events			<u> </u>				
		Related organizations		ld	59,993.]
		Government grants (contribut		le					
		All other contributions, gifts, gran	· –						
ļ	<u>'</u>	similar amounts not included abo		<u></u>	892,749.				-
		Noncash contributions included in lines Total. Add lines 1a-1f				1,952,742.]
	-11	Total. Add lines 14-11	<u></u>		Business Code	1, <i>) </i>			
2	а								
ľ		MORNOR VARIOUS AND ASSESSMENT OF THE PARTY O							
ı									
	d								
	f	All other program service reve	enue						
		Total, Add lines 2a-2f					,		
3		Investment income (including							
		other similar amounts)				3,836.			3,836
4		Income from investment of ta				5,5501			3,030
5		Royalties	•						
9		noyaliles	(i) Rea		(ii) Personal	i			, .
_	_	Grana ranta	- 17	<u>الم</u>	(ii) Fersonai				
6		Gross rents			<u> </u>		į		
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)							
7		Gross amount from sales of	(i) Securi		(ii) Other				
			142,5	<u> 20.</u>					İ
ı		Less: cost or other basis					•		
		and sales expenses	142,5	<u> 20.</u>					
•	С	Gain or (loss)		0.					
	ď	Net gain or (loss)			>	0.			
8 :	а	Gross income from fundraising	g events (n	ot					
		including \$							
		contributions reported on line							
		Part IV, line 18	-	а					
		Less: direct expenses							
		Net income or (loss) from fund							
		Gross income from gaming ac	=						
J (Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gam	-	∌S					
10 a		Gross sales of inventory, less							
		and allowances							
		Less: cost of goods sold							
	<u></u>	Net income or (loss) from sales	_						
		Miscellaneous Revenue			Business Code				
11 a					-				
C					.				
C		All other revenue							
e		Total. Add lines 11a-11d							
		Total revenue. See instructions.			► 1		0.	0.	3,836.

	Check if Schedule O contains a respons	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
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, lines 15 and 16	3,041,046.	3,041,046.		
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)	79,460.	44,966.	12 720	21,765
7	Other salaries and wages	/3,400.	44,300.	12,729.	Z1,103
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	14,164.	8,016.	2,269.	3 879
9	Other employee benefits	8,757.	4,956.	1,403.	3,879 2,398
10	Payroll taxes Fees for services (non-employees):	0,737	4,550.	1, 400.	2,370
11					
	Management				
b	Legal	28,400.	•	28,400.	
۲. C	Accounting	20,400.		20,200.	
ď	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,623.			1,623
13	Office expenses	9,039.	7,231.	1,808.	-,
14	Information technology	5,663.			5,663
15	Royalties	7			······································
16	Occupancy	36,232.	28,986.	7,246.	
17	Travel	16,453.	•		16,453
18	Payments of travel or entertainment expenses				<u> </u>
	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	5,616.		5,616.	
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 0.)				
а	COMPUTER	10,839.	8,670.	2,169.	
b	MISCELLANEOUS	6,340.		6,340.	
C	CREDIT CARD FEES	4,053.		4,053.	
d	FILING FEES	3,281.		3,281.	
	All other expenses	5,065.	3,217.	1,848.	
25	Total functional expenses. Add lines 1 through 24e	3,276,031.	3,147,088.	77,162.	51,781
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	* * * * * * * * * * * * * * * * * * * *				
	educational campaign and fundraising solicitation.	I		ł .	

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THE AMERICAN COMMITTEE TO THE AMERICAN COMMI

ar t v	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	31,660
2	Savings and temporary cash investments	217,437.	2	1,065,447
3	Pledges and grants receivable, net	4,015,156.	3_	2,192,307
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
ľ	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 contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	•	8	
9	Prepaid expenses and deferred charges		9	
-	Land, buildings, and equipment: cost or other			
100	basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	,	12	
13	Investments - other securities, see Part IV, line 11	<u> </u>	13	
14	Intangible assets	0 630	14	0 620
15	Other assets. See Part IV, line 11	8,638. 4,241,231.	15	8,638
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	3,298,052
17	Accounts payable and accrued expenses	3,278.	17	3,159
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	·
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	1 160 073		1 520 466
	Schedule D	1,162,073.		1,538,466
26	Total liabilities. Add lines 17 through 25	1,165,351.	26	1,541,625
	Organizations that follow SFAS 117 (ASC 958), check here X and			
	complete lines 27 through 29, and lines 33 and 34.	460 410	_	460 440
27	Unrestricted net assets	-463,410.	27	-463,410
28	Temporarily restricted net assets	3,539,290.	28	2,219,837
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	,	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,075,880.	33	1,756,427
34	Total liabilities and net assets/fund balances	4,241,231.	34	3,298,052 Form 990 (2016

THE AMERICAN COMMITTEE FOR THE TEL AVIV 13-3145161_ Page 12 FOUNDATION, INC. Form 990 (2016) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,956,578 Total revenue (must equal Part VIII, column (A), line 12) 3,276,031. Total expenses (must equal Part IX, column (A), line 25) 2 2 -1,319,453. Revenue less expenses. Subtract line 2 from line 1 3 3 3,075,880. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 5 6 ß Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 1,756,427. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes." check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis X Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

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

X

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Form 990 (2016)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Nan	ne of t	the organization THE	AMERICAN C	COMMITTEE FOR	THE	TEL A	VIV	Employe	r identification number
			NDATION, IN						3-3145161
Pa	rt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private foun	dation because it is:	(For lines 1 through 12,	check only	one box.)	•		
1		A church, convention of c	h <mark>urches, or ass</mark> ociati	on of churches describe	d in <mark>sect</mark> io	on 170(b)(1)(A)(i).		
2		A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 9 <mark>90 or</mark> 9	90-EZ).)			
3		A hospital or a cooperative	e hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	ii).		
4		A medical research organi	zation operated in co	onjunction with a hospita	I describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated		ollege or university owne	d or opera	ited by a g	overnmental (unit describ	oed in
_		section 170(b)(1)(A)(iv). (A federal, state, or local go		montal wait described in		70/LV/4V(A)	W.A		
6	묽	An organization that norm	_					ho gonoral	nublic described in
1	X	-	•	artiai part or its support	iioiii a gov	/emmenta	i diai di nom t	ne general	public described in
_		section 170(b)(1)(A)(vi). (0		MANAN N (Occupate Dec	4 II X				
8	믬	A community trust describ						land summe	a a lla ma
9		An agricultural research or							
		or university or a non-land- university:	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	r the colleg	le or
10		An organization that norma	ally receives: (1) more	e than 33 1/3% of its sur	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exe	mpt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated bus	iness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized		sively to test for public sa	ifety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported o	· · · · · · · · · · · · · · · · · · ·						
		lines 12a through 12d that							
а		Type I. A supporting org							giving
		the supported organizati	•						
		organization. You must	• • •						., -
b		Type II. A supporting org			tion with it	ts support	ed organizatio	on(s), by ha	ving
-		control or management of							
		organization(s). You mus			,				•
С	J	Type III functionally into			in connec	tion with,	and functiona	lly integrate	ed with,
Ū		its supported organization							•
d		Type III non-functionall		· ·				rted organi	zation(s)
-		that is not functionally in							
		requirement (see instruction							
е		Check this box if the org						11 Type III	
•	_	functionally integrated, o					. () po 1, 1) po	, . , po	
	Ento	r the number of supported	• •			LUMOIII			
,		ide the following information	_						
<u> </u>		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions)					
_									
			-						
-									
Fatal			+ .						

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,947,414.	5,138,879,	3,610,711.	4,633,994,	1,952,743.	20,283,741,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to]		ļ			
	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	4,947,414.	5,138,879,	3,610,711.	4,633,994.	1,952,743.	20,283,741,
5	The portion of total contributions						
	by each person (other than a		·				
	governmental unit or publicly	·		İ			
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
	column (f)						3,819,129,
	Public support. Subtract line 5 from line 4.		1				16,464,612.
	ction B. Total Support	 	T	T		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	4,947,414.	5,138,879,	3,610,711.	4,633,994.	1,952,743,	20,283,741,
8	Gross income from interest,	ĺ					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	44.	68.	31.	33.	3,836.	4,012.
9	Net income from unrelated business	ĺ		Ì			
	activities, whether or not the	!					
	business is regularly carried on						
10	Other income. Do not include gain	1					
	or loss from the sale of capital			f			
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		L	l,			20,287,753,
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for		first, second, third	, fourth, or fifth tax	k year as a sectior	1 501(c)(3)	
300	organization, check this box and stop tion C. Computation of Publi	here Por	contago				>
			-				01 16
	Public support percentage for 2016 (li						81.16 %
	Public support percentage from 2015 33 1/3% support test - 2016. If the o					15	85.15 <u>%</u>
	• •	_		•		-	
	stop here. The organization qualifies a 33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	_					 -
	10% -facts-and-circumstances test						
	and if the organization meets the "fact	-					
	meets the "facts-and-circumstances" i						
	10% -facts-and-circumstances test						
	more, and if the organization meets th						070 OI
	organization meets the "facts-and-circ				•		▶
	Private foundation. If the organization			•			
	The second secon	ner eneen a e				dule A (Form 990 o	

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

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

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

Section A. Public Support	now, piease com	piete i art ii.				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and		(-)	(-,	(-,		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose				ļ	<u> </u>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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		1				
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						
c Add lines 7a and 7b						
					1	
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support		<u> </u>	•			
	(=) 0010	(h) 0012	(=) 001 <i>4</i>	(4) 2015	(2) 2016	(O Total
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses		İ				
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)					ļ	
13 Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14 First five years. If the Form 990 is for t	he organization's	s first, second, third	d, fourth, or fifth ta	ix year as a section	on 501(c)(3) organiza	ation,
						<u>▶</u> ∐_
Section C. Computation of Public	: Support Per	rcentage		·	1	
15 Public support percentage for 2016 (lin	e 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2015 S	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 201	6 (line 10c, colun	nn (f) divided by lin	e 13, column (f))	**************	17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2016. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2015. If the o						
• •	_					
line 18 is not more than 33 1/3%, check						
20 Private foundation. If the organization	uiu Hot CHeck a	DUX OIT IIN O 14, 198	i, or 180, check th		structions	

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 Org	anizations
-------------------------------	------------

- 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.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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.
- 10a 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.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,_
	Yes	No
1		
2_		
22		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
Ja		
5b		<u> </u>
5c		
6		
7	<u> </u>	
8		
9a		
OF		
9b		
9c		
55		
10a		
10b		
990 or 99	90-EZ)	2016

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Perf t V Supporting Organizations (continued) Yes No			<u>13-314516</u>	<u>1 P</u>	<u>age 5</u>
11 I has the organization accepted a gift or contribution from any of the following persons? A person who directly or inflexity contrible, either solve or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) and bove? A Sass controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pert VI. Section B. Type I Supporting Organizations I Did the descrors, frustees, or membership of one or more supported organizations have the power to regularly appoint or exist at least a majority of the organization of electric power and the sectors of the provision of the supported organization of electric power to regularly appoint or exist at least a majority of the organization of electric power to appoint and for minore directive or trustees at all times during the supported organization of the supported organization of the supported organization or controlled the ergenization are shifted for any supported organization of the supported organization or establishes. If the organization or trustees were allocated among the supported organization organization are shifted to the purposes of the supported organization of the supported organization organization or establishes. A give, specified to exhipt power down or provided organization and organization or establishes. A give purpose of organization o	PE	art IV Supporting Organizations (continued)		т	F
a A person who directly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? 7. A 35% controlled entity of a person described in (a) above? 8. The controlled entity of a person described in (a) above? 10. A 35% controlled entity of a person described in (a) or b) above? If "Yes" to a, b, or c, provide detail in Pert VI. 11. Did the directors, frustees, or membership of one or more supported organizations have the power to regulately appoint or each at least a majority of the organization's directors or trustees at all times during the tax year. 11. Did the directors, frustees, or membership of one or more supported organizations have the power to requisite the appoint or each at least a majority of the organization's describe how the powers to appoint ador remove directors or trustees at least organization, describe how the powers to appoint ador remove directors or trustees were effected among the supported organization operated in the trusted organization other than the supported organization operated in the supported organization's and what conditions or restrictions, it any, applied to such powers during the tax year. 11. Did the organization provide the supported organization's of the supported organization's in the supported organization's in the supported organization's in the supported organization's or trustees of each 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 provides during the supported organization's supported organization's and the control organization's supported organization's in the control organization's provides during the supported organization or tax year, (i) a copy of the Firm 1900 that was most recently fire the same persons that controlled or election in the supported org				Yes	No
below, the governing body of a supported organization? 11 A family member of a person described in [a] butow? 2 A 35% controlled notify of a person described in [a] or [b] above? If "Yes" to a, b, or c, provide detail in Pert VI. Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regulatly appoint or evoid at least a majority of the organization's directors or trustees at all times during the "tay year" If "No." describe in Pert VI Thor the supported organization's directors or trustees at all times during the "tay year" If "No." describe in Pert VI Thor the supported organization's directors or trustees at all times during the "tay year" If "No." describe in Pert VI Thor the supported organization's describe his pert VI Thor the supported organization's directors or trustees were allocated among the supported organization, describe his majority of the organization or restrictions. A "may applied to author power day and perturbed organization and what conditions or restrictions, "may applied to author power day in the tay year and organization's that operated, supported organization operate for the benefit of any supported organization of the than the supported organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's trusty and provided organization's tax year, (a) a written notice describing the type and amount of support provided organization's tax year, (a) a written notice describing the type and amount of support provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organizatio	11			ĺ	
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3a 3b		** **			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.				-	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		• • • • • • • • • • • • • • • • • • • •	3a		
			.		

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.			13-3145161 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain ir	n Part VI.) See instructions. Al
other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
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,			1
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-functional	ly integrate	ed Type III supporting org	janization (see
instructions).	=		·

Schedule A (Form 990 or 990-EZ) 2016

" THE AMERICAN COMMITTEE FOR THE TEL AVIV Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION. INC.

	edule A (Form 990 or 990 EZ) 2016 FOUNDATION, I			13-3145161 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	ns		
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 t	he organization is responsiv	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			-
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			7
a				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		<u></u>	
	Applied to 2016 distributable amount			
<u>''</u> -	Carryover from 2011 not applied (see instructions)			
 -	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			· · · · · · · · · · · · · · · · · · ·
l_ 4	Distributions for 2016 from Section D.			
7	line 7:			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if			
5				
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	•••		
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

THE AMERICAN COMMITTEE FOR THE TEL AVIV Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC. 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 A

623171 04-01-16

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ABDALLAH AND FRANCINE SIMON	900,000.	494,245
BRIAN MALK	600,000.	194,245
IRA RIKLIS	819,480.	413,725
JACKIE SIMKIN	1,477,735.	1,071,980
JOSEPH NEUBAUER	415,000.	9,245
MRS ANITA HIRSH	1,402,000.	996,245
NEUBAUER FAMILY FOUNDATION	922,000.	516,245
PAUL AMIR	462,000.	56,245
TEL AVIV FOUNDATION	472,709.	66,954
		· · · · · · · · · · · · · · · · · · ·
		· · · · ·
otal Excess Contributions to Schedule A, Part II, Line 5		3,819,129

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

THE AMERICAN COMMITTEE FOR THE TEL AVIV Name of the organization

Employer identification number 13-3145161

OMB No. 1545-0047

FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ______ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2016

632051 08-29-16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

THE AMERICAN COMMITTEE FOR THE TEL AVIV Schedule D (Form 990) 2016 FOUNDATION, INC. 13-3145161 Page 2 Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition \square Loan or exchange programs а Scholarly research Other h Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Nο If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Beginning balance 1c d Additions during the year Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance Contributions _____ Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

0 . Schedule D (Form 990) 2016

(d) Book value

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

Describe in Part XIII the intended uses of the organization's endowment funds.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

(a) Cost or other

basis (investment)

Part VI Land, Buildings, and Equipment.

Description of property

1a Land
b Buildings
c Leasehold improvements
d Equipment

Schedule D (Form 990) 2016 FOUNDATION,	INC.		L3-3145101 Page (
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin		12. ost or end-of-year market value
	(b) book value	(c) Method of Valuation. Co	ost or end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)		· ·	
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		1	
Complete if the organization answered "Yes" or	n Form 990 Part IV lin	se 11c. See Form 990. Part X. line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	V-7		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, fin	ne 11d. See Form 990, Part X, line	15.
(a) De	escription		(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" or	n Form 990, Part IV, lin		K, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO TEL AVIV FOUNDATION		1,538,466.	•
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	1,538,466.	

632053 08-29-16

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2016

THE AMERICAN COMMITTEE FOR THE TEL AVIV Schedule D (Form 990) 2016 FOUNDATION . INC.

Sche	dule D (Form 990) 2016 FOUNDATION, INC	2.	13-31451	61 Page 4
Par	t XI Reconciliation of Revenue per Audited I	Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Forn	m 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financia	al statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, lin	ine 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on	line 1:		
а	Investment expenses not included on Form 990, Part VIII, lin	ne 7b4a		
b	Other (Describe in Part XIII.)	4b		
¢	at the contract of the contrac		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 99			
Par	t XII Reconciliation of Expenses per Audited			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line			
	Donated services and use of facilities	t I		
b	Prior year adjustments		 	
C	Other losses			
-	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on li			
	Investment expenses not included on Form 990, Part VIII, line	l i		
	Other (Describe in Part XIII.)		-	
			- ₄₀	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 9	100 Part Llina 193		
	t XIII Supplemental Information.	90, Farti, line 16./	[5]	 -
	le the descriptions required for Part II, lines 3, 5, and 9; Part I	III. lines 1a and 4: Part IV. lines 1b and 2b: Part V. li	ne 4: Part X. line 2: F	Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this p		, , , , , , , , , , , , , , , , , , ,	are 7th,
	and help and that the miles and help help the p	art to provide any additional information.		
ZΩ	T X, LINE 2:			
<u>U</u>	I A, DINE Z:			
יםיםי	ORGANIZATION IS NO LONGER SUB-	TROT TO FRORDAT, AND STATE	ጥልሂ	
ינונו	ONGAMINATION IS NO DONGER SOB	AIRIG ONA DAMAGDI OI 1940	IDV	
יעא	MINATIONS BY THE RESPECTIVE TA	YTNG XIIMUODTMTDG DOD MUD 1	עבאספ ססדרו	P TIO
IVV	MINATIONS BY THE RESPECTIVE TA	. AHT NOT CATTINOHIOR DNIX	IEANS FRIO	<u> </u>
01	3.			
01	<u> </u>			

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990. Open to Public Inspection

	e of the organization				;	Employer identifi	cation number
TH:	E AMERICAN CO	MMITTEE	FOR THE	TEL AVIV			
FO	UNDATION, INC	2				<u> 13-314516</u>	
Pa	rt I General Info	rmation on A	Activities Ou	tside the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part I						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance?	Yes X No
2	For grantmakers. Desc	cribe in Part V the	organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	ide the
	United States.						
3				an be duplicated if additional space is r	ł.	** ** * * * * * * * * * * * * * * * *	(0.T-1-1
	(a) Region	(b) Number of	(c) Number of employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
		offices in the region	employees, agents, and independent contractors	gram services, investments, grants to		specific type	for and
		in the region	contractors	recipients located in the region)		(s) in the region	investments in the region
		-	in the region		GUDDODE EOD	MARTOMO.	
					SUPPORT FOR	CH AS DAYCARE	
					CENTERS, CU		
	317717 TODADI	0	0		EDUCATIONAL		3.041.046.
TEL	AVIV, ISRAEL	0		CONSTRUCTION PRODUCTS	EDUCATIONAL		3,041,040,
				1			
							•
							
					· · · · · · · · · · · · · · · · · · ·		
					•		
_							
3 a	Sub-total	_ 0	0				3,041,046,
	Total from continuation					-	· ————
	sheets to Part I	0	0				0.
¢	Totals (add lines 3a						
	and 3b)	o	0				3 041 046.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2016

FOUNDATION, INC.

13-3145161 Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Page 2

(i) Method of valuation (book, FMV, appraisal, other)								
(h) Description of noncash assistance								
(g) Amount of noncash assistance	c						xempt by	•
(f) Manner of cash disbursement	WTRE TRANSFER	,					recognized as tax-e	
(e) Amount of cash grant	C					2.0	foreign country,	
(d) Purpose of grant	PROVIDE SUPPORT FOR VARIOUS PROJECT; CONSERVATORY PROJECT; BIALIK SCHOOL; RAMBAN						Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	MIDDLE EAST AND NORTH AFRICA ALGERIA, BAHRAIN, DJIBOUTI EGYPT	,					ns listed above that are el has provided a sectio	or entities
(b) IRS code section and EIN (if applicable)					:		recipient organization the grantee or counse	other organizations o
1 (a) Name of organization							2 Enter total number of the IRS, or for which t	3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

SEE PART V FOR COLUMN (D) DESCRIPTIONS

FOUNDATION, INC.

Page 3

13-3145161

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of cash grant cash grant Part III can be duplicated if additional space is needed. · (b) Region (a) Type of grant or assistance 632073 09-21-16

Schea	ule F (Form 990) 2016 FOUNDATION, LINC.	12-2142101	Page 4
Part	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	X 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; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

THE AMERICAN COMMITTEE FOR THE TEL AVIV 13-3145161 Schedule F (Form 990) 2016 FOUNDATION, INC. Page 5 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. PART I, LINE 3, COLUMN (E): REGION: TEL AVIV, ISRAEL (E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FOR VARIOUS PROJECTS SUCH AS DAYCARE CENTERS, CULTURAL AND EDUCATIONAL INSTITUTIONS, SPORTS CENTERS AND MEDICAL FACILITIES LOCATED THROUGHOUT THE CITY BUT MOSTLY IN DISADVANTAGED AREAS. PART II, COLUMN (D): (A) REGION: MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, (D) PURPOSE OF GRANT: PROVIDE SUPPORT FOR VARIOUS PROJECT: CONSERVATORY PROJECT; BIALIK SCHOOL; RAMBAN SCHOOL; DAVID YELLEN LIBRARY; ENRICHMENT CORNERS; ASPIRING SCIENTIST/HEMDA; MEIDOR KINDERGARTEN; IRONI TET ADVANCED MEDIA: HAGILIL SCHOOL EXPANSION; GIL SCHOOL GYMNASIUM EQUIPMENT AND BROSHIM LIBRARY AND RESOURCE CENTER. PART I, LINE 2 THE AMERICAN COMMITTE FOR THE TEL AVIV FOUNDATION (ACTAF) TRANSFERS FUNDS TO ISRAEL FOR DESIGNATED PROJECTS. THE TRANSFERS ARE REQUESTED BY THE TEL AVIV FOUNDATION CFO BASED ON PROJECT TIMETABLES SINCE NEARLY ALL ARE CAPITAL PROJECTS, I.E. DURING THE DETAILED PLANNING PROCESS. COMMENCEMENT OF CONSTRUCTION, ETC. THE ACTAF IS PROVIDED WITH PHOTOGRAPHIC PROOF OF THE PROJECT'S PROGESS. FROM TIME TO TIME WE REQUEST A DETAILED BUDGET UPDATE AND THIS INFORMATION IS ALWAYS PROVIDED TO US ON A TILEY MANNER. WE DO NOT

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REQUEST DETAILED BUDGETS FOR EVERY PROJECT.

THE AMERICAN COMMITTEE FOR THE TEL AVIV 13-3145161 Page 5 Schedule F (Form 990) 2016 FOUNDATION, INC. 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. UPON COMPLETION OF THE PROJECT, WE COORDINATE A DEDICATION CEREMONY WHERE THE DONOR RECEIVES THE NAMING RECOGNITION PER THE CONTRACT THEY SIGN AND HOLD A CEREMONY TO "OFFICIALLY" NAME IT. WE REQUEST ANNUAL REPORT FOLLOWING THE COMPLETION OF THE PROJECT FROM THE INDIVIDUALS RUNNING IT TO MAKE SURE THAT IT OPERATES PROPERLY. IN MANY CASES, THE PROJECT IS COMPLETED PRIOR TO THE DONOR'S FUNDING SCHEDULE. THE REASON WE ARE ABLE TO DO THIS IS BECAUSE THERE ARE MATCHING FUNDS THAT ARE PROVIDED IN ISRAEL BY THE CITY OF TEL AVIV AND THOSE FUNDS ARE USED TO INITIATE AND COMPLETE THE PROJECTS.

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.

Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo	orm990.	Inspection
Name of the organization	THE AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATION, INC.	Employer	identification number 145161
FORM 990, PAR	r i, line 1, description of organization Mis	SION:	
THE RESIDENCE	OF TEL AVIV-JAFFA, ISRAEL.		
FORM 990, PAR	I III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION	<u>:</u>
AVIVIANS AND A	ALL ISRAELIS.		
FORM 990, PART	r VI, SECTION B, LINE 11B:		
THE DRAFT FORM	4 990 IS REVIEW IN DETAIL BY THE EXECUTIVE CO	OMMITT	EE OF THE
BOARD, AND IS	THEN GIVEN TO THE ENTIRE BOARD TO READ AND	COMMEN'	Γ.
FORM 990, PART	VI, SECTION B, LINE 15:		
THE PROCESS FO	OR DETERMINING THE EXECUTIVE DIRECTOR'S SALAR	RY INC	LUDES
OBTAINING COME	PARABILITY DATA, APPROVAL BY ALL INDEPENDENT	BOARD	MEMBERS AND
DOCUMENTATION	IN THE BOARD MINUTES. THERE ARE NO OTHER KEY	Y EMPLO	OYEES.
FORM 990, PART	VI, SECTION C, LINE 19:		
THE ORGANIZATI	ON'S GOVERNING DOCUMENTS AND FINANCIAL STATE	EMENTS	ARE
AVAILABLE UPON	I REQUEST.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

OFFICERS, DIRECTORS, TRU	STEES AND	EXECUTIVES
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NAME AND ADDRESS

ELIZABETH COHEN OPERATIONS DIRECTOR

TITLE

1201 BROADWAY, NO. 507 NEW YORK, NY 10001

NAME AND ADDRESS TITLE

LEONORE HASKELL OPERATIONS DIRECTOR

1201 BROADWAY, NO. 507 NEW YORK, NY 10001

NAME AND ADDRESS TITLE

NAME AND ADDRESS TITLE

JOSH WESTON CHAIRMAN

1201 BROADWAY, NO. 507 NEW YORK, NY 10001

NAME AND ADDRESS TITLE

IRA D. RIKLIS DIRECTOR

1201 BROADWAY, NO. 507

NAME AND ADDRESS TITLE

NEW YORK, NY 10001

NEW YORK, NY 10001

NEW YORK, NY 10001

STEPHEN GREENBERG SECTRETARY/TREASURER

1201 BROADWAY, NO. 507

NAME AND ADDRESS TITLE

STEVEN H. HIRTH DIRECTOR

1201 BROADWAY, NO. 507 NEW YORK, NY 10001

NAME AND ADDRESS TITLE

ABY J. ROSEN DIRECTOR

1201 BROADWAY, NO. 507

NAME AND ADDRESS	TITLE
BERNARD KOSSAR 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	DIRECTOR
NAME AND ADDRESS	TITLE
MATTHEW MARCO 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	DIRECTOR
NAME AND ADDRESS	TITLE
MARK SELINGER 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	VICE TREASURER
NAME AND ADDRESS	TITLE
JOSE GALICOT 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	DIRECTOR
NAME AND ADDRESS	TITLE
HARVEY K. KREUGER 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	DIRECTOR
NAME AND ADDRESS	TITLE
WALTER LIEBER 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	DIRECTOR
NAME AND ADDRESS	TITLE
DAN RUBIN 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	DIRECTOR
NAME AND ADDRESS	TITLE
NATHAN HEVRONY 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	DIRECTOR
NAME AND ADDRESS	TITLE
DAVID WEINSTEIN 1201 BROADWAY, NO. 507 NEW YORK, NY 10001	DIRECTOR

13-3145161

NAME AND ADDRESS

TITLE

BRIAN SAGI

DIRECTOR

1201 BROADWAY, NO. 507 NEW YORK, NY 10001

NAME AND ADDRESS

TITLE

SUSAN WEIKERS BALABAN 1201 BROADWAY, NO. 507

DIRECTOR

NEW YORK, NY 10001

TITLE

NAHAL NELLIS

NAME AND ADDRESS

DIRECTOR

1201 BROADWAY, NO. 507 NEW YORK, NY 10001