EXTENDED TO NOVEMBER 15, 2021

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For the	e 2020 calendar year, or tax year beginning and	dending		
	Check if applicab	I THE AMERICAN COMMITTEE FOR THE TEL AV	7TV	D Employer identific	cation number
7	Addre chang Name	ss FOUNDATION, INC.			
F	chang	Doing business as		13-31451	61
E	return _Final _return	1410 BROADWAY	Room/suite 2201	E Telephone number 212-447-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,599,322.
	Amen return	NEW YORK, NY 10018		H(a) Is this a group re	
	Application pendic	F Name and address of principal officer:MATTHEW BENNETT		for subordinates	
_		1410 BROADWAY, NEW YORK, NY 10018		Trocheses terminated and the second	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: WWW.TELAVIVFOUNDATION.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1982 N	$^{\prime\prime}$ State of legal domicile: ${ m FL}$
P	_	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROV ASSISTANCE, & IMPROVE QUALITY OF LIFE OF	TDE HU	MANITARIAN,	CHARITABLE AVIV TSR
rna		Check this box if the organization discontinued its operations or dispose			
ove	3	Number of voting members of the governing body (Part VI, line 1a)	JSEG OF THORE	3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	3
Viti	6	Total number of volunteers (estimate if necessary)	*****************	6	0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
			Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,068,769.	1,595,570.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,264.	3,752.
	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)		3,083,033.	1,599,322.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,287,565.	1,207,567.
10	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 154,914.	318,341.
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		154,914.	0.
pen	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ■ 123,6		0.	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11.	235,626.	202,105.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,678,105.	1,728,013.
	19	Revenue less expenses. Subtract line 18 from line 12		404,928.	-128,691.
OF				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,872,401.	1,505,418.
Net Ass	21	Total liabilities (Part X, line 26)		949,946.	711,654.
		Net assets or fund balances. Subtract line 21 from line 20		922,455.	793,764.
100000000	art II				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer		Data .	
Sig				Date	
Hei	e	MATTHEW BENNETT, MANAGING DIRECTOR Type or print name and title			
_			II	Date Check	II PTIN
Pai	d	Print/Type preparer's name SAM CYWIAK Preparer's dignature		1 (01 (01)	
	parer	Firm's name CYWIAK & COMPANY LLP	1	Tooli ompioje	11-2626200
	Only	Firm's address 19 WEST 44TH STREET SUITE 510		THIII S EIN	11 2020200
	0.53	NEW YORK, NY 10036		Phone no (2)	12)764-3884
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No
	01 12-2		ions.		Form 990 (2020)

3

	rt III Statement of Program Service Accomplishments	ge Z
Га	•	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATION ENCOURAGES DONORS	
	FOR THE NEEDY, ASSISTS MINORITY POPULATIONS, ENCOURAGES THE TALENTED	
	AND ENRICHES THE QUALITY OF LIFE FOR TEL AVIVIANS AND ALL ISRAELIS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	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.	
40	1 420 071 1 207 567 1 000 401	
4a	(Code:) (Expenses \$ 1,439,2/1. including grants of \$ 1,207,367.) (Revenue \$ 1,092,401) PROVIDED SUPPORT FOR VARIOUS PROJECTS SUCH AS DAYCARE CENTERS, CULTURA	
		711
	AND EDUCATIONAL INSTITUTIONS, SENIOR CENTERS, LIBRARIES AND PARKS	
	LOCATED THROUGHOUT THE CITY BUT MOSTLY IN DISADVANTAGED AREAS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses \(\bigs\) 1,439,271.	

Form **990** (2020)

Part 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	х	
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			
·	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	 		
	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	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 donor-restricted endowments			
	or in 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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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
6	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	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	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_~
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	demosts government on that it, committy y, and the too, complete conceder, that of the in			

THE AMERICAN COMMITTEE FOR THE TEL AVIV

FOUNDATION, INC.

	• • • • • • • • • • • • • • • • • • • •	3145161	. Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ie		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	3 , 3 ,			
	any tax-exempt bonds?	24c		↓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- V
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	ı		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
b	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
29 30	Did the organization receive more than \$23,000 in horizont contributions? It res, complete scriedule in	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
JZ.	Ostand Is N. Baldi	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2			Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	····		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

032004 12-23-20

Form **990** (2020)

(gambling) winnings to prize winners?

Form 990 (2020) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	etatomento riogarania otrior mor imigo ana rax compilanco (continuea)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 2a			7,				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
р	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			х				
5a	3 1 7 1 7 1 7 T	5a 5b		X				
b	, , , , , , , , , , , , , , , , , , , ,							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
ua	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X				
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	0.0						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against							
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.	iou						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

13-3145161

Page 6

v

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

<u> </u>							Δ		
Sec	tion A. Governing Body and Management								
		Ι.	ĺ	14		Yes	No		
па	Enter the number of voting members of the governing body at the end of the tax year	1a							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	۱.,		14					
b	Enter the number of voting members included on line 1a, above, who are independent	<u>1b</u>		- 4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						v		
_	officer, director, trustee, or key employee?			├	2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the						v		
	of officers, directors, trustees, or key employees to a management company or other person?			г	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form			г	<u>4</u> 5		X		
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			⊦	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoir	it one or				77		
	more members of the governing body?			├	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stock	holders, or				77		
	persons other than the governing body?			L	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?				8a	X			
b	Each committee with authority to act on behalf of the governing body?			↓	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Code.)						
				г		Yes	No		
	Did the organization have local chapters, branches, or affiliates?				10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	37			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bet	ore filing the form	?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	describe						
	in Schedule O how this was done				12c		X		
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 approve	-	independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					,,			
а	The organization's CEO, Executive Director, or top management official				15a	Х			
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 arrange	ement	with a						
	taxable entity during the year?				16a		<u> </u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizati	on's						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure	~m	OII TT D3	ME	773				
17	List the states with which a copy of this Form 990 is required to be filed \triangleright NY , NJ , CA , FL , C								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	90-T (Section 501(c)(3)s	only) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflic	t of interest policy	, and	l finar	ncial			
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	and records 🕨						
	MATTHEW BENNETT - 212-447-6070 1410 BROADWAY SHITTE 2201 NEW YORK NY 10018								
	TATO BRUADWAY SULTH ZZUL MHW YURK NY 1001X								

Form 990 (2020)

FOUNDATION, INC.

13-3145161

Page 7

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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Positheck ss per	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MATTHEW BENNETT	40.00					x		165 000	0.	0.
MANAGING DIRECTOR	3.00					^		165,000.	0.	<u> </u>
(2) STUART KURLANDER CHAIRMAN	3.00	x						0.	0.	0.
(3) JOSH WESTON	1.00	^						0.	0.	<u></u>
CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
(4) SETHEN GREENBERG	3.00							0.	0.	<u></u>
TREASURER	3.00	x						0.	0.	0.
(5) STEVEN H. HIRTH	2.00									
DIRECTOR		x						0.	0.	0.
(6) TALIA DAY	2.00									
DIRECTOR		Х						0.	0.	0.
(7) BERNARD KOSSAR	2.00									
DIRECTOR		Х						0.	0.	0.
(8) TZILI CHARNEY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JOANNE MOORE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JOSE GALICOT	2.00									
DIRECTOR		Х						0.	0.	0.
(11) WALTER LIEBER	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) NATHAN HEVRONY	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DAVID WEINSTEIN	2.00	١								
DIRECTOR		Х						0.	0.	0.
(14) DAVID SABLE	2.00									_
DIRECTOR	2 00	Х	_	\vdash	_	_		0.	0.	0.
(15) NAHAL NELLIS	2.00	x						0.	0.	0.
DIRECTOR (16) SETH GREENBERG	2.00	^			_			0.	<u> </u>	<u> </u>
(16) SETH GREENBERG DIRECTOR	4.00	x						0.	0.	0.
DIRECTOR		^		\vdash	_			0.	· ·	·
		1								
	I	1	1					1		

Form **990** (2020)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Es	timate	i d
		hours per					is bot or/trus		compensation	compensation	1		nount	of
		week	├.		10 2 0	1110011	J17 ti dis	1	from	from related			other	
		(list any hours for	irecto						the organization	organizations	٠, ا		pensa	
		related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MIS	<i>'</i>)		om the anizati	
		organizations	truste	Institutional trustee		99/	mpen		(** 27 1000 141100)			•	d relat	
		below	dualt	utiona	_	nplo)	st co	-e					anizatio	
		line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former				Ū		
			1											
			1											
							_				\rightarrow			
			1											
							_				\rightarrow			
			4											
											\dashv			
			1											
							-				\dashv			
			1											
											\dashv			
			1											
											\dashv			
			1											
1b	Subtotal								165,000.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)								165,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportable				
	compensation from the organization													1
											-		Yes	No
3	Did the organization list any former officer,	•		key e	emp	loye	e, o	r hig	ghest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•							•	•			37	
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or a					•			ted organization or indiv	dual for services		_		v
<u> </u>	rendered to the organization? If "Yes," combined to the organization? If "Yes," combined to the organization?	plete Schedul	e J i	or st	uch	pers	son .					5		X
			-1					4	Hard or a first of the second discussion	Φ4.00.000 - f		-4: 4		
1	Complete this table for your five highest co										ensa	ation i	rom	
	the organization. Report compensation for (A)	trie caleridar y	ear	enai	ng v	VILII	Or W	'luriii	(B)	year.		(C	••	
	Name and business	address	N	ONE	3				Description of s	ervices	Co		יי nsatioı	n
								\dashv	•			<u> </u>		
								一						
											_			
2	Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >					0						000	
											F	Form 9	990 (2	2020)

Form 990 (2020)

FOUNDATION, INC. Part VIII Statement of Revenue

			Check if Schedule O contains a re	esponse	or note to anv lir	ne in this Part VIII			
				'	,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
σωl				. 1					000110110 012 011
			' J	1a					
اقق				1b					
A,	•	С	Fundraising events	1c					
후		d	Related organizations	1d	503,169.				
i,s		е	Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	1	f	All other contributions, gifts, grants, and						
돌림				1f 1,	092,401.				
<u></u>				1g \$	-				
a S		_	Total. Add lines 1a-1f			1,595,570.			
- 1		<u>''</u>	Total: Add lines 12 11		Business Code				
	_	_			Dusiness Code				
ice	2 6								
ne Z	'	b							
n S	•	С							
]e	•	d							
Program Service Revenue	(е							
<u> </u>	1	f	All other program service revenue						
	9	g	Total. Add lines 2a-2f						
	3		Investment income (including dividen-						
			other similar amounts)			3,752.			3,752.
	4		Income from investment of tax-exemp			,			. ,
	5		-	-					
	3		Royalties	Real	(ii) Personal				
	_			neai	(II) Fersonal				
			Gross rents 6a						
	ı	b	Less: rental expenses 6b						
	•	С	Rental income or (loss) 6c						
	•	d	Net rental income or (loss)						
	7 :	а	Gross amount from sales of (i) Sec	curities	(ii) Other				
			assets other than inventory 7a						
	ı	b	Less: cost or other basis						
ne			and sales expenses 7b						
ther Revenue			Gain or (loss) 7c						
Şe			Net gain or (loss)		>				
e			Gross income from fundraising events (no						
뒿	0 (_					
١			<u> </u>	of					
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
	•	С	Net income or (loss) from fundraising	events					
	9 8	а	Gross income from gaming activities.	See					
			Part IV, line 19	9a					
	-	b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming acti-	vities					
			Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
\dashv		<u> </u>	Net income or (loss) from sales of inve	oniory	Business Code				
sn		_			Duaniesa Code				
ne ge	11 :								
Miscellaneous Revenue		b							
Re		С							
Ξ̈́			All other revenue						
	(Total. Add lines 11a-11d			4 500 000			
	12		Total revenue. See instructions			1,599,322.	0.	0.	3,752.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon			mplete column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	1 207 567	1 207 567		
	individuals. See Part IV, lines 15 and 16	1,207,567.	1,207,567.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	165,000.	93,372.	26,431.	45,197
	trustees, and key employees	103,000.	93,372•	20,431.	43,137
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		129,523.	73,297.	20,749.	35,477
7 8	Other salaries and wages	127,525.	, 5 , 2 5 7 •	20,120	55, 411
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	23,818.	13,481.	3,815.	6,522
11	Fees for services (nonemployees):	,		-,	- /
	Management				
b	Legal				
C	Accounting	67,435.		67,435.	
d		17,400.		17,400.	
е	D (' ' ' ' ' ' ' ' ' ' ' ' ' D ' ' ' '				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	14,000.			14,000 5,600
12	Advertising and promotion	5,600.			5,600
13	Office expenses	7,164.	5,731.	1,433.	
14	Information technology	1,600.			1,600
15	Royalties	46 554	25 410	0 255	
16	Occupancy	46,774.	37,419.	9,355.	F1
17	Travel	51.			51
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21	Payments to affiliates				
22 23		5,681.		5,681.	
23 24	Other expenses. Itemize expenses not covered	3,001.		3,001.	
4 4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PUBLIC RELATIONS	15,200.			15,200
b	TELEPHONE	4,915.	3,932.	983.	- /
c	BANK, CREDIT CARD & BRO	4,757.	,	4,757.	
d	COMPUTER	3,948.	3,158.	790.	
е	All other expenses	7,580.	1,314.	6,266.	
25	Total functional expenses. Add lines 1 through 24e	1,728,013.	1,439,271.	165,095.	123,647
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

Form 990 (2020)

Part X Balance Sheet

Pa	rt X	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	38,516.	1	28,593.
	2	Savings and temporary cash investments	479,362.	2	251,511.
	3	Pledges and grants receivable, net		3	1,212,565
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,895.	15	12,749
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,872,401.	16	1,505,418
	17	Accounts payable and accrued expenses	2,238.	17	4,590
	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	
S	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		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 Schedule D			707,064.
	26	Total liabilities. Add lines 17 through 25	949,946.	26	711,654.
G		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	1.50		
alar	27	Net assets without donor restrictions		27	-463,410.
Ä	28	Net assets with donor restrictions	1,385,865.	28	1,257,174.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	922,455.	32	793,764.
	33	Total liabilities and net assets/fund balances	1,872,401.	33	1,505,418.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1,59			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,72			
3	Revenue less expenses. Subtract line 2 from line 1	3	-12			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92	2,4	55.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	79	3,7	64.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	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.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	1	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?	-	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
	<u> </u>		Form	990	(2020)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization THE A

THE AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATION, INC.

 $Employer\ identification\ number \\ 13-3145161$

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch					I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	一	A medical research organiz						the hospital's name
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		ilege of difficerally owner	а ог орста	ica by a g	overnmental and accord)CG 1
6				aantal unit daaarihad in	coetion 17	70/6\/4\/A\	(v)	
6	X	A federal, state, or local gov						nublic described in
′	22	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(-1) (Ol-t- D				
8	H	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10	ш	An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	H	An organization organized a	•	•	-			
12		An organization organized a		•	=		•	
		more publicly supported or	~					Check the box in
		lines 12a through 12d that	* *			-	_	
а			· · · · · · · · · · · · · · · · · · ·			•		
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
b			•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	-					
С							• •	ed with,
		its supported organization		•				
d								` '
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported o	•					
g		vide the following information		ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(a) Amount of monotons	(vi) Amazumt of other
	(i) Name of supported organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No		Support (See motraotions)
Tot:								

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,952,743.	5,636,423.	1,607,821.	3,068,769.	1,595,570.	13,861,326.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1,952,743.	5,636,423.	1,607,821.	3,068,769.	1,595,570.	13,861,326.	
	The portion of total contributions	. ,	, ,		, ,	, ,	·	
•	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						4,658,747.	
6	Public support, Subtract line 5 from line 4.						9,202,579.	
	ction B. Total Support						-,,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	1,952,743.	5,636,423.	1,607,821.	3,068,769.	1,595,570.	13,861,326.	
	Gross income from interest,		7 7 ==		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ / * * * / * * * *		
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	3,836.	6,196.	12,115.	14,264.	3,752.	40,163.	
9	Net income from unrelated business	- 7,000	0 / = 0 0 0			0,7020		
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						13,901,489.	
12	Gross receipts from related activities,	etc (see instruction	one)			12	10,501,105.	
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v				
10	organization, check this box and stor			· · · · · · · · · · · · · · · · · · ·				
Sec	etion C. Computation of Publ							
	Public support percentage for 2020 (l			column (f))		14	66.20 %	
15	Public support percentage from 2019					15	73.96 %	
	33 1/3% support test - 2020. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization qual	-					>	
17a	10% -facts-and-circumstances tes						or more.	
	and if the organization meets the fact							
	meets the facts-and-circumstances to				· ·	vi now the organiza		
h	10% -facts-and-circumstances tes	•			•			
	more, and if the organization meets the	ū				•		
	organization meets the facts-and-circ		•					
18	•				•			
<u> </u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

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.)

<u></u>	qualify under the tests listed b	elow, please com	plete Part II.)				
	ction A. Public Support		1		1		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
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			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1	1	1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6					1	
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						
	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						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)					1	
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		•			•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	9
	Public support percentage from 2019					16	9
	ction D. Computation of Inves						,
	Investment income percentage for 20					17	9
18	Investment income percentage from					18	9
	33 1/3% support tests - 2020. If the						
.56	more than 33 1/3%, check this box a	-					▶
b	33 1/3% support tests - 2019. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						>
20	Private foundation If the organization	n did not chack a	hay an line 14 10	a or 10h chock t	hic hay and can in	etructions	▶

13-3145161 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 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		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
rm 9	90 or 99	90-EZ	2020

Pa	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>S</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion of Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
	<i>y</i> , 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	Struction		No.
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

032025 01-25-21

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	Ĭ
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust oi	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	te Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	llv integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		, , , , , , , , , , , , , , , , , , , ,	,	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsive)					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
<u>10</u>	Line 8 amount divided by line 9 amount		(m)	10	/w»			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2020	s	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
	From 2019							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2020 distributable amount							
<u>_i</u>	Carryover from 2015 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
С	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

THE AMERICAN COMMITTEE FOR THE TEL AVIV

Schedule A	(Form 990 or 990-EZ) 2020	FOUNDATION,	INC.	13-3145161 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin	lation. Provide the ex 2, 3b, 3c, 4b, 4c, 5a, 6, les 2 and 3; Part IV, Se	planations required by Part II, line 10; Pa 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Se	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
	(See Instructions.)			

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.

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

THE AMERICAN COMMITTEE FOR THE TEL AVIV

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION, INC.

Employer identification number 13-3145161

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the
D-	organization's accounting for conservation easements.	(Ast Iliatasiaal Taranasaan C	Nils and O'continue Association
Pai	d III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	,	'
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

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

Schedule D (Form 990) 2020

	t III Organizations Maintaining O	Collections of A	rt. His	torical T	reasures o	or Othe	er Simil	ar Asse	ts/contin		age Z
	Using the organization's acquisition, accessi								•	ucu)	
3	collection items (check all that apply):	ion, and other record	15, CHEC	K arry Or tire	tiollowing tria	it make s	sigi iii cai ii	i use oi its			
_	Public exhibition	ند.	. \Box	l oon or ov	ahanaa nyaaya						
a		C			change progra	4111					
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit of								٦	_	1
Da	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organization	on answered "	'Yes" on	Form 99	0, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custod		diary for	contributio	ns or other as	sets not	included				
14	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	· ·						Amount	:	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.	·]
Par											
	·	(a) Current year		rior year	(c) Two year			vears back	(e) Four	vears	back
1a	Beginning of year balance		(2)	,	(3)		()	,	(0)	<i>y</i>	
	Contributions				1						
	Net investment earnings, gains, and losses										
					+						
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs					+					
	Administrative expenses										
	End of year balance										
	Provide the estimated percentage of the cur	rent year end baland	-	g, column ((a)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held	and administe	red for t	he organi	zation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R'	?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	V, line 11a.	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumulat	ed	(d) Book	c value	—— ∋
	,	basis (investr	ment)		(other)	, de	preciation	1	` '		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)						0.

Schedule D (Form 990) 2020

		FOR THE TEL AVIV	-3145161 Page
Schedule D (Form 990) 2020 FOUNDATION, Part VIII Investments - Other Securities.	INC.	13	-3143101 Page
Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-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.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(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" o		e 11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 000 Port IV line	a 11a ar 11f Saa Earm 000 Dart V lina 25	.
(a) Description of liability	on Form 990, Fart IV, line	e TTe OF TTI. See FOITH 990, Fart A, IIIIe 23	(b) Book value
			(b) Book value
(1) Federal income taxes (2) DUE TO TEL AVIV FOUNDATION	J		707,064
(3)	•		, , , , , , , ,
(4)			
(5)			
			I

707,064. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(6) (7) (8)

Sche	THE AMERICAN COMMITTEE FOR dule D (Form 990) 2020 FOUNDATION, INC.	THE T	EL AVIV	13-3	3145161 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue pe	er Return	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,599,322
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0 .
3	Subtract line 2e from line 1				1,599,322
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, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,599,322
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme				rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,728,013
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)	 			
	Add lines 2a through 2d			2e	0 .
3	Subtract line 2e from line 1				1,728,013
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	-			
					0 .
_					1,728,013
5 Dai	t XIII Supplemental Information.			3	1,720,013
			101 5 111	" 45 1	V II O D 1 VII
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			line 4; Part	X, line 2; Part XI,
PAI	RT X, LINE 2:				
THE	ORGANIZATION IS NO LONGER SUBJECT TO FEDE	RAL A	ND STATE	E TAX	
EXA	AMINATIONS BY THE RESPECTIVE TAXING AUTHORI	TIES	FOR THE	YEARS	PRIOR TO
201	18.				

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047
2020
Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** THE AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATION, INC. 13-3145161 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUPPORT FOR VARIOUS PROJECTS SUCH AS DAYCARE CENTERS, CULTURAL AND CONSTRUCTION AND SERVICE TEL AVIV, ISRAEL PROJECTS EDUCATIONAL 1,207,567. 3 a Subtotal 1,207,567. **b** Total from continuation

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2020

0.

1,207,567.

sheets to Part I

c Totals (add lines 3a

and 3b)

13-3145161 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AFRICA -	PROVIDE SUPPORT FOR VARIOUS PROJECTS: BASHEVIS ZINGER					
		DJIBOUTI, EGYPT,	KINDERGARTEN;	1,207,568.	WIRE TRANSFER	0.		
			recognized as charities by the or counsel has provided a sec					
exempt 50 I(c)(3) orga			or couriserrias provided a sec	, (ion 50 i (c)(3) ec	quivalency letter	······		

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. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

1	4	5	1	6	1	Page 4

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; don't 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

FOUNDATION, INC.

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

Part V | Supplemental Information

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT FOR VARIOUS PROJECTS SUCH AS DAYCARE CENTERS, CULTURAL AND EDUCATIONAL INSTITUTIONS, LIBRARIES, PARKS, AND SOCIAL SERVICES PROGRAMS LOCATED THROUGHOUT THE CITY BUT MOSTLY IN

DISADVANTAGED AREAS.

PART II, COLUMN (D):

(A) REGION:

(D) PURPOSE OF GRANT: PROVIDE SUPPORT FOR VARIOUS PROJECTS: BASHEVIS ZINGER KINDERGARTEN; MAAPILEI EGOZ KINDERGARTEN; BIALIK ROGOZIN SCHOOL; DEKEL SCHOOL; ENRICHMENT CORNERS; HEMDA SCIENCE CENTER; TICHONET SCHOOL; DENTURES FOR HOLOCAUST SURVIVORS; SUMMER CAMP FOR THE BLIND; ALZHEIMER

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

PART I, LINE 2

CAREGIVER SUPPORT

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 DEVELOPED DURING THE DETAILED PLANNING PROCESS. (COMMENCEMENT OF CONSTRUCTION OR BEGINNING OF TRAINING, PROGRAM LAUNCH DATE, ETC.)

THE ACTAF IS PROVIDED WITH PHOTOGRAPHIC PROOF OF THE PROJECT'S PROGESS.

TIME WE REQUEST A DETAILED BUDGET UPDATE OR PER A DONOR'S FROM TIME TO

Schedule F (Form 990) 2020 THE AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATION, INC.	13-3145161 Page
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	g 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 informa	tion. See instructions.
SCHEDULE, AND THIS INFORMATION IS ALWAYS PROVIDED TO US IN	A TIMELY
MANNER. WE SEND ANNUAL PROGRAM REPORTS TO DONORS FOR MAJOR	PROJECTS.
UPON COMPLETION OF THE PROJECT, WE COORDINATE A DEDICATION	CEREMONY
WHERE THE DONOR RECEIVES THE NAMING RECOGNITION PER THE CON	TRACT THEY
SIGNED (IF APPLICABLE) AND HOLD A CEREMONY TO "OFFICIALLY"	NAME IT. WE
REQUEST ANNUAL PROGRAM REPORTS FOLLOWING THE COMPLETION OF	THE PROJECT
FROM THE TEAMS RUNNING IT TO MAKE SURE THAT IT OPERATES PRO	PERLY AND TO
PRESENT RESULTS TO THE DONOR.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. THE AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATION, INC.

Employer identification number 13-3145161

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
·	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
Ī	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Populations costion 52 4059 6(a)?			

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) MATTHEW BENNETT	(i)	165,000.	0.	0.	0.	0.		0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	[(11)				l .		l .	I

Schedule J (Form 990) 2020	FOUNDATION,	INC.			13-3145161	Page 3
Part III Supplemental Information	on					
Provide the information, explanation	n, or descriptions required	I for Part I, lines 1a, 1b, 3,	, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7,	and 8, and for Part II. Also compl	ete this part for any additional informa	tion.
					*	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Inspection

Name of the organization

THE AMERICAN COMMITTEE FOR THE TEL AVIV FOUNDATTON TNC.

Employer identification number 13-3145161

100NDM110N, 1NC. 15 5145101
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT FORM 990 IS REVIEW IN DETAIL BY THE EXECUTIVE COMMITTEE OF THE
BOARD, AND IS THEN GIVEN TO THE ENTIRE BOARD TO READ AND COMMENT.
FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S SALARY INCLUDES
OBTAINING COMPARABILITY DATA, APPROVAL BY ALL INDEPENDENT BOARD MEMBERS AND
DOCUMENTATION IN THE BOARD MINUTES. THERE ARE NO OTHER KEY EMPLOYEES.
EODW 000 DADW VI GEOMION G LINE 10.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.
DADE VIT LINE 20
PART XII LINE 2C
NO CHANGE IN SELECTION PROCESS.