

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2013

**Open to Public Inspection**

Form **990**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2013 calendar year, or tax year beginning** 10/01, 2013, and ending 09/30, 2014

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC. Doing Business As AMERICAN TECHNION SOCIETY			<b>D Employer identification number</b> 13-0434195	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 EAST 59TH STREET			<b>E Telephone number</b> (212) 407-6300	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022-1710			<b>G Gross receipts \$</b> 226,354,947.	
	<b>F Name and address of principal officer:</b> JEFFREY RICHARD 55 EAST 59TH STREET NEW YORK, NY 10022-1710			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.ATS.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
<b>L Year of formation:</b> 1940				<b>M State of legal domicile:</b> NY	

Part I Summary			Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROMOTE, ENCOURAGE, AID, AND ADVANCE TECHNOLOGICAL, SCIENTIFIC AND INDUSTRIAL HIGHER AND SECONDARY EDUCATION, RESEARCH AND TRAINING IN ISRAEL AND ELSEWHERE.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	81.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	81.
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	96.
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	150.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-7,523.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b	-18,207.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	78,732,133.	71,504,925.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,941,714.	22,492,932.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-13,365.	2,496.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,660,482.	94,000,353.
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,881,186.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,041,535.	13,608,235.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	86,036.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,313,388.		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,691,961.	14,320,230.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,614,682.	83,326,210.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	22,045,800.	10,674,143.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	504,399,867.	514,724,757.
	<b>21</b>	Total liabilities (Part X, line 26)	43,282,384.	42,942,886.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	461,117,483.	471,781,871.

### Part II Signature Block

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name QI WEN LIANG	Preparer's signature <i>Qi Wen Liang</i>	Date 08/13/2015	Check <input type="checkbox"/> if self-employed	PTIN P01270238
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 212-599-0100	
	Firm's address ▶ 757 THIRD AVE., 4TH FLOOR NEW YORK, NY 10017-2013				

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] 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 [X] No

[ ] Yes [X] 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.

4a (Code: ) (Expenses \$ 10,500,139. including grants of \$ 10,500,139. ) (Revenue \$ )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 5,820,145. including grants of \$ 5,820,145. ) (Revenue \$ )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 3,563,508. including grants of \$ 3,563,508. ) (Revenue \$ )

THE ALFRED MANN INSTITUTE FOR BIOMEDICAL DEVELOPMENT ("AMIT") AT THE TECHNION WAS ESTABLISHED IN 2006 TO TRANSFORM INNOVATIVE TECHNOLOGIES DEVELOPED BY TECHNION RESEARCHERS INTO MEDICAL DEVICES, PHARMACEUTICALS AND BIOLOGICS THAT CONTRIBUTE TO IMPROVING HUMAN HEALTH WORLDWIDE.

AMIT SCREENS AND EVALUATES RESEARCH PROJECTS WITH POTENTIAL TO BECOME WIDELY USED MEDICAL PRODUCTS THAT BENEFIT MANKIND. FOLLOWING POSITIVE FEASIBILITY STUDIES, AMIT MAY ASSEMBLE A TEAM THAT CAN TRANSFORM THE SCIENCE INTO USER END APPLICATIONS AND LEAD PRECLINICAL AND CLINICAL ACTIVITIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 36,038,008. including grants of \$ 35,427,917. ) (Revenue \$ )

4e Total program service expenses 55,921,800.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part 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

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (81), 1b (81), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANITA ENRIQUEZ 55 EAST 59TH STREET NEW YORK, NY 10022 212-407-6357

**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK DORNER BOARD MEMBER	1.00	X					0	0	0	
(2) GEORGE ELBAUM BOARD MEMBER	1.00	X					0	0	0	
(3) CAROL B. EPSTEIN BOARD MEMBER	1.00	X					0	0	0	
(4) ISRAEL FELDMAN BOARD MEMBER	1.00	X					0	0	0	
(5) ROD FELDMAN ASSISTANT SECRETARY	1.00	X		X			0	0	0	
(6) IRWIN S. FIELD BOARD MEMBER	1.00	X					0	0	0	
(7) EDITH FISCHER BOARD MEMBER	1.00	X					0	0	0	
(8) GILL FISHMAN BOARD MEMBER	1.00	X					0	0	0	
(9) RUTH E. FLINKMAN-MARANDY BOARD MEMBER	1.00	X					0	0	0	
(10) LAURA FLUG BOARD MEMBER	1.00	X					0	0	0	
(11) ALAN FORMAN BOARD MEMBER	1.00	X					0	0	0	
(12) JOSEPH FREED BOARD MEMBER	1.00	X					0	0	0	
(13) MARK GAINES BOARD MEMBER	1.00	X					0	0	0	
(14) TERRY N. GARDNER BOARD MEMBER	1.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) EDWARD R. GOLDBERG BOARD MEMBER	1.00	X						0	0	0
( 16) IRWIN GROSS BOARD MEMBER	1.00	X						0	0	0
( 17) UZI HALEVY BOARD MEMBER	1.00	X						0	0	0
( 18) HARRY HANDELSMAN BOARD MEMBER	1.00	X						0	0	0
( 19) TAMARA HANDELSMAN BOARD MEMBER	1.00	X						0	0	0
( 20) ROBERT HANISEE BOARD MEMBER	1.00	X						0	0	0
( 21) SANDY HITTMAN BOARD MEMBER	1.00	X						0	0	0
( 22) LAWRENCE S. JACKIER VICE CHAIRMAN	1.00	X		X				0	0	0
( 23) BARBARA KAY BOARD MEMBER	1.00	X						0	0	0
( 24) MARTIN KELLNER HONORARY CHAIRMAN	1.00	X		X				0	0	0
( 25) MICHAEL F. KLEIN BOARD MEMBER	1.00	X						0	0	0
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								6,253,877.	0	570,386.
<b>d Total (add lines 1b and 1c)</b> . . . . .								6,253,877.	0	570,386.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 20

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 7



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) THEODORE H. KRENGEL BOARD MEMBER	1.00	X					0	0	0	
27) STEPHEN A. LASER VICE CHAIRMAN	1.00	X		X			0	0	0	
28) SCOTT LEEMASTER PRESIDENT	1.00	X		X			0	0	0	
29) SID LEJFER ASSISTANT TREASURER	1.00	X		X			0	0	0	
30) CHARLES E. LEVIN BOARD MEMBER	1.00	X					0	0	0	
31) HANNAN LIS BOARD MEMBER	1.00	X					0	0	0	
32) BENNETT NATHANSON BOARD MEMBER	1.00	X					0	0	0	
33) RUTH NATHANSON BOARD MEMBER	1.00	X					0	0	0	
34) BETH S. PERLMAN BOARD MEMBER	1.00	X					0	0	0	
35) MICHAEL J. PIERCE BOARD MEMBER	1.00	X					0	0	0	
36) DAVID A. POLAK BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) DAVID LEE RONN BOARD MEMBER	1.00	X					0	0	0	
38) HOWARD ROSENBLOOM BOARD MEMBER	1.00	X					0	0	0	
39) JOEL S. ROTHMAN CHAIRMAN	1.00	X		X			0	0	0	
40) KENNETH RUBENSTEIN BOARD MEMBER	1.00	X					0	0	0	
41) NINA MADDEN SABBAN BOARD MEMBER	1.00	X					0	0	0	
42) ARNOLD SEIDEL BOARD MEMBER	1.00	X					0	0	0	
43) JOAN SEIDEL VICE CHAIRMAN	1.00	X		X			0	0	0	
44) NORMAN SEIDEN BOARD MEMBER	1.00	X					0	0	0	
45) LES SESKIN BOARD MEMBER	1.00	X					0	0	0	
46) IRVING A. SHEPARD BOARD MEMBER	1.00	X					0	0	0	
47) LEONARD H. SHERMAN BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) STANLEY SHIRVAN BOARD MEMBER	1.00	X					0	0	0	
( 49) ROBERT SHWEDEL BOARD MEMBER	1.00	X					0	0	0	
( 50) IRV SILVER BOARD MEMBER	1.00	X					0	0	0	
( 51) CINDY SIPKIN BOARD MEMBER	1.00	X					0	0	0	
( 52) JONATHAN SOHNIS BOARD MEMBER	1.00	X					0	0	0	
( 53) BEN Z. SOSEWITZ BOARD MEMBER	1.00	X					0	0	0	
( 54) PAUL B. STEINBERG TREASURER	1.00	X		X			0	0	0	
( 55) IVAN STERN BOARD MEMBER	1.00	X					0	0	0	
( 56) JANEY SWEET BOARD MEMBER	1.00	X					0	0	0	
( 57) BERNICE R. TANENBAUM BOARD MEMBER	1.00	X					0	0	0	
( 58) JOSEPH TANENBAUM BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) IRA TAUB BOARD MEMBER	1.00	X					0	0	0	
( 60) DEBBIE VANDERVEER BOARD MEMBER	1.00	X					0	0	0	
( 61) MARY WARTELL BOARD MEMBER	1.00	X					0	0	0	
( 62) LEWIS M. WESTON BOARD MEMBER	1.00	X					0	0	0	
( 63) NANCY AARONSON BOARD MEMBER	1.00	X					0	0	0	
( 64) STEVE EMERSON BOARD MEMBER	1.00	X					0	0	0	
( 65) LINDA KOVAN BOARD MEMBER	1.00	X					0	0	0	
( 66) AGGIE KUPERMAN BOARD MEMBER	1.00	X					0	0	0	
( 67) ALFRED MUNZER BOARD MEMBER	1.00	X					0	0	0	
( 68) BENNET RECHLER BOARD MEMBER	1.00	X					0	0	0	
( 69) JOEL SCHWARTZ BOARD MEMBER	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 20

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) MARK SHEINKOPF BOARD MEMBER	1.00	X						0	0	0
( 71) ZAHAVA BAR-NIR SECRETARY	1.00	X		X				0	0	0
( 72) NORMAN BELMONTE BOARD MEMBER	1.00	X						0	0	0
( 73) EVELYN EDITH BERGER BOARD MEMBER	1.00	X						0	0	0
( 74) STEVE BERGER BOARD MEMBER	1.00	X						0	0	0
( 75) SCOTT MYLES BLACK BOARD MEMBER	1.00	X						0	0	0
( 76) ROBERT N. BRAND BOARD MEMBER	1.00	X						0	0	0
( 77) MARILYN CAPLOVITZ BOARD MEMBER	1.00	X						0	0	0
( 78) LEONA CHANIN BOARD MEMBER	1.00	X						0	0	0
( 79) RENA CONNER BOARD MEMBER	1.00	X						0	0	0
( 80) JEFFREY COSIOL BOARD MEMBER	1.00	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 20

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) ROBERT A. DAVIDOW BOARD MEMBER	1.00	X					0	0	0	
( 82) MELVYN BLOOM EVP EMERITUS (THRU 5/2016)	40.00			X			4,379,945.	0	129,705.	
( 83) MICHAEL SCHEMENTI SR. VP, FINANCE/CFO	40.00			X			268,617.	0	63,685.	
( 84) JEFFREY RICHARD (AS OF 5/2014) EXECUTIVE VICE PRESIDENT	40.00			X			0	0	0	
( 85) SETH MOSKOWITZ SR. VP, CAMPAIGN (THRU 6/2014)	40.00				X		318,083.	0	62,957.	
( 86) BETH WILNER SR. VP, DEVELOPMENT	40.00				X		253,292.	0	75,530.	
( 87) JEROME KLEINMAN REGIONAL DIRECTOR	40.00					X	236,125.	0	48,710.	
( 88) MARK HEFTER ASSOCIATE VP, PLANNED GIVING	40.00					X	216,600.	0	63,135.	
( 89) IVAN SCHONFELD REGIONAL DIRECTOR	40.00					X	206,089.	0	54,199.	
( 90) JOEL BERKOWITZ REGIONAL DIRECTOR	40.00					X	192,999.	0	49,876.	
( 91) IRV ELENBERG REGIONAL DIRECTOR	40.00					X	182,127.	0	22,589.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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 response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	5,820,510.	5,820,510.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	49,491,199.	49,491,199.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,979,152.	11,592.	1,345,536.	622,024.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	8,014,308.	247,404.	2,338,031.	5,428,873.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	895,442.	33,162.	196,845.	665,435.
9 Other employee benefits . . . . .	2,016,581.	53,255.	665,221.	1,298,105.
10 Payroll taxes . . . . .	702,752.	18,927.	246,895.	436,930.
11 Fees for services (non-employees):				
a Management . . . . .	96,967.		96,967.	
b Legal . . . . .	142,246.		142,246.	
c Accounting . . . . .	247,485.		247,485.	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	86,036.			86,036.
f Investment management fees . . . . .	1,154,398.		1,154,398.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	239,428.		239,428.	
12 Advertising and promotion . . . . .	649,810.	15,472.	157,231.	477,107.
13 Office expenses . . . . .	611,757.	5,122.	250,949.	355,686.
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	784,397.	1,011.	181,720.	601,666.
17 Travel . . . . .	1,031,320.	177,665.	164,754.	688,901.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	681,907.	46,481.	230,203.	405,223.
20 Interest . . . . .	132,949.		132,949.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	409,623.		176,300.	233,323.
23 Insurance . . . . .	214,795.		214,795.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BAD DEBT EXPENSE</u> . . . . .	7,888,779.		7,888,779.	
b <u>MISCELLANEOUS</u> . . . . .	23,919.		9,840.	14,079.
c <u>UBI TAX</u> . . . . .	10,450.		10,450.	
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	83,326,210.	55,921,800.	16,091,022.	11,313,388.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	2,776,223.	<b>1</b>	6,902,947.
	<b>2</b> Savings and temporary cash investments	31,916,421.	<b>2</b>	6,906,853.
	<b>3</b> Pledges and grants receivable, net	110,238,774.	<b>3</b>	103,757,901.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	50,083,979.	<b>7</b>	49,126,099.
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	2,143,154.	<b>9</b>	2,733,329.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 16,431,282.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 7,754,035.	8,954,807.	<b>10c</b> 8,677,247.
	<b>11</b> Investments - publicly traded securities	160,162,513.	<b>11</b>	143,515,039.
	<b>12</b> Investments - other securities. See Part IV, line 11	106,959,362.	<b>12</b>	162,745,660.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	31,164,634.	<b>15</b>	30,359,682.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	504,399,867.	<b>16</b>	514,724,757.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	8,119,101.	<b>17</b>	7,148,985.
	<b>18</b> Grants payable	1,428,587.	<b>18</b>	3,058,960.
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	11,300,000.	<b>23</b>	11,300,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	22,434,696.	<b>25</b>	21,434,941.
	<b>26 Total liabilities.</b> Add lines 17 through 25	43,282,384.	<b>26</b>	42,942,886.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	21,739,736.	<b>27</b>	23,245,573.
	<b>28</b> Temporarily restricted net assets	160,117,900.	<b>28</b>	163,700,144.
	<b>29</b> Permanently restricted net assets	279,259,847.	<b>29</b>	284,836,154.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	461,117,483.	<b>33</b>	471,781,871.
	<b>34</b> Total liabilities and net assets/fund balances	504,399,867.	<b>34</b>	514,724,757.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	94,000,353.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	83,326,210.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,674,143.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	461,117,483.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,755.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	471,781,871.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC. **Employer identification number** 13-0434195

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (76.04%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (76.32%); 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
GROSS INCOME FROM FUNDRAISING	22,650.	15,100.	23,625.	29,600.	34,800.	125,775.
EVENTS						
TOTALS	<u>22,650.</u>	<u>15,100.</u>	<u>23,625.</u>	<u>29,600.</u>	<u>34,800.</u>	<u>125,775.</u>

**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	<b>Employer identification number</b> 13-0434195
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) ( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	<b>Employer identification number</b> 13-0434195
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 7,937,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 6,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 5,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 3,545,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	<b>Employer identification number</b> 13-0434195
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 2,910,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 2,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 1,650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 1,504,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 1,502,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	<b>Employer identification number</b> 13-0434195
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

<b>Name of organization</b> AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	<b>Employer identification number</b> 13-0434195
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

  

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

  

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

  

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.

Employer identification number 13-0434195

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at end of tax year (2a-2d), and several yes/no questions regarding monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

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

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 92.5000 %
c Temporarily restricted endowment 7.5000 %
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) ALTERNATIVE INV - HEDGE FUNDS	105,077,717.	
(B) ISRAEL TIME DEPOSITS	22,867,086.	
(C) MUNICIPAL BONDS	337,933.	
(D) HIGH YIELD & OTHER FIXED INCOM	5,835,615.	
(E) DUE FROM FUND MANAGERS	28,627,309.	
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	162,745,660.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	27,765,018.
(2) OTHER RECEIVABLES	550,198.
(3) LIFE INSURANCE POLICIES	2,044,466.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	30,359,682.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	21,434,941.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,434,941.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 94,000,353.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 83,326,210.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE FOLLOWING PROGRAM SERVICE PROJECTS AT THE TECHNIION UNIVERSITY: SCHOLARSHIPS; FELLOWSHIPS; RESEARCH; STUDENT LOANS AND AIDS; PROFESSORIAL CHAIRS; LECTURESHIPS; PRIZES; BOOKS AND BUILDING MAINTENANCE. A PORTION OF THE EARNINGS OF THE ENDOWMENT FUND IS USED TO SUPPORT THE OPERATING COST OF THE ORGANIZATION.

FIN 48

PART X, LINE 2

THE SOCIETY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE AND HAD NO MATERIAL IMPACT ON THE ACCOMPANYING FINANCIAL STATEMENTS. THE SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE TAX YEARS ENDED 2011, 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE SOCIETY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.



**Part XIII** Supplemental Information (continued)

IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

OTHER CHANGES IN REVENUE

SCHEDULE D, PART XI, LINE 4B

UNRELATED BUSINESS INCOME TAX - \$10,450

OTHER CHANGES IN EXPENSES

SCHEDULE D, PART XII, LINE 4B

UNRELATED BUSINESS INCOME TAX - \$10,450

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.**

Employer identification number  
**13-0434195**

**Part I** **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**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		49,491,199.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		67,473,316.
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					116,964,515.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					116,964,515.

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

Schedule F (Form 990) 2013

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

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	SEE PART V	49,491,199.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . 1.

3 Enter total number of other organizations or entities. . . . .

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to 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).

SCHEDULE F, PART I, LINE 1

THE SOCIETY'S FUNDRAISERS WITH THE SUPPORT OF DESIGNATED STAFF/DEPARTMENTS ARE RESPONSIBLE FOR MONITORING THE UNIVERSITY'S COMPLIANCE WITH THE GRANT REQUIREMENTS. THE GRANTS COMPLIANCE MANAGER KEEPS TRACK OF UNIVERSITY'S COMPLIANCE WITH DONOR REQUIREMENTS FOR MAJOR PROJECTS IN LIAISON WITH THE REGIONAL FUNDRAISING STAFF. THIS INCLUDES OBTAINING ON A REGULAR BASIS ANY OF THE FOLLOWING: CASH FLOWS, BUDGET REPORTS AND REPORTS ON THE ACTUAL USE OF FUNDS, ACKNOWLEDGMENT LETTERS FROM RECIPIENTS OF SCHOLARSHIPS, FELLOWSHIPS AND OTHER STUDENT ASSISTANCE PROGRAMS, REPORTS ON THE ACTIVITIES AND STATUS/OUTCOME OF RESEARCH PROJECTS AND ACADEMIC CHAIRS, AND PHOTOS OF ONGOING AND COMPLETED CAPITAL PROJECTS. DONORS WHO SUPPORTED LABORATORIES, DORMITORIES AND OTHER CAPITAL INFRASTRUCTURE PROJECTS ARE ENCOURAGED TO ATTEND GROUNDBREAKING AND/OR INAUGURATION CEREMONIES AT THE UNIVERISTY. EVERY THREE YEARS, ATS ENGAGES A LOCAL ACCOUNTING FIRM IN ISRAEL TO PERFORM AN AUDIT OF SELECTED GRANTS TO THE UNIVERSITY TO ENSURE THAT GRANT REQUIREMENTS AND DONOR RECOGNITION ARE PROPERLY COMPLIED WITH. THE AUDIT REPORT IS REVIEWED AND APPROVED BY THE ORGANIZATION'S AUDIT COMMITTEE.

SCHEDULE F, PART II, LINE I, COLUMN (D)

ALL FOREIGN GRANTS ARE MADE TO THE TECHNION ISRAEL INSTITUTE OF TECHNOLOGY, IN HAIFA, ISRAEL. THE GRANTS SUPPORT VARIOUS UNIVERSITY PROJECTS, SUCH AS: CONSTRUCTION OR MAINTENANCE OF RESEARCH AND LEARNING CENTERS, AUDITORIUMS, STUDENT DORMITORIES, ETC.; PIONEERING WORLD-CLASS RESEARCH PROGRAMS; FACULTY DEVELOPMENT; FELLOWSHIPS; AND, SCHOLARSHIPS.

**Part V** Supplemental Information

Complete this part to 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).

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SCHEDULE F, PART IV

THE AMERICAN TECHNION SOCIETY (ATS) INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE ORGANIZATION'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **AMERICAN SOCIETY FOR TECHNION -  
ISRAEL INSTITUTE FOR TECHNOLOGY INC.**

Employer identification number  
**13-0434195**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> HART/STROBER ASSOCIATES	CONSULTANT		X		82,500.	
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....					82,500.	

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AZ, CA, CO, CT, DE, FL, GA, IL,  
KS, ME, MD, MI, MN, NV, NH, NJ, NY, NC, OH, OK, OR, PA, RI, TX, VA, WA, WV,



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NE DINNER (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	55,175.			55,175.
	<b>2</b> Less: Contributions . . . . .	20,375.			20,375.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	34,800.			34,800.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	1,000.			1,000.
	<b>7</b> Food and beverages . . . . .	28,674.			28,674.
	<b>8</b> Entertainment . . . . .	300.			300.
	<b>9</b> Other direct expenses . . . . .	2,330.			2,330.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				32,304.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				2,496.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	Employer identification number 13-0434195
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN COMM FOR THE WEIZMANN INSTITUTE OF 633 THIRD AVE NEW YORK, NY 10017	13-1623886	501(C)(3)	6,000.				GEN OPERATIONS
(2) CONGREGATION BETH ISRAEL 10460 N 56TH ST SCOTTSDALE, AZ 85253	86-0113949	501(C)(3)	8,600.				GEN OPERATIONS
(3) JACOBS TECHNION-CORNELL INSTITUTE 111 8TH AVE. SUITE 302 NEW YORK, NY 10011	46-4395157	501(C)(3)	5,671,925.				VARIOUS PROJECTS
(4) UC SAN DIEGO SCHOOL OF MEDICINE 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-2872494	501(C)(3)	45,000.				GEN OPERATIONS
(5) OUR SISTERS SCHOOL, INC. 467 HAWTHORNE ST. NEW BEDFORD, MA 02740	26-0367118	501(C)(3)	11,000.				GEN OPERATIONS
(6) TEMPLE UNIVERSITY ALTER HALL 372 1801 LIACOURAS WALK	23-1365971	501(C)(3)	10,000.				GEN OPERATIONS
(7) SCOTTSDALE HEALTHCARE 10001 N. 92ND STREET SUITE 121	94-2735850	501(C)(3)	6,000.				GEN OPERATIONS
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

GRANTS SENT TO CORNELL UNIVERSITY, FOR THE JACOBS TECHNION CORNELL INSTITUTE (JTCI), REPRESENTS FUNDS DONATED TO ATS THAT WERE DESIGNATED TO SUPPORT THE COLLABORATION BETWEEN TECHNION UNIVERSITY AND CORNELL UNIVERSITY ESTABLISHING THE JTCI ON THE CORNELL TECH CAMPUS. JTCI, A 501(C)(3) ORGANIZATION, IS IN ITS EARLY STAGE OF OPERATIONS. THE INSTITUTE OFFERS NONTRADITIONAL ACADEMIC PROGRAMS FOCUSED ON OFFERING A GLOBAL PERSPECTIVE ON TECHNOLOGY TRANSFER, COMMERCIALIZATION AND ENTREPRENEURSHIP. ATS IS COORDINATING WITH JTCI TO RECEIVE REGULAR REPORTS ON THE USAGE OF FUNDS RECEIVED FROM ATS.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOR DONOR ADVISED FUNDS, DONOR SENDS IN A GRANT REQUEST. ATS VERIFIES 501(C)(3) STATUS OF PROPOSED GRANTEE, AND SENDS A FORM REQUESTING DONOR TO CONFIRM THAT GRANT WILL NOT PROVIDE ANY PERSONAL BENEFIT TO HIS OR HER FAMILY. ONCE THE FORM IS RECEIVED AND EXEMPT STATUS IS VERIFIED, APPROVAL OF DONOR ADVISED FUND COMMITTEE IS OBTAINED AND A CHECK IS CUT FOR THE GRANTEE. ATS SENDS THE CHECK WITH A LETTER TO THE GRANTEE SPECIFYING LIMITATIONS AS TO USE OF THE GRANT, I.E. IT SHOULD NOT PROVIDE ANY PERSONAL BENEFIT TO THE DAF DONOR.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **AMERICAN SOCIETY FOR TECHNION -  
ISRAEL INSTITUTE FOR TECHNOLOGY INC.**

Employer identification number  
**13-0434195**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., 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

**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 in line 1a?

**3** Indicate which, if any, of the following the filing 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2013

**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 in 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 are not 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MELVYN BLOOM EVP EMERITUS (THRU 5/2016)	(i)	467,245.	7,500.	3,905,200.	73,871.	55,834.	4,509,650.	3,878,195.
	(ii)	0	0	0	0	0	0	0
2 SETH MOSKOWITZ SR. VP, CAMPAIGN (THRU 6/2014)	(i)	311,083.	7,000.	0	39,408.	23,549.	381,040.	0
	(ii)	0	0	0	0	0	0	0
3 BETH WILNER SR. VP, DEVELOPMENT	(i)	245,792.	7,500.	0	39,910.	35,620.	328,822.	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL SCHEMENTI SR. VP, FINANCE/CFO	(i)	263,617.	5,000.	0	40,403.	23,282.	332,302.	0
	(ii)	0	0	0	0	0	0	0
5 JEROME KLEINMAN REGIONAL DIRECTOR	(i)	236,125.	0	0	21,301.	27,409.	284,835.	0
	(ii)	0	0	0	0	0	0	0
6 MARK HEFTER ASSOCIATE VP, PLANNED GIVING	(i)	213,600.	3,000.	0	27,239.	35,896.	279,735.	0
	(ii)	0	0	0	0	0	0	0
7 IVAN SCHONFELD REGIONAL DIRECTOR	(i)	206,089.	0	0	32,348.	21,851.	260,288.	0
	(ii)	0	0	0	0	0	0	0
8 JOEL BERKOWITZ REGIONAL DIRECTOR	(i)	190,999.	2,000.	0	29,524.	20,352.	242,875.	0
	(ii)	0	0	0	0	0	0	0
9 IRV ELENBERG REGIONAL DIRECTOR	(i)	182,127.	0	0	21,671.	918.	204,716.	0
	(ii)	0	0	0	0	0	0	0
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

THE EXECUTIVE VP RECEIVES A MINIMAL TAX INDEMNIFICATION PAYMENT BASED ON HIS EMPLOYMENT CONTRACT. AMOUNT IS REPORTED AS PART OF THE EXECUTIVE'S GROSS COMPENSATION.

PART I, LINE 4B

MELVYN BLOOM'S TOTAL COMPENSATION FOR 2013 INCLUDED DEFERRED COMPENSATION TOTALING \$3,878,195 THAT BECAME FULLY VESTED ON 12/31/13. THESE PERTAIN TO THE ORGANIZATIONS'S CONTRIBUTIONS TO A RABBI TRUST ACCOUNT DURING MELVYN'S 29 YEAR TENURE AS EXECUTIVE VICE PRESIDENT OF THE ORGANIZATION. THESE WERE REPORTED IN PRIOR YEARS FORM 990 SCHEDULE J AS PART OF MELVYN'S DEFERED COMPENSATION. THE TOTAL OF THE PRIOR YEAR DEFERRALS IS REPORTED IN SCHEDULE J, PART II, COLUMN F AND SHOULD BE SUBTRACTED FROM THE TOTAL COMPENSATION REPORTED IN SCHEDULE J, PART II, COLUMN E TO ARRIVE AT THE TRUE TOTAL COMPENSATION OF \$631,455 FOR THE REPORTING YEAR. MELVYN BLOOM BECAME THE EVP EMERITUS OF THE ORGANIZATION, EFFECTIVE MAY 14, 2014.



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7

BONUSES WERE PAID OUT DURING THE YEAR THAT CONSTITUTED NON-FIXED  
PAYMENTS.

THE EXECUTIVE VICE PRESIDENT'S BONUS IS DETERMINED BY THE MANAGEMENT  
COMMITTEE MADE UP OF THE PRESIDENT AND OTHER KEY MEMBERS OF THE BOARD OF  
DIRECTORS.

ALL OTHER BONUSES ARE REQUESTED BY SUPERVISORS BASED ON EXTRAORDINARY  
PERFORMANCE IN THE PAST YEAR AND A FINAL DECISION IS MADE BY THE  
EXECUTIVE VICE PRESIDENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **AMERICAN SOCIETY FOR TECHNIION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.** Employer identification number **13-0434195**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	59 .	1,369,923 .	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		2 .	24,429 .	
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 1 .

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

JSA

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
DIGITAL MEDIA EQUIPMENT	X	1.	9,355.	FMV
MINI COLLECTIBLE CARS	X	1.	15,074.	FMV
TOTALS		<u>2.</u>	<u>24,429.</u>	

**SCHEDULE O**  
**(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.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization ISRAEL INSTITUTE FOR TECHNOLOGY INC.	AMERICAN SOCIETY FOR TECHNION -	Employer identification number 13-0434195
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PART VI, SECTION A, LINE 1B

DELEGATION OF AUTHORITY

THE FINANCE TRANSACTIONS COMMITTEE ACTS ON BEHALF OF THE BOARD BETWEEN MEETINGS ON FINANCIAL MATTERS NOT EXCEEDING \$2 MILLION, AND PROVIDES OVERSIGHT AND COORDINATION OF OTHER BOARD FINANCIAL COMMITTEES.

PART VI, SECTION A, LINE 2

FAMILY AND BUSINESS RELATIONSHIPS

THE FOLLOWING ARE BOARD MEMBERS WITH BUSINESS OR FAMILY RELATIONSHIPS:

ALAN FORMAN & JONATHAN SOHNIS - BUSINESS RELATIONSHIP

HARRY HANDELSMAN & TAMARA HANDELSMAN - FAMILY RELATIONSHIP

BENNETT & RUTH NATHANSON - FAMILY RELATIONSHIP

ARNOLD & JOAN SEIDEL - FAMILY RELATIONSHIP

BERNICE & JOSEPH TANENBAUM- FAMILY RELATIONSHIP

IRVING SHEPARD & MARY WARTELL- FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11

REVIEW OF FORM 990

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ASSOCIATE VP - FINANCE PRIOR TO DISTRIBUTION TO THE SENIOR VICE PRESIDENT-FINANCE, EXECUTIVE VP, AND AUDIT COMMITTEE FOR REVIEW AND APPROVAL. THE FINAL 990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS IN EITHER PAPER OR ELECTRONIC FORM PRIOR TO FILING.

Name of the organization AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	Employer identification number 13-0434195
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FORM 990, PART VI, SECTION B, LINE 12C

MONITORING & ENFORCEMENT OF CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST POLICY AND DISCLOSURE FORMS ARE DISTRIBUTED TO ALL BOARD MEMBERS, OFFICERS AND MANAGERIAL STAFF. EACH ONE IS REQUIRED TO SIGN AND RETURN THE DISCLOSURE FORM. ATS COUNSEL REVIEWS DISCLOSURES TO DETERMINE CONFLICT AND REPORTS THESE TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. DIRECTORS AND STAFF WITH A CONFLICT ARE PROHIBITED FROM PARTICIPATING IN DISCUSSIONS AND DECISIONS RELATED TO THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION FOR TOP MANAGEMENT OFFICIAL AND OTHER KEY EMPLOYEES

THE EXECUTIVE VICE PRESIDENT (EVP) AT ATS IS THE TOP MANAGEMENT OFFICIAL AT THE ORGANIZATION AND THE COMPENSATION FOR THIS POSITION IS ESTABLISHED BY A COMMITTEE OF THE BOARD, WHICH IS COMPRISED OF THE FOLLOWING INDEPENDENT INDIVIDUALS: CHAIR OF THE BOARD, VICE CHAIR(S) OF THE BOARD AND THE PRESIDENT OF THE BOARD, WHILE OTHER MEMBERS OF THE BOARD MAY ALSO BE INVITED BY THE CHAIR TO ALSO PARTICIPATE IN THE REVIEW AND DELIBERATION PROCESS (E.G., HONORARY CHAIR OF THE BOARD AND/OR CHAIR OF THE PERSONNEL COMMITTEE). THE EVP'S TOTAL COMPENSATION PACKAGE IS DOCUMENTED THROUGH A WRITTEN EMPLOYMENT CONTRACT AND ANY INCREASE OR ADJUSTMENTS ON AN ANNUAL BASIS ARE PROVIDED TO THE EVP CONSISTENT WITH THE TERMS OF THE EMPLOYMENT AGREEMENT. WHEN DEEMED APPROPRIATE AND NECESSARY THE COMMITTEE MAY ENGAGE AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE EXTERNAL THIRD PARTY MARKET DATA FROM A VARIETY OF SOURCES AND THEN THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS THE FINAL COMPENSATION

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DECISION THROUGH A MEMORANDUM SIGNED BY THE PRESIDENT OF THE BOARD. IN REGARD TO THE OTHER OFFICERS AND KEY EMPLOYEES, ATS WILL GATHER INFORMATION ON A PERIODIC BASIS ABOUT THE COMPARABLE MARKET FROM A VARIETY OF SOURCES TO PROVIDE INSIGHTS INTO COMPARABLE MARKET PRACTICES FOR BOTH SALARY AND BENEFITS PURPOSES. THE LAST REVIEW OF THIS NATURE WAS CONDUCTED IN OCTOBER 2011.

FORM 990, PART VI, SECTION B, LINE 19

THE SOCIETY'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE. COPIES OF GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE PROVIDED UPON REQUEST.

OTHER PROGRAM SERVICES

PART III, LINE 4D

THE TECHNION IS KNOWN FOR ITS WORLD-CLASS RESEARCH IN A RANGE OF AREAS INCLUDING ENERGY, BIOTECHNOLOGY, CANCER, DEFENSE, LIFE SCIENCES, NANOTECHNOLOGY, NEURODEGENERATIVE DISEASES, AUTONOMOUS SYSTEMS, STEM CELLS AND REGENERATIVE MEDICINE, AND WATER RESOURCES/RECLAMATION.

IN 2014, THE AMERICAN TECHNION SOCIETY FUNDED RESEARCH CENTERS INCLUDING THE NANCY AND STEPHEN GRAND TECHNION ENERGY PROGRAM, THE PRINCE CENTER FOR NEURODEGENERATIVE DISORDERS OF THE BRAIN, THE ECOLOGICAL ENGINEERING SYSTEMS CENTER, THE BERNARD M. GORDON CENTER FOR SYSTEMS LEADERSHIP ENGINEERING, AND THE RINA AND AVNER SCHNEUR TYPE II DIABETES RESEARCH CENTER; AND LABORATORIES INCLUDING THE TRUDY AND NORMAN LOUIS MULTIPLE SCLEROSIS AND INFLAMMATORY AUTOIMMUNE DISEASES RESEARCH LABORATORY, AND

Name of the organization AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	Employer identification number 13-0434195
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THE MICROJET AND SMALL TURBOSHAFT ENGINE RESEARCH AND TEACHING  
LABORATORIES COMPLEX IN THE FACULTY OF AEROSPACE ENGINEERING.

ATS DONORS SUPPORT SCHOLARSHIPS FOR UNDERGRADUATE STUDENTS WHO LACK THE  
RESOURCES TO MEET TUITION AND OTHER BASIC COSTS, AND FELLOWSHIPS FOR  
MASTER'S AND DOCTORAL STUDENTS WITH STRONG ACADEMIC RECORDS, AS WELL AS  
ON-CAMPUS DORMITORY HOUSING FOR UNDERGRADUATE AND GRADUATE STUDENTS. IN  
2014, THE ATS ALSO PROVIDED FUNDING FOR TECHNION STUDENT RESERVISTS.

TO ATTRACT AND RETAIN TOP FACULTY MEMBERS, THE TECHNION HAS CREATED  
SEVERAL VEHICLES THAT PROVIDE NEW RECRUITS WITH STATE-OF-THE-ART,  
WELL-EQUIPPED RESEARCH FACILITIES: THE HENRY AND MARILYN TAUB FOUNDATION  
LEADERS IN SCIENCE AND TECHNOLOGY PROGRAM, THE NEUBAUER FAMILY FOUNDATION  
FUND FOR THE RECRUITMENT OF MINORITY FACULTY MEMBERS, THE FIRST STEPS  
PROGRAM AND THE CAREER ADVANCEMENT CHAIR.

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ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN TECHNION SOCIETY (ATS) HAS BEEN A VITAL PARTNER IN THE  
TECHNION'S UNPARALLELED GROWTH AND ACHIEVEMENT. AS A LEADING AMERICAN  
ORGANIZATION SUPPORTING HIGHER EDUCATION IN ISRAEL, THE ATS HAS  
PIONEERED A LASTING PARTNERSHIP WITH THE CREATORS OF SCIENCE AT  
TECHNION CITY IN HAIFA. SUPPORTED BY A NETWORK OF DYNAMIC LEADERSHIP  
AND THOUSANDS OF DEDICATED MEMBERS, THE ATS IS COMMITTED TO THE  
BELIEF THAT THE FUTURE OF HIGH TECHNOLOGY IN ISRAEL IS AT THE  
TECHNION. SINCE ITS FOUNDING IN 1940 ATS HAS RAISED MORE THAN \$2

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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BILLION FOR THE TECHNION.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE TECHNION'S FACULTY OF MECHANICAL ENGINEERING IS THE TOP ME  
DEPARTMENT IN ISRAEL AND HAS BEEN RANKED A WORLD LEADER. IN RECENT  
YEARS, THE FACULTY HAS BEEN EXPANDING RAPIDLY AND ADAPTING TO NEW  
CHALLENGES AS THE FIELD BECOMES INCREASINGLY INTERDISCIPLINARY.  
MECHANICAL ENGINEERS ARE MAJOR CONTRIBUTORS TO RESEARCH IN AREAS  
RELATED TO THE HIGH-TECH AND SPACE INDUSTRIES, AND THEY PLAY A  
CENTRAL ROLE IN EMERGING FIELDS, SUCH AS MICRO/NANOTECHNOLOGY,  
ROBOTICS, BIOTECHNOLOGY, INFORMATION TECHNOLOGY AND ENERGY.

TO ACCOMMODATE GROWING NEEDS, AND MAINTAIN THE HIGH QUALITY OF ITS  
RESEARCH AND TEACHING, THE TECHNION CONSTRUCTED A FOUR-STORY  
BUILDING, THE D. DAN AND BETTY KAHN MECHANICAL ENGINEERING  
BUILDING, WHICH OPENED IN 2014. THE NEW FACILITY HOUSES THE  
DEPARTMENTAL LIBRARY, A STUDENT LEARNING CENTER, STUDENT LOUNGE,  
AUDITORIUMS, RESEARCH LABORATORIES AND FACULTY OFFICES.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

A PARTNERSHIP BETWEEN CORNELL UNIVERSITY AND THE TECHNION-ISRAEL  
INSTITUTE OF TECHNOLOGY, THE JACOBS TECHNION-CORNELL INSTITUTE IS  
A KEY COMPONENT OF CORNELL TECH, THE WORLD-CLASS APPLIED SCIENCES



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ATTACHMENT 3 (CONT'D)

CAMPUS THAT WILL BE BUILT ON ROOSEVELT ISLAND. THE JT CI WILL DELIVER A NEW KIND OF MULTIDISCIPLINARY EDUCATION AND RESEARCH, DEDICATED TO PRODUCING ENGINEERS, SCIENTISTS AND TECHNOLOGY EXPERTS WITH REAL-WORLD ENTREPRENEURIAL EXPERIENCE. STUDENTS ENROLLED IN THE TWO-YEAR MASTER OF SCIENCE (M.S.) IN INFORMATION SYSTEMS PROGRAM WILL EARN DUAL MASTER'S DEGREES CONCURRENTLY - ONE FROM CORNELL AND ONE FROM THE TECHNION - IN CONNECTIVE MEDIA, HEALTH TECH AND THE BUILT ENVIRONMENT.

FACULTY, POSTDOCTORAL ASSOCIATES AND GRADUATE STUDENTS WILL PURSUE BASIC AND APPLIED RESEARCH, IN COLLABORATION WITH INDUSTRY PARTNERS. A PRIORITY WILL BE RESEARCH ON TOPICS WITH POTENTIAL FOR TECHNOLOGY TRANSFER TO ESTABLISHED COMPANIES, OR TO FORM THE BASIS OF ENTREPRENEURIAL VENTURES. THE CAMPUS WILL ALSO HOUSE AN ONSITE START-UP INCUBATOR AND ACCELERATOR SPACE, AS WELL AS A TECHNOLOGY TRANSFER OFFICE TO ASSIST IN OBTAINING PATENTS AND MOVING TECHNOLOGY FROM THE LAB TO THE MARKETPLACE.

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AZ, CA, CO, CT, DE,  
DC, FL, GA, IL, KS, ME, MD, MA, MI,  
MN, NV, NH, NJ, NY, NC, OH, OK, OR, PA,  
RI, TX, VA, WA, WV, WI,

Name of the organization AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE FOR TECHNOLOGY INC.	Employer identification number 13-0434195
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ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
KORN FERRY INTERNATIONAL 200 PARK AVENUE NEW YORK, NY 10166	EXECUTIVE SEARCH	220,063.
PRIME BUCHHOLZ & ASSOCIATES 273 CORPORATE DRIVE PORTSMOUTH, NH 03801	INVESTMENT ADVISORY	237,112.
SILCHESTER INTERNATIONAL INVESTORS 780 THIRD AVENUE, 42ND FLR NEW YORK, NY 10017	INVESTMENT ADVISORY	184,113.
ALLIANCE BERNSTEIN 1 NORTH LEXINGTON AVE., 16TH FLR WHITE PLAINS, NY 10601	INVESTMENT ADVISORY	139,839.
EAGLE CAPITAL 499 PARK AVENUE NEW YORK, NY 10022	INVESTMENT ADVISORY	164,693.