Form	990

# **Return of Organization Exempt From Income Tax**

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

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		nue Ser			Information a					0	orm990.		Inspec	
AF	or th	e 201	-	dar year, or t		-		/01, <b>2013</b> ,	and endir	ng			0, <b>20</b> <sub>14</sub>	. <u> </u>
Вс	heck if ap	plicable:		of organization A				INION -			D Employer ic	ientificatio	on number	
	Addre			AEL INSTI							12 042	4105		
	chang	le		Business As AM				c)	Room/suite		13-043 E Telephone r			
	-	change						5)	Room/suite					
	-	return		EAST 59TH r town, state or p		and ZID or forci	an nontal and	<u> </u>			(212) 40	17-630	10	
	Termi Amen						gn postal coue	;			<b>c</b>		006 05	4 0 4 7
	return	n		YORK, NY and address of p							G Gross receip H(a) Is this a gro		226,354	
	pendi					-	EY RICHA				subordinate	s?		
	-			EAST 59TH				1		_	H(b) Are all subor			
		empt st		X 501(c)(3)	501(c) (	) ┥ (ins	ert no.)	4947(a)(1) o	r 52	.7	1		e instructions)	
				TS.ORG							H(c) Group exen			
		<u> </u>		X Corporation	Trust	Association	Other 🕨		L Year o	of format	tion: 1940 <b>M</b>	State of I	egal domicile	e: NY
Pa	art I		mmary											
	1	-		e the organizat		-						), AND	ADVANO	7F.
Activities & Governance				GICAL, SCI							Y			
rna	-			N, RESEARC										
ove				< ► if the	0		•	•				1 1		0.1
Ğ				ting members o								3		81.
ŝ				lependent voting								4		81.
vitie				of individuals e								5		96.
cti	6	Total	number	of volunteers (e	stimate if necess	sary)						6		150.
∢				d business reve								7a		7,523.
	b	Net u	nrelated	business taxab	le income from	Form 990-T,	line 34 🔒					7b		8,207.
											Prior Year		Current	
e	8	Contri	ibutions	and grants (Part	VIII, line 1h)			СОРҮ	FOR		78,732,1		71,50	4,925.
ent	9	Progra	am servi	ce revenue (Part	t VIII, line 2g)				SPECTION			0		(
Revenue	10	invesi	ment m	come (Part vill,	column (A), line	s 5, 4, anu 7	u)				12,941,7		22,49	2,932.
-	11	Other	revenue	e (Part VIII, colu	ımn (A), lines 5,	6d, 8c, 9c, 1	0c, and 11e)				-13,3			2,496.
	12	Total	revenue	- add lines 8 th	rough 11 (must	equal Part V	III, column (A	A), line 12) 🔒			91,660,4		94,00	0,353.
	13			milar amounts p							49,881,1	36.	55,31	1,709.
	14	Benef	its paid	to or for membe	rs (Part IX, colu	mn (A), line 4	1)					0		(
ŝ	15			r compensation							12,041,5	35.	13,60	8,235.
Expenses	16a	Profes	ssional f	undraising fees	(Part IX, column	(A), line 11e	e)					0	8	<u>36,036</u> .
ďx	b	Total	fundrais	ing expenses (P	art IX, column (I	D), line 25) 🕨	▶ <u> </u>	313,388.						
ш	17	Other	expense	es (Part IX, colu	mn (A), lines 11	a-11d, 11f-24	4e)				7,691,9	51.	14,32	20,230.
	18	Total	expense	s. Add lines 13-	17 (must equal	Part IX, colu	mn (A), line 2	25)			69,614,68	32.	83,32	26,210.
	19	Rever	nue less	expenses. Subt	ract line 18 from	n line 12 💶					22,045,8	00.	10,67	4,143.
s or ces										Begin	ning of Current	Year	End of Ye	ear
Net Assets or Fund Balances	20	Total	assets (F	Part X, line 16)						5	504,399,80	57.	514,72	4,757.
dB	21			(Part X, line 26)							43,282,3	34.	42,94	2,886.
Punet	22	Net as	ssets or	fund balances.	Subtract line 21	from line 20				4	161,117,48	33.	471,78	1,871.
	rt II	Sig	gnature	Block										
				I declare that I h								of my kno	wledge and	belief, it is
true	e, corre	ct, and	complete	. Declaration of pr	eparer (other than	officer) is bas	ed on all infor	mation of whic	h preparer ha	as any kr	nowledge.			
Sig			Signatur	e of officer							Date			
He	re													
			Type or p	print name and title	)									
				parer's name		Preparer's sig	gnature 2:11	Ven draug	Date		Check	if PTIN	١	
Paic		OI	WEN	LIANG			ach	in oring	08/13	/2015			)127023	8
-	parer	<u> </u>	sname	▶ GRANT T	HORNTON L	LP		,			Firm's EIN		55558	
Use	Only			▶ 757 THIRD			NY 10017	-2013			Phone no.		99-0100	<u></u>
Mav	the II	RS dis	cuss thi	s return with the	e preparer show	n above? (see	e instructions	<u>2013</u>					X Yes	No
				on Act Notice,				<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>		<u></u>	[		<b>90</b> (2013)

OMB No. 1545-0047

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AMERICAN SOCIETY FOR TECHNION -
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		ains a response or note to any line in th	nis Part III		[
I Briefly descr ATTACHI	be the organization's r נבועד 1	mission:			
ATTACH					
prior Form 9		y significant program services during			Yes X
-		ducting, or make significant change			Yes X
4 Describe the expenses. S	ection 501(c)(3) and	a Schedule O. ram service accomplishments for ea 501(c)(4) organizations are required any, for each program service reported	to report the amo		
<b>a</b> (Code: 		10,500,139. including grants of \$ _	)(	Revenue \$	)
h (Oada)	<u>) (۲</u>	including grants of th			\ \
b (Code:		5,820,145. including grants of \$_	<u> </u>	Revenue \$	)
ATTACHN	ENT 3				
<b>c</b> (Code:	) (Expenses \$	3,563,508. including grants of \$		Revenue \$	)
		TE FOR BIOMEDICAL DEVELOPM ISHED IN 2006 TO TRANSFORM	· /	AT	
		BY TECHNION RESEARCHERS IN			
		5 AND BIOLOGICS THAT CONTR			
	HUMAN HEALTH W				
		TES RESEARCH PROJECTS WITH			
		IBILITY STUDIES, AMIT MAY		۵M	
		SCIENCE INTO USER END APPL			
	AL AND CLINICAL				
d Other press	m convicos (Dossrika	in Schodulo ()			
	m services (Describe i		?evenue \$	)	
(Expenses \$	36,038,008 includ	ding grants of \$ 35,427,917.) (F	Revenue \$	)	
(Expenses \$		ding grants of \$ 35,427,917.) (F	Revenue \$	)	Form <b>990</b> (2)

Form 9	90 (2013)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446	v	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		Х
Ь	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	110		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Х	
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
120	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 99	0 (2013)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		v
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
-	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
55 a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
U		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			L
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O		х	

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 318		Tes	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 96			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		37	
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country:  ISRAEL See instructions for filing requirements for Form TD F 00.22.4. Depart of Foreign Dark and Financial Accounts			
Fa	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 21
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organization metalogination of cars, boars, and and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 9	990 (2013) AMERICAN SOCIETY FOR TECHNION - 13-0434	1195		Page <b>6</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Sec	tion A. Governing Body and Management		Yes	No
4.5	Enter the number of voting members of the governing body at the end of the tax year		103	
1a				
	If there are material differences in voting rights among members of the governing body, or if the governing			
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 81			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
•	stockholders, or persons other than the governing body?	7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	400	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	<u></u>	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
U	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure	100		
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	501/0		only)
10	available for public inspection. Indicate how you made these available. Check all that apply.	501(0	5,0,5	( only )
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policv	/, 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	ne		
	organization: ▶anita enriquez 55 east 59th street new york, ny 10022 212-407-6357			

13-0434195

Page 7

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an Independent Contractors	d
	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	a this table for all parsons required to be listed. Report compensation for the calendar year anding with or within t	ho

**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.

				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average	-				e than o		Reportable	Reportable	Estimated
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other
	hours for						, 	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the organization
	organizations below dotted	dual ecto	ution	Ÿ	mplo	ist co byee	er	(W-2/1099-MISC)		and related
	line)	r	al tr		byee	omp				organizations
		tee	uste			ensa				
			e			ated				
_(1)MARK_DORNER	1.00									
BOARD MEMBER		Х						0	0	0
(2)GEORGE ELBAUM	1.00									
BOARD MEMBER		Х						0	0	0
(3)CAROL B. EPSTEIN	1.00									
BOARD MEMBER		Х						0	0	0
(4)ISRAEL FELDMAN	1.00									
BOARD MEMBER		Х						0	0	0
(5)ROD_FELDMAN	1.00									
ASSISTANT SECRETARY		Х		Х				0	0	0
_(6)IRWIN S. FIELD	1.00	-						_	_	_
BOARD MEMBER		Х						0	0	0
_(7)EDITH_FISCHER	1.00									
BOARD MEMBER		X						0	0	0
_(8)GILL_FISHMAN	1.00									0
BOARD MEMBER	1 00	X						0	0	0
(9)RUTH E. FLINKMAN-MARANDY	1.00									0
BOARD MEMBER	1 0 0	X						0	0	0
(10)LAURA FLUG	1.00							0		0
BOARD MEMBER	1 00	X						0	0	0
(11)ALAN FORMAN	1.00	v						0	0	0
BOARD MEMBER	1.00	X						0	0	0
(12)JOSEPH_FREED BOARD MEMBER	+	x						0	0	0
(13)MARK GAINES	1.00	Δ						0	0	0
BOARD MEMBER	+	х						0	0	0
(14)TERRY N. GARDNER	1.00	Δ						0	0	0
BOARD MEMBER	+	x						0	0	0
		27						0	0	0

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Page C
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Instrume     Instr	(A) Name and title	(B) Average hours per week (list any hours for	box, office	not che unless er and a	persor a direc	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportatio compensatio related organizatio	n from I	<b>(F)</b> Estimated amount of other compensatio
BOARD MEMBER       x       0       0         10 UZI HALEVY       1.00       x       0       0         BOARD MEMBER       x       0       0       0         10 UZI HALEVY       1.00       x       0       0         BOARD MEMBER       x       0       0       0         BOARD MEMBER       x       0       0       0         BOARD MEMBER       x       0       0       0         BOARD MEMBER       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0         BOARD MEMBER       x       0       0       0         BOARD MEMBER       x       0       0       0         IDARD MEMBER       x       0       0       0         IDARD MEMBER       x       0       0       0         IDARD MEMBER       1.00       x       0       0       0       0		organizations below dotted	Individual trustee or director	Institutional trustee	Key employee Officer	Highest compensated employee	Former	organization			from the organization and related organization
6)       IRWIN GROSS       1.00         BOARD MEMBER       1.00         X       0         BOARD MEMBER       1.00         X       0         BOARD MEMBER       1.00         BOARD MEMBER       0         SANDY HITTMAN       1.00         BOARD MEMBER       1.00         SANDAR MEMBER       0         I SANDY HITTMAN       1.00         BOARD MEMBER       1.00         YICE CHAIRMAN       X         UICE CHAIRMAN       X         SANDARD MEMBER       0         I MARTIN KELLINER       1.00         HOARD MEMBER       X         SOARD MEMBER       X         I MARTIN KELLINER       1.00         HOARD MEMBER       X         SOARD MEMBER       X      <	5) EDWARD R. GOLDBERG	1.00									
BOARD MEMBER       1.00       x       0       0         10 ZD HALEYY       1.00       x       0       0         BOARD MEMBER       x       0       0       0         BOARD MEMBER       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0         SOARD MEMBER       1.00       x       0       0         BOARD MEMBER       x       0       0       0         ISANDY HITTMAN       1.00       x       0       0         VICE CHAIRMAN       X       0       0       0         J LAWERNEY CHAIRMAN       X       0       0       0         Solard MEMBER       1.00       x       x       0       0         HONCARAY CHAIRMAN       X       0       0       0       0         5       MICHAEL F. KLEIN       1.00       x       0       <			X					C	)	0	
7)       UZI HALEVY       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0         SANDY HITTMAN       1.00       x       0       0         I LAWENCE S. JACKIER       1.00       x       0       0         J LAWENCE S. JACKIER       1.00       x       0       0         HONDRARY CHAIRMAN       x       0       0       0         BOARD MEMBER       1.00       x       0       0         HONDRARY CHAIRMAN       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0         House Hotel       1.00       x       3       0		1.00	-							_	
BOARD MEMBER       1.00       x       0       0         9) HARRY HANDELSMAN       1.00       x       0       0         BOARD MEMBER       x       0       0       0         9) TAMARA HANDELSMAN       1.00       x       0       0         BOARD MEMBER       x       0       0       0         BOARD MEMBER       x       0       0       0         BOARD MEMBER       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0         BOARD MEMBER       x       0       0       0         10 ABD MEMBER       x       0       0       0         2) LAWRENCE S. JACKIER       1.00       x       0       0         VICE CHAIRMAN       x       0       0       0         BOARD MEMBER       1.00       x       0       0       0         BOARD MEMER       1.00       x       0       0       0         BOARD MEMER       1.00       x       0       0       0         10 BOARD MEMBER       1.00       x       0       0       0         2 Total number of individuals (including but not			X					C	)	0	
8)       HARRY HANDELSMAN       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0       0         BOARD MEMBER       x       0       0       0       0         BOARD MEMBER       x       0       0       0       0         SANDY HITTMAN       1.00       x       0       0       0         1) SANDY HITTMAN       1.00       x       0       0       0         2) LAWERNCE S. JACKIER       1.00       x       0       0       0         3) BARBARA KAY       1.00       x       0       0       0         BOARD MEMBER       1.00       x       0       0       0         BOARD MEMBER       1.00       x       x       0       0         10 ADRENDA       1.00       x       x       0       0         10 ADRENDA       1.00       x       x       0       0		1.00	-								
BOARD MEMBER       0       0         9) TRAMARA HAINDELSMAN       1.00       0         BOARD MEMBER       1.00       0         BOARD MEMBER       0       0         BOARD MEMBER       1.00       0         BOARD MEMBER       0       0         BOARD MEMBER       1.00       0         BOARD MEMBER       1.00       0         BOARD MEMBER       1.00       0         BOARD MEMBER       1.00       0         VICE CHAIRMAN       1.00       0         J BARBARA KAY       1.00       0         BOARD MEMBER       X       0       0         HONORARY CHAIRMAN       X       0       0         SANDY MEMBER       1.00       X       0       0         HONORARY CHAIRMAN       X       0       0       0         SANDR MEMBER       1.00       X       0       0       0         BOARD MEMBER       1.00       X       0       0       0         SANDARD MEMBER       1.00       X       0       0       0         MARTIN KELLINER       1.00       X       0       0       0         Subalotal			X					C	)	0	
9)       TAMARA HANDELSMAN       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0       0         21 LAWRENCE S. JACKIER       1.00       x       x       0       0         VICE CHAIRMAN       x       x       0       0       0         3) BARBARA KAY       1.00       x       x       0       0         HONORARY CHAIRMAN       x       x       0       0       0         5) MICHALF, KLEINER       1.00       x       x       0       0         Catal rom continuation sheets to Part VII, Section A	8) HARRY HANDELSMAN	1.00									
BOARD MEMBER       x       0       0         BOARD MEMBER       1.00       x       0       0         BOARD MEMBER       x       0       0       0         2) LAWRENCE S. JACKIER       1.00       x       0       0         VICE CHAIRMAN       x       0       0       0         BOARD MEMBER       x       0       0       0         HONORARY CHAIRMAN       x       x       0       0         HONORARY CHAIRMAN       x       x       0       0         5) MICHAEL F. KLEIN       1.00       x       0       0         HONORARY CHAIRMAN       x       x       0       0         6, 253, 877.       0       570.       6, 253, 877.       0       570.         C Total from continuation sheets to Part VII, Section A       6, 253, 877.       0       570.         1 bl sub-total       x       0       0			X					C	)	0	
D)       ROBERT HANISEE       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0       0         1)       SANDY HITTMAN       1.00       x       0       0         BOARD MEMBER       x       0       0       0       0         2)       LAWRENCE S. JACKIER       1.00       x       0       0         2)       LAWRENCE S. JACKIER       1.00       x       0       0         3)       BARBAR KAY       1.00       x       0       0         BOARD MEMBER       1.00       x       0       0       0         4)       MARTIN KELLNER       1.00       x       x       0       0         5)       MICHAEL F. KLEIN       1.00       x       x       0       0       0         BOARD MEMBER       20       0 <td< td=""><td>9) TAMARA HANDELSMAN</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	9) TAMARA HANDELSMAN	1.00									
BOARD MEMBER       x       0       0         20 LAWRENCE S. JACKIER       1.00       x       x       0         VICE CHAIRMAN       x       x       0       0         30 BARBARA KAY       1.00       x       x       0       0         BOARD MEMBER       x       x       0       0       0         ARTIN KELLNER       1.00       x       x       0       0         BOARD MEMBER       x       x       0       0       0         30 MICHAEL F. KLEIN       1.00       x       x       0       0         boxtotal       0       0       0       0       0         c Total from continuation sheets to Part VII, Section A.       0       0       0       570         c Total from continuation sheets to Part VII, Section A.       20       0       570       0       570         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3 <td>BOARD MEMBER</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td>C</td> <td>)</td> <td>0</td> <td></td>	BOARD MEMBER		Х					C	)	0	
1)       SANDY HITTMAN       1.00       x       0       0         BOARD MEMBER       x       x       0       0         2)       LAWRENCE S. JACKIER       1.00       x       x       0       0         3)       BARBARA KAY       1.00       x       0       0       0         3)       BARBARA KAY       1.00       x       0       0       0         4)       MARTIN KELLINER       1.00       x       0       0       0         4)       MARTIN KELLINER       1.00       x       0       0       0         5)       MICHAEL F. KLEIN       1.00       x       0       0       0         60       0       0       0       0       0       0       0         1b Sub-total       0 <td< td=""><td>) ROBERT HANISEE</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	) ROBERT HANISEE	1.00									
BOARD MEMBER       x       0       0         2) LAWRENCE S. JACKIER       1.00       x       x       0       0         VICE CHAIRMAN       X       X       0       0       0         3) BARBARA KAY       1.00       x       0       0       0         BOARD MEMBER       X       0       0       0       0         BOARD MEMBER       1.00       x       0       0       0         HONORARY CHAIRMAN       X       0       0       0       0         BOARD MEMBER       1.00       x       0       0       0         C Total from continuation sheets to Part VII, Section A       6.253,877.       0       570.         C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated for such individual .       3       3         4       Tot any individual listed on line 1a, is the sum of re	BOARD MEMBER		Х					C	)	0	
2)       LAWRENCE S. JACKIER       1.00       x       x       x       0       0         3)       BARBARA KAY       1.00       x       x       0       0         BOARD MEMBER       x       x       0       0       0         HONORARY CHAIRMAN       x       x       0       0         HONORARY CHAIRMAN       x       x       0       0         BOARD MEMBER       1.00       x       0       0         BOARD MEMBER       20       0       0       0         Catal add lines to and to)       20       6,253,877.       0       570.         Catal number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 20       3       3         Boid the organization list any former officer, director, or trustee, key employee, or highest compensation from the	1) SANDY HITTMAN	1.00									
VICE CHAIRMAN       X       X       X       0       0         3) BARBARA KAY       1.00       X       0       0       0         BOARD MEMBER       X       0       0       0       0         4) MARTIN KELLNER       1.00       X       0       0       0         HONORARY CHAIRMAN       X       X       0       0       0         5) MICHAEL F. KLEIN       1.00       X       0       0       0         BOARD MEMBER       0       0       0       0       0         c Total from continuation sheets to Part VII, Section A       6, 253, 877.       0       570.         c Total fume of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 20       20       Yet         8       Did the organization list any former officer, director, or trustee, key employee, or highest compensated organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	BOARD MEMBER		Х					C	)	0	
3)       BARBARA KAY       1.00       X       0       0         BOARD MEMBER       1.00       X       0       0         MARTIN KELLNER HONORARY CHAIRMAN       1.00       X       X       0       0         SOARD MEMBER       1.00       X       X       0       0         HONORARY CHAIRMAN       X       X       0       0         SOARD MEMBER       X       0       0       0         BOARD MEMBER       X       0       0       0         C Total from continuation sheets to Part VII, Section A       6.253,877.       0       570.         C Total from continuation sheets to Part VII, Section A       20       570.       570.         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization? If "Yes," complete Schedule J for such individual .       4	2) LAWRENCE S. JACKIER	1.00									
BOARD MEMBER       x       x       0       0         4) MARTIN KELLNER       1.00       x       x       0       0         HONORARY CHAIRMAN       x       x       0       0       0         5) MICHAEL F. KLEIN       1.00       x       0       0       0         BOARD MEMBER       0       0       0       0       0         BOARD MEMBER       0       0       0       0       0         C Total from continuation sheets to Part VII, Section A       6,253,877.       0       570,         d Total (add lines 1b and 1c)       0       0       0       0         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       Yet         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       4       X         4       X       5       5       5       5       5       5         Section B. Independent Contractors       1       10 or such person       5       5       5       5	VICE CHAIRMAN		X	:	x			C		0	
4)       MARTIN KELLNER HONORARY CHAIRMAN       1.00       X       X       X       0       0         5)       MICHAEL F, KLEIN BOARD MEMBER       1.00       X       X       0       0       0         1b       Sub-total       0       0       0       0       0       0         1b       Sub-total       0       0       0       0       0       0         c       Total from continuation sheets to Part VII, Section A       •       0       0       0       570         c       Total from continuation sheets to Part VII, Section A       •       0       0       570         c       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         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       4       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? If "Yes," complete Schedule J for such individual.       5       5         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organizat	3) BARBARA KAY	1.00									
HONORARY CHAIRMAN       x       x       x       x       x       0       0         5) MICHAEL F. KLEIN       1.00       x       0       0       0       0         BOARD MEMBER       0       0       0       0       0       0         c Total from continuation sheets to Part VII, Section A       6, 253, 877.       0       570, 6, 253, 877.       0       570, 6, 253, 877.       0       570, 6, 253, 877.       0       570, 6, 253, 877.       0       570, 6, 253, 877.       0       570, 6, 253, 877.       0       570, 6, 253, 877.       0       570, 70, 6, 253, 877.       0       570, 70, 6, 253, 877.       0       570, 70, 6, 253, 877.       0       570, 70, 70, 70, 70, 70, 70, 70, 70, 70,	BOARD MEMBER		x					C		0	
5)       MICHAEL F. KLEIN       1.00       x       0       0         BOARD MEMBER       x       0       0       0         c Total from continuation sheets to Part VII, Section A       6,253,877.       0       570,         d Total (add lines 1b and 1c)       6,253,877.       0       570,         c 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       20         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .       4       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? If "Yes," complete Schedule J for such person       5       5         Section B. Independent Contractors       I       Compensation from the organization. Report 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.       (B)         (A)       (B)       (C)       Compensation       C	4) MARTIN KELLNER	1.00									
BOARD MEMBER       x       0       0         Ib Sub-total       0       0       0         c Total from continuation sheets to Part VII, Section A       6,253,877.       0       570,         d Total (add lines 1b and 1c)       6,253,877.       0       570,         c 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       Yet         B Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         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)       (B)       (C)         Name and business address       Description of services       Compensation	HONORARY CHAIRMAN		x		x			C		0	
Ib Sub-total       0       0         c Total from continuation sheets to Part VII, Section A       6,253,877.0       0       570,         d Total (add lines 1b and 1c)       6,253,877.0       0       570,         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         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3         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? If "Yes," complete Schedule J for such individual.       4       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? If "Yes," complete Schedule J for such person       5         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5 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)       (A)       (B)       (C)       Compensation	5) MICHAEL F. KLEIN	1.00									
A construction of the organization sheets to Part VII, Section A <ul> <li></li></ul>	BOARD MEMBER		x					c c		0	
c Total from continuation sheets to Part VII, Section A <ul> <li>6,253,877.</li> <li>70</li> </ul> 3         4	Ib Sub-total			II				C	)	0	
d Total (add lines 1b and 1c)		I Section A			• • •	• • •	5	6.253.877.		0	570,3
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         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							5			-	
reportable compensation from the organization       20         P Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	· · ·				<u>aho</u>				¢100.000 o	-	570,50
Provide       Yes         B Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         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? If "Yes," complete Schedule J for such individual       3         B Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         B Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         B Section B. Independent Contractors       5       5         Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (A)       (B)       (C)         Name and business address       Description of services       Compensation					abov	e) who	) ie	ceived more than	\$100,000 0	1	
employee on line 1a? If "Yes," complete Schedule J for such individual				-							Yes
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? If "Yes," complete Schedule J for such individual.       4       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? If "Yes," complete Schedule J for such person       4       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? If "Yes," complete Schedule J for such person       5       5         5 Section B. Independent Contractors       5       5       5         Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Compensation of services       Compensation	Did the organization list any former	officer, directo	or, or	trus	tee,	key e	mp	oloyee, or highes	t compensa	ated	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Sc	hedule J for su	ch ind	lividua	a/						3
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	For any individual listed on line 1a, is t	he sum of rer	ortab	le co	mpe	nsatior	า อเ	nd other compension	sation from	the	
individual.       4       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? If "Yes," complete Schedule J for such person       5         5       Section B. Independent Contractors       5         6       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)         (A)       (B)       (C)         Name and business address       Description of services       Compensation											
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5       5 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>  </td><td><b>4</b> X</td></td<>											<b>4</b> X
for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors         I       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)       (B)       (C)         Name and business address       Compensation									on or individ	lual	
Section B. Independent Contractors         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)       (B)       (C)         Name and business address       Compensation											5
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation		÷									
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Name and business address Description of services Compensation	•						Τ	(B)			(C)
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	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

Page	8

(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	is pe	ition more rson	is both a or/truste	an	(D) Reportable compensation from the	relate	on from	Est am		f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	U U		orga and	nizatio relateo	d
6) THEODORE H. KRENGEL	1.00												
BOARD MEMBER		Х						0		0			
7) STEPHEN A. LASER	1.00												
VICE CHAIRMAN		Х		Х				0		0			
8) SCOTT LEEMASTER	1.00												
PRESIDENT		Х		Х				0		0			
9) SID LEJFER	1.00												
ASSISTANT TREASURER		Х		Х				0		0			
0) CHARLES E. LEVIN	1.00												_
BOARD MEMBER		Х						0		0			
	1.00									-			-
		x						0		0			
	1 00												
		x								0			
	1 00												
		v						0		0			
	1 00	Λ						0					
		37								0			
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	1.00	X						0					
	1.00												
BOARD MEMBER		Х						0		0			
<ul> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but</li> </ul>	not limited to the	nose l	iste	d at	bove	e) who	re	ceived more than	\$100,000	of			
reportable compensation from the organiz	ation <b>F</b>	20	)									Vee	
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		6 301	euu	J	101	SUCIT	UC/	30/1			J		
Complete this table for your five highest													
(A) Name and busines	s address							<b>(B)</b> Description of se	ervices	Co	(C) ompens	ation	
wate or any box wiles person is boh an interval     from the organization operation is done on the organization operation of the organization operation operatio													
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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 ►

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	ss pei d a d	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	organizations below dotted	Individu or direc	Insti	0		017 11 401	ee)	the	organizations	compensation
		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) DAVID LEE RONN	1.00									
BOARD MEMBER		Х						0	0	
38) HOWARD ROSENBLOOM	1.00									
BOARD MEMBER		Х						0	0	
39) JOEL S. ROTHMAN	1.00									
CHAIRMAN		X		Х				0	0	
40) KENNETH RUBENSTEIN	1.00									
BOARD MEMBER		Х						0	0	
41) NINA MADDEN SABBAN	1.00									
BOARD MEMBER		Х						0	0	
42) ARNOLD SEIDEL	1.00									
BOARD MEMBER		Х						0	0	
43) JOAN SEIDEL	1.00									
VICE CHAIRMAN		X		Х				0	0	
44) NORMAN SEIDEN	1.00									
BOARD MEMBER		Х						0	0	
45) LES SESKIN	1.00									
BOARD MEMBER		Х						0	0	
46) IRVING A. SHEPARD	1.00									
BOARD MEMBER		Х						0	0	
47) LEONARD H. SHERMAN	1.00									
BOARD MEMBER		x						0	0	
BOARD MEMBER         1b Sub-total         c Total from continuation sheets to Part VI         d Total (add lines 1b and 1c)         2 Total number of individuals (including but reportable compensation from the organization from the organiz	not limited to th	• • •	liste		•••		► ► •			

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? If "Yes," complete Schedule J for such individual.
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### 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	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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(A) Name and title	(B) Average hours per week (list any hours for	(do r		(0	2)			(5)			(E)	
	related organizations below dotted line)	box,	unles	heck ss pe	ition more rson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	a con f orţ ar	(F) Estimated mount of other npensatio from the ganizatio nd related ganizatior	f on n d
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		x						0	0			
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		x						0	0			
	1.00											
RD MEMBER	-+	x						0	0			
L B. STEINBERG	1.00											
ASURER	-+	x		Х				0	0			
N STERN	1.00											
RD MEMBER		X						0	0			
EY SWEET	1.00											
RD MEMBER		X						0	0			
NICE R. TANENBAUM	1.00											
RD MEMBER		Х						0	0			
ZPH   TANENBAUM	1.00											
RD MEMBER		Х						0	0			
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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Га			ey En	рю			and I	lig		ea Employees (co	· · · · ·
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	ition more rson lirect	is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
		related organizations below dotted line)	ge     Position     Reportable     Reportable     Reportable     Compensation     Estimated       officer and a director/trustee)     in the organization       outed     in the organization       000     in the organization     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in the organization     in the organization     in the organization       000     in th								
59)	IRA TAUB	1.00									
	BOARD MEMBER		x						0	0	
60)	DEBBIE VANDERVEER	1.00									
	BOARD MEMBER		Х						0	0	
61)	MARY WARTELL	1.00									
	BOARD MEMBER		Х						0	0	
62)	LEWIS M. WESTON	1.00									
	BOARD MEMBER		Х						0	0	
63)	NANCY AARONSON	1.00									
	BOARD MEMBER		X						0	0	
64)		1.00									
	BOARD MEMBER		X						0	0	
65)	LINDA KOVAN	1.00									
	BOARD MEMBER	1.00	X						0	0	
66)		1.00									
<u> </u>	BOARD MEMBER	1 0 0	X						0	0	
67)											
	BOARD MEMBER	1 00	X						0	0	
00)	BENNET RECHLER		v								
69)	BOARD MEMBER JOEL SCHWARTZ	1 00							0	0	
	BOARD MEMBER		v						0	0	
41			Λ						0	0	
	Sub-total Total from continuation sheets to Part VII,	Soction A				• •					
	Total (add lines 1b and 1c)	=	• • •	• •	• •	• •		5			
2				licto	h al	hov	 -) wh		ceived more than	\$100.000 of	
-	reportable compensation from the organizati				uu	0000	<i>s)</i> with	010		φ100,000 0i	
											Yes N
3	Did the organization list any former off	icer directo	or or	tru	iste	e	kev e	mn	lovee or highes	t compensated	
2											3 2
4											
4	organization and related organizations g										

# for services rendered to the organization? If "Yes," complete Schedule J for such person

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	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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	Part VII Section A. Officers, Directors, Tr		ľ										
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co or a	(F) Estimated amount of other mpensati from the rganizatio ganizatior	of ion on d
-7	)) MARK SHEINKOPF	1.00	ő	stee			nsated						
-	BOARD MEMBER		x						0	0			
7	1) ZAHAVA BAR-NIR	1.00	Λ						0	0			
-	SECRETARY		x		x				0	0			
7	2) NORMAN BELMONTE	1.00	A		Λ				0	0			
-	BOARD MEMBER		x						0	0			
7	3) EVELYN EDITH BERGER	1.00	А						0	0			
-	BOARD MEMBER		x						0	0			
7	4) STEVE BERGER	1.00	А						0	0			
-	BOARD MEMBER	+	x						0	0			
7	5) SCOTT MYLES BLACK	1.00	А						0	0			
-	BOARD MEMBER		x						0	0			
7	5) ROBERT N. BRAND	1.00	- 25						0	0			
-	BOARD MEMBER		x						0	0			
7	7) MARILYN CAPLOVITZ	1.00								0			
-	BOARD MEMBER		x						0	0			
7	3) LEONA CHANIN	1.00											
-	BOARD MEMBER		x						0	0			
7	9) RENA CONNER	1.00											
-	BOARD MEMBER		x						0	0			
8	)) JEFFREY COSIOL	1.00											
-	BOARD MEMBER		x						0	0			
	<ul> <li>b Sub-total</li> <li>c Total from continuation sheets to Part VII, S</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not</li> </ul>	limited to t			d al	bove	e) who	The second se	eceived more than	\$100,000 of			
_	reportable compensation from the organizatio	n 🕨	20	)									
;	B Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No X
											5		
1	For any individual listed on line 1a, is the												
	organization and related organizations gr	t		· ^ ^	000		61-		a a manufacta o o de de de	In I fam			

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

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(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box, office	not ch unles er and	Posi ieck s pei l a di	ition more rson irect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatior d related anization	ł
81) ROBERT A. DAVIDOW BOARD MEMBER	1.00	x						0	0			
82) MELVYN BLOOM EVP EMERITUS (THRU 5/2016)	40.00	_		x				4,379,945.	0	1	.29,7	05
83) MICHAEL SCHEMENTI SR. VP, FINANCE/CFO	40.00	-		х				268,617.	0		63,6	
84) JEFFREY RICHARD (AS OF 5/2014) EXECUTIVE VICE PRESIDENT	40.00			х				0	0			
85) SETH MOSKOWITZ SR. VP, CAMPAIGN (THRU 6/2014)	40.00	-			Х			318,083.	0		62,9	57
86) BETH WILNER SR. VP, DEVELOPMENT	40.00	-			Х			253,292.	0		75,5	30
87) JEROME KLEINMAN REGIONAL DIRECTOR	40.00	-				Х		236,125.	0		48,7	10
88) MARK HEFTER ASSOCIATE VP, PLANNED GIVING	40.00					Х		216,600.	0		63,1	.35
89) IVAN SCHONFELD REGIONAL DIRECTOR	40.00	-				Х		206,089.	0		54,1	.99
90) JOEL BERKOWITZ REGIONAL DIRECTOR	40.00	-				Х		192,999.	0		49,8	76
91) IRV ELENBERG REGIONAL DIRECTOR	40.00	-				Х		182,127.	0		22,5	89
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII, Set</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization</li> </ul>	limited to t	hose	listeo				re	ceived more than	\$100,000 of			
<ul> <li>3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu</li> </ul>	er, directo		tru							3	Yes	N
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,00	00?	lf	"Yes	s," (	complete Schedu	le J for such	4	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? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

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Par	Statement of Revenue           Check if Schedule O contains a response or note to any line in this Part VIII							
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f h	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Selated organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f:       1,394,352.         Total. Add lines 1a-1f       Puripage Code	71,504,925.					
Program Service Revenue	2a b c d e f g	All other program service revenue	0					
	3 4 5 6a b	Investment income (including dividends, interest, and other similar amounts)	8,125,199. 0 0		-7,523.	8,132,722.		
Other Revenue	c d 7a b	Rental income or (loss)	0					
	c d 8a	Gain or (loss)	14,367,733.			14,367,733.		
	С	Less: direct expenses       b       32,304.         Net income or (loss) from fundraising events	2,496.			2,496.		
	10a b	Gross sales of inventory, less returns and allowances <b>a</b> Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory Miscellaneous Revenue <b>Business Code</b>	0					
	11a b c d e 12	All other revenue	0		-7 523	22, 502, 951		

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

JSA 3E1052 1.000 Form 990 (2013)

following SOP 98-2 (ASC 958-720)

0

Page	11	
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-	n 990 (2	,			Page <b>11</b>
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,776,223.	1	6,902,947.
	2	Savings and temporary cash investments	31,916,421.	2	6,906,853.
	3	Pledges and grants receivable, net	110,238,774.	3	103,757,901.
	4	Accounts receivable, net	0	4	C
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	0
	6				
		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			
s		organizations (see instructions). Complete Part II of Schedule L	0	6	(
Assets	7	Notes and loans receivable, net	50,083,979.	7	49,126,099.
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	2,143,154.	9	2,733,329.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 16,431,282.			
		Less: accumulated depreciation 10b 7,754,035.	8,954,807.		8,677,247.
	11	Investments - publicly traded securities	160,162,513.	11	143,515,039.
	12	Investments - other securities. See Part IV, line 11	106,959,362.	12	162,745,660.
	13	Investments - program-related. See Part IV, line 11	0	10	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	31,164,634.	15	30,359,682.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	504,399,867.	16	514,724,757.
	17	Accounts payable and accrued expenses	8,119,101. 1,428,587.	17 18	7,148,985. 3,058,960.
	18 19	Grants payable	1,420,507.	-	3,038,900.
	19 20	Deferred revenue	0		
6	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0	20	0
Liabilities	22	Loans and other payables to current and former officers, directors,	0	21	0
liq		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	11,300,000.	23	11,300,000.
	24	Unsecured notes and loans payable to unrelated third parties	0		/ _/
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	22,434,696.	25	21,434,941.
	26	Total liabilities. Add lines 17 through 25	43,282,384.	26	42,942,886.
		Organizations that follow SFAS 117 (ASC 958), check here  X and			
Sec		complete lines 27 through 29, and lines 33 and 34.			
llan	27	Unrestricted net assets	21,739,736.	27	23,245,573.
Ba	28	Temporarily restricted net assets	160,117,900.	28	163,700,144.
pur	29	Permanently restricted net assets	279,259,847.	29	284,836,154.
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	461,117,483.	33	471,781,871.
	34	Total liabilities and net assets/fund balances	504,399,867.	34	514,724,757.

Form 99	00 (2013)				Pa	ge <b>12</b>	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94,0	00,3	53.	
2							
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	61,1	17,4	83.	
5	Net unrealized gains (losses) on investments	5			-9,7	755.	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	4	71,7	81,8	71.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII		• • •				
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a				
	separate basis, consolidated basis, or both:						
	X       Separate basis       Consolidated basis       Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight					
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	i in				
	the Single Audit Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

Form **990** (2013)

#### 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.

Depart Interna	ment I Rev	t of the Treasury enue Service	► Infe	ormation about Sch	Attach to Form 990 edule A (Form 990 or 990-I	or Fori EZ) and	m 990-l its ins	EZ. tructions	is at w	vw.irs.go	ov/form9	990.	Open to Inspec	
Name	of t	he organization	AMEF	RICAN SOCIETY	FOR TECHNION -					Emplo	yer iden	tificat	ion numt	per
ISRA	AEL	INSTITUTE	FOF	R TECHNOLOGY	INC.						13	-043	84195	
Part		Reason for	Publ	lic Charity Status	s (All organizations mu	ist con	nplete	this pa	art.) Se	e instr	uctions	i.		
The c	orga	nization is not	a priv	ate foundation bec	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1			-		association of churches	-		-			).			
2					(1)(A)(ii). (Attach Schedul									
3					ervice organization descr	-	sectio	on 170(k	5)(1)(A)	(iii).				
4		-			erated in conjunction w			-			n 170(k	o)(1)(	<b>A)(iii).</b>	Enter the
_		hospital's nam	ne, cit	y, and state:										
5		An organizati	on op	erated for the bei	nefit of a college or univ	ersity	owned	l or ope	erated I	oy a go	vernme	ental	unit des	scribed in
_		section 170(b	)(1)(A	A)(iv). (Complete F	Part II.)									
6		A federal, sta	te, or	local government	or governmental unit des	cribed	in <b>sec</b> t	tion 170	)(b)(1)(	A)(v).				
7	Х	An organizati	on tha	at normally receive	es a substantial part of it	is supp	ort fro	om a go	vernme	ental ur	nit or fro	om th	ne gene	ral public
_		described in s	sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8					on 170(b)(1)(A)(vi). (Com	-								
9		-		-	es: (1) more than 331/39									-
		•			exempt functions - sub					. ,				
			•		ome and unrelated busi				•		n 511	tax)	from bu	usinesses
			-		e 30, 1975. See section			-		-				
10		-	-		ted exclusively to test for	-	-				-			
11		•		•	rated exclusively for the			•						
					pported organizations de					-				section
					es the type of supporting	-						-		aratad
<b>م</b> [		a Type		<b>b</b> Type II	<b>c</b> Type III-Functio e organization is not con	-	-							egrated
e				-	other than one or more			-	-	-			-	-
		or section 509		-		publici	y supp		nyaniza		lescribe	um	Section	509(a)(1)
f				,	n determination from th		that it	is a T		Type II	or Typ	اال	support	ina
		organization,					ιπαι π	13 4 1	уре і, і	уре п,	бітур	e ili	Support	
a		-			nization accepted any gif	t or co	ntribut	ion from	any of	the	• • • •	• • •	• • • •	🗀
g		following pers			inzation accepted any gi		linibut		i uny oi					
				directly or indirec	tly controls, either alone	or tog	ether \	with per	rsons d	escribe	d in (ii)	and		Yes No
				-	the supported organizati	-		-				aa	11g(i)	
					scribed in (i) above?								11g(ii)	
					on described in (i) or (ii) a							• • •	11g(iii)	
h					ut the supported organiz								L	
	( <b>i)</b> Na	ame of supported		(ii) EIN	(iii) Type of organization	T	ls the	(v) Did y	ou notify	(vi)	Is the	(vii)	Amount o	f monetary
		organization			(described on lines 1-9 above or IRC section		zation in listed in		anization i) of your		zation in organized		suppo	ort
					(see instructions)	your go	overning ment?		port?		U.S.?			
						Yes	No	Yes	No	Yes	No	1		
(A)														
(B)														
(C)														
(D)														
(E)														
Total														

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

Schedule A (Form 990 or 990-EZ) 2013



2013 Open to Public Schedule A (Form 990 or 990-EZ) 2013

Page 2

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										
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,097,954.	67,200,800.	65,391,706.	78,732,133.	71,504,952.	342,927,545.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0			
4	Total. Add lines 1 through 3	60,097,954.	67,200,800.	65,391,706.	78,732,133.	71,504,952.	342,927,545.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
-	shown on line 11, column (f)						53,206,628.			
6	Public support. Subtract line 5 from line 4.						289,720,917.			
	tion B. Total Support	() 0000	(1) 0040	() 0044	( )) 0040	() 0040	(0 T / I			
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,097,954. 4,864,908.	67,200,800.	65,391,706. 8,965,947.	78,732,133. 8,006,914.	71,504,952. 8,125,199.	342,927,545. 36,796,559.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,072,534.	0	18,424.	68,244.	0	1,159,202.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	22,650.	15,100.	23,625.	29,600.	34,800.	125,775.			
11	Total support. Add lines 7 through 10						381,009,081.			
12	Gross receipts from related activities, etc. (s	see instructions) .				12				
13	First five years. If the Form 990 is f organization, check this box and stop here									
Sec	tion C. Computation of Public Sup	port Percenta	ge							
14	Public support percentage for 2013 (li					14	76.04%			
15	Public support percentage from 2012					15	76.32%			
16a	331/3% support test - 2013. If the o									
-	this box and <b>stop here</b> . The organization									
b	331/3% support test - 2012. If the o									
47-	check this box and <b>stop here</b> . The orga									
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization	meets the "fa	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in			
b	Part IV how the organization meets to organization <b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the organizati Explain in Part IV how the organizati	2012. If the organization meets	ganization did no the "facts-and	ot check a box l-circumstances'	on line 13, 16 '' test, check th	a, 16b, or 17a, his box and <b>st</b>	and line			
18	supported organization <b>Private foundation.</b> If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	· ► □			
	instructions				<u></u>					

Schedule A (Form 990 or 990-EZ) 2013

#### Schedule A (Form 990 or 990-EZ) 2013

Schedule A (	Form 990 or 990-EZ) 2013	Page 3						
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.)							

<u>Sec</u>	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e)	)2013	(f) Total	
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b.								
8	Public support (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	(b) 2010	(c) 2011	(d) 2012	(e)	<b>)</b> 2013	(f) Total	
9	Amounts from line 6								
10 a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	r fifth tax year a	as a se	ection 501	(c)(3)	
	organization, check this box and stop here	<u></u>					<u></u>	<u></u> ▶	
Sec	tion C. Computation of Public Sup								
15	Public support percentage for 2013 (line 8					15			%
16	Public support percentage from 2012 Sche					16			%
Sec	tion D. Computation of Investmen					· · ·			
17	Investment income percentage for 2013 (li					17			%
18	Investment income percentage from 2012					18			%
19 a	331/3% support tests - 2013. If the or	ganization did ne	ot check the bo	x on line 14, an	d line 15 is mor	e than	331/3 %,	and line _	
	17 is not more than 331/3%, check th	is box and <b>sto</b>	<b>o here.</b> The org	anization qualifie	es as a publicly	suppor	ted organ	ization 🕨	
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16 is	s more	than 331/3	3 %, and	
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualif	ies as a publicly	suppo	rted organi	ization 🕨	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19I					
JSA 3E122	1 1.000				S	Schedu	ie A (Form 9	990 or 990-EZ)	
	0415GM 700J		V 13-7.15	(	0190793-000	01		PAGE	3 2

Page 4

Schedule A (Form 990 or 990-EZ) 2013

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).

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	22,650.	15,100.	23,625.	29,600.	34,800.	125,775.					

Schedule B	Schedule of Contributors	L	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990, Form 990-EZ, or Form 990-PF.</li> <li>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/</li> </ul>	/form990.	2013
Name of the organizatio	n	Employer i	dentification number
AMERICAN SOCIET	Y FOR TECHNION -		
ISRAEL INSTITUT	E FOR TECHNOLOGY INC.	13-043	34195
Organization type (ch	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on	
	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).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Employer identification number 13-0434195

a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 1		\$ 7,937,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 2		• \$ <u>6,600,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 4		\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 5		\$3,545,834.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 6		• \$ <u>3,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page **2** 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Employer identification number 13-0434195

a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 8		\$\$,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$1,650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_11 		*\$1,504,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_12		\$ <u>1,502,715.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

JSA

Schedule B (Form 990, 99	0-EZ, or 990-PF	) (2013)				Page 3
Name of organization	AMERICA	N SOCIETY	FOR	TECHNION -		Employer identification number
	ISRAEL I	INSTITUTE	FOR	TECHNOLOGY	INC.	13-0434195

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	(Form 990, 990-EZ, or 990-PF) (2013)			Page 4
Name of or	rganization AMERICAN SOCIETY FOR T			Employer identification number
Deut III	ISRAEL INSTITUTE FOR T			13-0434195
Part III	<i>Exclusively</i> religious, charitable, etc. that total more than \$1,000 for the y	/ear. Complete colu	mns <b>(a)</b> through (e	e) and the following line entry.
	For organizations completing Part III, contributions of <b>\$1,000 or less</b> for th	enter the total of <i>exc</i> e year. (Enter this in	<i>clusively</i> religious, formation once. S	charitable, etc., ee instructions.) ►\$
	Use duplicate copies of Part III if addit	ional space is neede	ed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	1
	Transferee's name, address, ar		Polatio	nship of transferor to transferee
		IU ZIF + 4	Kelatio	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Farti				
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
JSA	1			Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

V 13-7.15 0190793-00001

(Fo	HEDULE D rm 990) Intrment of the Treasury nal Revenue Service	► Complete if Part IV, line 6, 7	the organization answered "Y , 8, 9, 10, 11a, 11b, 11c, 11d, Attach to Form 990. Ie D (Form 990) and its instruc	es," to Form 990, 11e, 11f, 12a, or <i>1</i>	12b.	OMB No. 1545-0047 2013 Open to Public Inspection
Name	e of the organization	AMERICAN SOCIETY FOR T	TECHNION -		Emp	loyer identification number
ISF	RAEL INSTITU	TE FOR TECHNOLOGY INC.				13-0434195
Pa		tions Maintaining Donor Advis			ccou	nts.
	Complete	e if the organization answered	Yes" to Form 990, Part I	/, line 6.		
			(a) Donor advised f	unds	(	b) Funds and other accounts
1	Total number at	end of year		10.		
2	Aggregate contr	ibutions to (during year)		10,000.		
3	Aggregate grant	ts from (during year)		128,283.		
4	Aggregate value	e at end of year	1,1	359,732.		
5	Did the organiza	ation inform all donors and donor	advisors in writing that the	assets held in o	donor	advised
		ganization's property, subject to th	-	-		
6	-	ition inform all grantees, donors, a	-	-		
	•	le purposes and not for the benef				
		rmissible private benefit?				
Pa		tion Easements. Complete if t	V		n 990	J, Part IV, line 7.
1		onservation easements held by th			on h	istarias lly important land area
		on of land for public use (e.g., rec of natural habitat				istorically important land area rtified historic structure
		on of open space		Fieseivation of	ate	
2		2a through 2d if the organization h	eld a qualified conservation	contribution in	tha fo	um of a conservation
2		e last day of the tax year.		r contribution in		
				[		Held at the End of the Tax Year
а	Total number of	conservation easements			2a	
b		estricted by conservation easement			2b	
c		ervation easements on a certified			2c	
d		ervation easements included in (c				
		e listed in the National Register			2d	
3		ervation easements modified, trai			ted b	y the organization during the
	tax year ►					
4	Number of state	s where property subject to cons	ervation easement is located	▶		
5		zation have a written policy regard				
	violations, and e	inforcement of the conservation e	asements it holds?			Yes 🖂 No
6	Staff and volunt	eer hours devoted to monitoring, i	nspecting, and enforcing co	onservation ease	ement	s during the year
	▶					
7	•	nses incurred in monitoring, inspe	cting, and enforcing conser	vation easemen	ts dur	ing the year
_	▶\$					
8		ervation easement reported on lir		-		
~	(I) and section 1	70(h)(4)(B)(ii)? cribe how the organization reports				Yes Vo
9		and include, if applicable, the text				
		ccounting for conservation easem			ai stat	ements that describes the
Pa		ations Maintaining Collection		ures. or Other	Simi	lar Assets.
	Comple	te if the organization answered				
1a	If the organizati	on elected, as permitted under S	FAS 116 (ASC 958), not to	o report in its r	evenu	e statement and balance shee
	works of art, h	on elected, as permitted under S istorical treasures, or other simil rovide, in Part XIII, the text of the f	ar assets held for public	exhibition, educ	ation,	, or research in furtherance of
F						
b	works of art h	ion elected, as permitted under istorical treasures, or other simi	ar assets held for public a	exhibition educ	venue	e statement and balance shee or research in furtherance of
	public service, p	rovide the following amounts rela-	ting to these items:			
	(i) Revenues in	cluded in Form 990, Part VIII, line	1			▶\$
		ded in Form 990, Part X				
2	-	ion received or held works of a				for financial gain, provide the
		nts required to be reported under s				
а		led in Form 990, Part VIII, line 1				
b		in Form 990, Part X		<u></u>		
JSA	-aperwork Reducti	on Act Notice, see the Instructions for	n Form 990.			Schedule D (Form 990) 2013

Schee	dule D (Form 990) 2013											Page	
Par	t III Organizations Maintaini	ng Colle	ections of	Art, Hist	orical T	reasur	'es,	or Otl	her Simila	ar Asse	ts (cont	inued)	
3	Using the organization's acquisition collection items (check all that app		sion, and o	other record	ds, chec	k any o	of the	follow	ving that a	ire a sigr	nificant us	se of it	s
		viy).			1								
a	Public exhibition			d	1	or excha	-						
b	Scholarly research	rotiona		e	Other								-
C	Preservation for future gene					uh f		41					
4	Provide a description of the orga	nizations	collections	s and expla	in now	they fur	ther	the or	ganization	s exemp	t purpose	e in Pa	π
F	XIII.			denotione of	ant blat				ath an aimeil	~ -			
5	During the year, did the organization assets to be sold to raise funds rational statements of the sold to raise funds rational statements and the sold to rational statements and the sold										Yes		lo
Par	t IV Escrow and Custodial A												_
-	or reported an amount of				e ergan	Lation					o, i aitii	,	
1a	Is the organization an agent, truste									t r			
h	included on Form 990, Part X? If "Yes," explain the arrangement in	Dort VIII	and compl	ata tha falla	wing tok		• • •			L	Yes	N	o
b	in res, explain the arrangement in		and comp		owing tat	Je.			٨	mount			
	Paginning balance						4.0		A	mount			
с d	Beginning balance Additions during the year						1c						
u	Distributions during the year						1d						—
e f	Ending balance						1e 1f						—
2a	Did the organization include an arr						11				Yes		
	If "Yes," explain the arrangement in					has ho	 on nr	ovidod	in Part VIII	• • • • L			o
Par													—
ı aı	Endowment runds. Com	· ·	rrent year	(b) Prior		(c) Tw			(d) Three y		(e) Four y	ears back	 k
1a	Beginning of year balance		91,779.	293,148		269,			258,215		246,7		
	Contributions		87,251.		,869.			,449.	21,079			89,50	_
	Net investment earnings, gains,	071	0772011	57551	.,	111	0 10	117.	217072	/3/01	1/0	07750	_
•	and losses	19.7	11,660.	14,257	7.109	22	416	,448.	4.186	5,395.	14.3	86,34	0
d	Grants or scholarships		11,000.	11/23/	12001	227	110	110.	1,100		11/5	00701	
	Other expenditures for facilities												—
•	and programs	19.8	14,752.	15,647	7.315	16	293	,755.	13,503	3.796	7.0	07,19	33
f	Administrative expenses		19,889.		<i>,030.</i>	107	275	1001	13730.		.,,,	07712	_
g	End of year balance		56,049.	299,991		293	148	146	269,97	7.004	258,2	15.02	29
2	Provide the estimated percentage			-	-					,	20072		_
a	Board designated or quasi-endowr				(1110 19,	ooranni	(u))		•				
b	Permanent endowment  92.9	-		-									
	Temporarily restricted endowment		.5000 %										
	The percentages in lines 2a, 2b, and			00%.									
3a	Are there endowment funds not in		-		tion that	are hel	d and	d admir	nistered for	the			
	organization by:	-		-							Y	es No	0
	(i) unrelated organizations											X	_
	(ii) related organizations										3a(ii)		ĸ
b	If "Yes" to 3a(ii), are the related org										3b		—
4	Describe in Part XIII the intended u	uses of the	e organizat	ion's endow	ment fu	nds.					II		_
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	worod "Ve	e" to Form		art IV/	ling	112 5	ee Form (	00 Par	t X line 1	10	_
	Description of property			other basis	(b) Cost of			(c) Ac	cumulated		d) Book valu		—
				tment)		other)		depr	eciation				
1a	Land												_
b	Buildings				12,8	309,81	1.	4,3	90,403.		8,41	9,408	•••
-	Leasehold improvements												
d	Equipment				3,6	521,47	/1.	3,3	63,632.		25	7,839	<u>' .</u>
_	Other		· · =	F		/=· · ·		<u> </u>					_
Tota	I. Add lines 1a through 1e. (Column	n (d) mus	t equal Forr	n 990, Part )	x, columi	n (B), lin	ne 10	(C).).	►		8,67	7,247	<u>.</u>

Schedule D (Form 990) 2013

#### Page 3

#### 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 (b) Book value (c) Method of valuation: (including name of security) 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. 337,933 (C) MUNICIPAL BONDS (D)HIGH YIELD & OTHER FIXED INCOM 5,835,615. (E) DUE FROM FUND MANAGERS 28,627,309. (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 162,745,660 Investments - Program Related. Part VIII 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)Total. (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 (1) BENEFICIAL INTERESTS IN TRUSTS (2) OTHER RECEIVABLES (3) LIFE INSURANCE POLICIES (4)(5)(6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" 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) 21,434,941. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 3E1270 1.000 0415GM 700J V 13-7.15 0190793-00001

Schedule D (Form 990) 2013

(b) Book value

27,765,018.

2,044,466.

30,359,682.

550,198.

Χ

Schedu	le D (Form 990) 2013		Page 4
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	92,825,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a -9,755.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-9,755.
3	Subtract line 2e from line 1	3	92,835,505.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,154,398.		
b	Other (Describe in Part XIII.) 4b 10,450.		
С	Add lines 4a and 4b	4c	1,164,848.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	94,000,353.
Part		irn.	i
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	82,161,362.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2C		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	82,161,362.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,154,398.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	1,164,848.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	5	83,326,210.
Part			
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	2 PAGE 5		

JSA

#### ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE FOLLOWING PROGRAM SERVICE PROJECTS AT THE TECHNION 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.

Schedule D (Form 990) 2013

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 D (Form 990) 2013

SCH	EDULE F State	ment of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(For	m 990) ► Compl			"Yes" on Form 990, Part IV,	, line 14b, 15, or 16.	2013
	ment of the Treasury			<ul> <li>See separate instructions.</li> <li>and its instructions is at www.</li> </ul>	ww.irs.gov/form990.	Open to Public Inspection
Name	of the organization AMERICAN S	SOCIETY FOR		-		dentification number
-	AEL INSTITUTE FOR TEC				13-04	
Part	General Information Form 990, Part IV, line		Outside the l	Jnited States. Complete	if the organization	answered "Yes" on
	For grantmakers. Does the org assistance, the grantees' eligib grants or assistance?	ility for the gran	ts or assistance	e, and the selection criteri	ia used to award th	ie
2	For grantmakers. Describe in assistance outside the United S	n Part V the or				
3	Activities per Region. (The follo	owing Part I, line	3 table can be	e duplicated if additional sp	bace 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 a program servic describe specific ty service(s) in regio	e, expenditures for pe of and investments
(1)	MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		49,491,199.
(2)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		67,473,316.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
(17)						
3a b	Sub-total Total from continuation sheets to Part I					116,964,515.
C	Totals (add lines 3a and 3b)					116,964,515.
For Pa	aperwork Reduction Act Notice, s	see the Instruction	s for Form 990.		S	chedule F (Form 990) 2013

For Paperw. JSA 3E1274 1.000 0415GM 700J

Page **2** ....

Schedule F (Form 990) 2013 

Part II	Grants and Other Assista Part IV, line 15, for any re							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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)									
by t	er total number of recipient orga he IRS, or for which the grantee er total number of other organiz	or counsel has prov	vided a section 501(c)(3) e	quivalency lette	er i i i i i i i i i i i i i i i i i i i	-	▶		1

Schedule F (Form 990) 2013

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

#### Schedule F (Form 990) 2013

Part III

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

Schedule F (Form 990) 2013

AMERICAN SOCIETY FOR TECHNION -

Schedu	le F (Form 990) 2013		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	X 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)	X 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	X No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Page 5

### 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.

V 13-7.15

Page 5

Schedule F (Form 990) 2013

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 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.

	Supplemen	tal Information R	egarding	, Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complete if t	he organization answer organization entered n	19, or if the	2013			
Department of the Treasury Internal Revenue Service	Information ab	Attach t out Schedule G (Form S	s.gov/form990.	Open to Public Inspection			
Name of the organization	AMERICAN SOCI	ETY FOR TECHN	ION -			Employer identification	on number
ISRAEL INSTITUTE						13-0434195	
	ng Activities. Com	• •			"Yes" to Form 9	90, Part IV, line	17.
<ol> <li>Indicate whether         <ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicit</li> <li>d X In-person so</li> </ul> </li> <li>2a Did the organizat or key employees</li> <li>b If "Yes," list the t</li> </ol>	the organization rais ions email solicitations tations licitations	ed funds through a e f g oral agreement w Part VII) or entity viduals or entities	any of the X Solic Solic X Spec	following itation of s itation of s ial fundra lividual (in tion with p	non-government g government grants ising events icluding officers, d professional fundrai	rants irectors, trustees ising services?	X Yes No fundraiser is to be
<b>(i)</b> Name and addre or entity (fur		(ii) Activity	custody o	draiser have r control of utions?	(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
1 HART/STROBER ASS 2	SOCIATES	CONSULTANT	Yes	No X		82,500.	
3							
4							
5							
6							
7							
8							
9							
10							
Total						82,500.	

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

Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1281 1.000 0415GM 700J

V 13-7.15 0190793-00001

Schedule G (Form 990 or 990-EZ) 2013

### Schedule G (Form 990 or 990-EZ) 2013

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.

		5 1 5	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			NE DINNER			(add col. <b>(a)</b> through
~			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	55,175.			55,175.
œ		Less: Contributions Gross income (line 1 minus	20,375.			20,375.
	5	line 2)	34,800.			34,800.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	1,000.			1,000.
Direct Expenses	7	Food and beverages	28,674.			28,674.
Dire	8	Entertainment	300.			300.
	9	Other direct expenses	2,330.			2,330.
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 through 9 in column (d) 10 from line 3, column (d)		<b>&gt;</b>	32,304. 2,496.
Pa		Gaming. Complete if the org	anization answered "Y			rted more
		than \$15,000 on Form 990-E	∠, line 6a.			
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, colu	umn (d)		
	ı Is	nter the state(s) in which the organization licensed to operate g "No," explain:				_ Yes No
10 a		/ere any of the organization's gaming	licenses revoked, suspe	nded or terminated durir	ng the tax year?	Yes No
ł	) If	"Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2013

13-0434195

Sched	dule G (Form 990 or 990-EZ) 2013	Page <b>3</b>
11 12	Does the organization operate gaming activities with nonmembers?       Yes         Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	No
13	formed to administer charitable gaming?	No
а	The organization's facility	%
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?	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 $\blacktriangleright$	
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 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ► \$	No
Part	<b>t IV</b> 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).	

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>		Open to Public Inspection		
Name of the organization	AMERICAN SOCIETY FOR TECHNION -	Employer iden	tification number		
ISRAEL INSTITUTE FOR TECHNOLOGY INC. 13-043					
Part I General In	formation on Grants and Assistance				
A Describer second	a the second state is a second state of the descence of the second state of the second state of the Park Park for the second state of the second state state of the second state of the se				

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?2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. X Yes

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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> 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							
	23-1365971	501(C)(3)	10,000.				GEN OPERATIONS
(7) SCOTTSDALE HEALTHCARE							
	94-2735850	501(C)(3)	6,000.				GEN OPERATIONS
(8)	_						
	_						
(10)	-						
(11)	_						
(12)	-						
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ted in the line 1 tab	le		· · · · · · · · · · · · · · · · · · ·	<u>7.</u>
3 Enter total number of other organizations liste			<u></u>		<u></u>		ula I (Farm 000) (004)
For Paperwork Reduction Act Notice, see the Inst	structions fo	r Form 990.				Sched	ule I (Form 990) (201

No

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> 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 information.	this part to pro	vide the informa	Ition required in	Part I, line 2, Part III, c	olumn (b), and any other additional
art IV Supplemental Information. Complete information. CHEDULE I, PART I, LINE 2				Part I, line 2, Part III, c	olumn (b), and any other additional
art IV Supplemental Information. Complete information. CHEDULE I, PART I, LINE 2				Part I, line 2, Part III, c	olumn (b), and any other additional
art IV Supplemental Information. Complete information. CHEDULE I, PART I, LINE 2 RANTS SENT TO CORNELL UNIVERSITY, FO	R THE JACOB	S TECHNION C	ORNELL		olumn (b), and any other additional
art IV Supplemental Information. Complete information. CHEDULE I, PART I, LINE 2 RANTS SENT TO CORNELL UNIVERSITY, FO NSTITUTE (JTCI), REPRESENTS FUNDS DO	R THE JACOB: NATED TO AT:	S TECHNION C S THAT WERE	ORNELL DESIGNATED T		olumn (b), and any other additional
Part IV Supplemental Information. Complete	R THE JACOB NATED TO AT HNION UNIVE	S TECHNION C S THAT WERE RSITY AND CO	ORNELL DESIGNATED T RNELL		olumn (b), and any other additional
Art IVSupplemental Information. Complete information.CHEDULE I, PART I, LINE 2RANTS SENT TO CORNELL UNIVERSITY, FONSTITUTE (JTCI), REPRESENTS FUNDS DOUPPORT THE COLLABORATION BETWEEN TEC	R THE JACOB NATED TO AT HNION UNIVE HE CORNELL	S TECHNION C S THAT WERE RSITY AND CO TECH CAMPUS.	ORNELL DESIGNATED T RNELL JTCI, A		olumn (b), and any other additional
art IVSupplemental Information. Complete information.CHEDULE I, PART I, LINE 2RANTS SENT TO CORNELL UNIVERSITY, FONSTITUTE (JTCI), REPRESENTS FUNDS DOUPPORT THE COLLABORATION BETWEEN TECNIVERSITY ESTABLISHING THE JTCI ON T01(C)(3) ORGANIZATION, IS IN ITS EAR	R THE JACOB NATED TO AT HNION UNIVE HE CORNELL T LY STAGE OF	S TECHNION C S THAT WERE RSITY AND CO TECH CAMPUS. OPERATIONS.	ORNELL DESIGNATED T RNELL JTCI, A THE		olumn (b), and any other additional
Supplemental Information. Complete information.           CHEDULE I, PART I, LINE 2           RANTS SENT TO CORNELL UNIVERSITY, FO           NSTITUTE (JTCI), REPRESENTS FUNDS DO           UPPORT THE COLLABORATION BETWEEN TEC           NIVERSITY ESTABLISHING THE JTCI ON T	R THE JACOB NATED TO AT HNION UNIVE HE CORNELL T LY STAGE OF MIC PROGRAM	S TECHNION C S THAT WERE RSITY AND CO FECH CAMPUS. OPERATIONS. S FOCUSED ON	ORNELL DESIGNATED T RNELL JTCI, A THE OFFERING A		olumn (b), and any other additional
Supplemental Information. Complete information.         CHEDULE I, PART I, LINE 2         RANTS SENT TO CORNELL UNIVERSITY, FO         NSTITUTE (JTCI), REPRESENTS FUNDS DO         UPPORT THE COLLABORATION BETWEEN TEC         NIVERSITY ESTABLISHING THE JTCI ON T         D1(C)(3) ORGANIZATION, IS IN ITS EAR         NSTITUTE OFFERS NONTRADITIONAL ACADE	R THE JACOB NATED TO AT HNION UNIVE HE CORNELL ? LY STAGE OF MIC PROGRAM SFER, COMME	S TECHNION C S THAT WERE RSITY AND CO TECH CAMPUS. OPERATIONS. S FOCUSED ON RCIALIZATION	ORNELL DESIGNATED T RNELL JTCI, A THE OFFERING A AND		olumn (b), and any other additional

Schedule I (Form 990) (2013)

JSA

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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.

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		Compen	sation Information	ON	1B No. 1	545-0	047	
	m 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest		എത	19		
<b>(</b>	,		npensated Employees n answered "Yes" to Form 990, Part IV, line 23.		$\mathbb{Z}$	<u>13</u>		
Departn	nent of the Treasury	Attach to Form \$	990. 🕨 See separate instructions.		Open to Public			
Internal	Revenue Service	•	rm 990) and its instructions is at www.irs.gov/fc		Inspe		n	
	of the organization	AMERICAN SOCIETY FOR TE	CHNION -	mployer identification		r		
-		JTE FOR TECHNOLOGY INC.		13-0434195	2			
Part	Question	s Regarding Compensation				Yes	No	
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a perso	n listed in Form		162		
iu	•		provide any relevant information regarding					
		ss or charter travel	Housing allowance or residence for p					
		or companions	Payments for business use of persona					
		mnification and gross-up payments	Health or social club dues or initiation					
		onary spending account	Personal services (e.g., maid, chauffe					
b	If any of the	boxes on line 1a are checked, did th	e organization follow a written policy reg penses described above? If "No," comp	Jarding payment				
		ment of provision of all of the ex		lete Part III to	1b	Х		
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all				
	•		D/Executive Director, regarding the items	•				
					2	Х		
3			nization used to establish the compensatior	ו of the				
-			at apply. Do not check any boxes for method					
	related organ	ization to establish compensation of the	e CEO/Executive Director, but explain in Par	rt III.				
	X Comper	sation committee	X Written employment contract					
	X Indepen	dent compensation consultant	X Compensation survey or study					
	Form 99	0 of other organizations	X Approval by the board or compensati	on committee				
4	During the ye	ar, did any person listed in Form 990, I	Part VII, Section A, line 1a, with respect to t	he filing				
	organization of	or a related organization:		-				
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		X	
b			ntal nonqualified retirement plan?		4b	Х	<u> </u>	
С			sed compensation arrangement?		4c		X	
	If "Yes" to an	y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each ite	m in Part III.				
_	-	501(c)(3) and 501(c)(4) organizations	-					
5	•		line 1a, did the organization pay or accrue ar	iy				
-		contingent on the revenues of:			50		x	
a b	Any related o	ranization?			5a 5b		X	
D D	If "Yes" to line	e 5a or 5b, describe in Part III.			50			
6			line 1a, did the organization pay or accrue ar	IV				
·	-	contingent on the net earnings of:	into ra, ala ino organization pay or accruo a	.,				
а					6a		х	
	Any related o	ganization?			6b		X	
	If "Yes" to line	e 6a or 6b, describe in Part III.						
7			A, line 1a, did the organization provid	e any non-fixed				
			scribe in Part III		7	Х		
8			paid or accrued pursuant to a contract t					
	to the initial	contract exception described in F	Regulations section 53.4958-4(a)(3)? If	"Yes," describe				
					8		X	
9			ow the rebuttable presumption procedu					
	Regulations s	ection 53.4958-6(c)?	<u></u>	<u></u>	9			
For Pa	aperwork Reduc	tion Act Notice, see the Instructions for Fo	orm 990.	Schedu	le J (Fo	rm 990	J) 2013	

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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-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
MELVYN BLOOM	(i)	467,245.	7,500.	3,905,200.	73,871.	55,834.	4,509,650.	3,878,195.	
1 EVP EMERITUS (THRU 5/2016)	(ii)	0	0	0	0	0	(	(	
SETH MOSKOWITZ	(i)	311,083.	7,000.	0	39,408.	23,549.	381,040.	(	
2 SR. VP, CAMPAIGN (THRU 6/2014)	(ii)	0	0	0	0	0	(	)(	
BETH WILNER	(i)	245,792.	7,500.	0	39,910.	35,620.	328,822.	(	
3 SR. VP, DEVELOPMENT	(ii)	0	C	0	0	0	(	)(	
MICHAEL SCHEMENTI	(i)	263,617.	5,000.	0	40,403.	23,282.	332,302.	(	
4 SR. VP, FINANCE/CFO	(ii)	0	0	0	0	0	(	)(	
JEROME KLEINMAN	(i)	236,125.	C	0	21,301.	27,409.	284,835.	(	
5 REGIONAL DIRECTOR	(ii)	0	0	0	0	0	(	)(	
MARK HEFTER	(i)	213,600.	3,000.	0	27,239.	35,896.	279,735.	(	
6 ASSOCIATE VP, PLANNED GIVING	(ii)	0	0	0	0	0	(	)(	
IVAN SCHONFELD	(i)	206,089.	C	0	32,348.	21,851.	260,288.	(	
7 REGIONAL DIRECTOR	(ii)	0	0	0	0	0	(	)(	
JOEL BERKOWITZ	(i)	190,999.	2,000.	0	29,524.	20,352.	242,875.	(	
8 REGIONAL DIRECTOR	(ii)	0	C	0	0	0	(	) (	
IRV ELENBERG	(i)	182,127.	0	0	21,671.	918.	204,716.	(	
9 REGIONAL DIRECTOR	(ii)	0	C	0	0	0	(	) (	
	(i)								
10	(ii)								
	(i)							L	
11	(ii)								
	(i)							L	
12	(ii)								
	(i)								
_13	(ii)								
	(i)								
_14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)		<b></b>					<b></b>	

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

#### 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. Page 3

Page 3

Schedule J (Form 990) 2013

### 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.

ISRAEL INSTITUTE FOR TECHNOLOGY INC.

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

Name of the organization

AMERICAN SOCIETY FOR TECHNION -Employer identification number

13-0434195

Par	t I Types of Property			· · ·				
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
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		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		2.	24,429.				
25 26	Other ►(_ATCH 1)		۷.	21,127.				
26 27	Other $\blacktriangleright$ ()							
27	Other $\blacktriangleright$ ()							
28	Other ►()	by the error	nization during the toy ve	ar far aantrikutiona far				
29	Number of Forms 8283 received which the organization completed I		<b>u i</b>		29			1
	which the organization completed i	-0111 8283,	Part IV, Donee Acknowledg		23		Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1-28 that		103	110
	it must hold for at least three yea							
	used for exempt purposes for the e					30a		Х
b	If "Yes," describe the arrangement i					oou		
31	Does the organization have a		ance policy that require	s the review of any r	on-standard			
	contributions?			-		31	х	
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash			
	contributions?	•	•			32a		Х
b	If "Yes," describe in Part II.							_

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

1.

No

Schedule M (Form 990) (2013)

Page 2

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

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

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.



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

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.

Page 2

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

Schedule O (Form 990 or 990-EZ) 2013			
Name of the organization	AMERICAN SOCIETY FOR TECHNION -	Employer identification number	
ISRAEL INSTITUTE	FOR TECHNOLOGY INC.	13-0434195	

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

JSA

Schedule O (Form 990 or 990-EZ) 2013				
Name of the organization	AMERICAN SOCIETY FOR TECHNION -	Employer identification number		
ISRAEL INSTITUTE	13-0434195			

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.

### 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

JSA

V 13-7.15

ATTACHMENT 1

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

Employer identification number 13-0434195 ATTACHMENT 1 (CONT'D)

Page 2

#### 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

V 13-7.15

Schedule O (Form 990 or 990-EZ) 2013

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

Employer identification number 13-0434195

ATTACHMENT 3 (CONT'D)

CAMPUS THAT WILL BE BUILT ON ROOSEVELT ISLAND. THE JTCI 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,

Schedule O (Form 990 or 990-EZ) 2013

Schedule O (Form 990 or 990-EZ) 2013			
Name of the organization AMERICAN SOCIETY FOR TECHNION -	Employer identification number		
ISRAEL INSTITUTE FOR TECHNOLOGY INC.	13-0434195		
ATTACHMENT 5			

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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.