Form	99	0
Departm	nent of the	Treasury

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

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

▶ Do not enter Social Security numbers on this form as it may be made public.

**Open to Public** 

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OMB No. 1545-0047

	Information	about	Form	aan	and i	te	instructions	ie at	www.ire	aov/for
	information	about	FOITI	330	anu i	ιs	instructions	is at	www.ii S.	yov/ion

Inter	nal Reve	enue Servi	ice		Information	about Form 9	990 and its	s instructions	s is at www	v.irs.gov/	/form990.		Inspection
A F	or th	ne 2014	4 caler	ndar year, or	tax year begi	inning	1	0/01, <b>2014</b>	4, and en	ding		09	/30, <b>20</b> <sub>15</sub>
_			C Nam	e of organization	AMERICAN	SOCIETY B	FOR TEO	CHNION -			D Employer in	dentific	cation number
Bc	heck if ap	pplicable:	ISF	RAEL INSTI	TUTE FOR	TECHNOLO	GY INC						
	Addre		Doing	Business As Al	MERICAN T	ECHNION S	SOCIETY	Z			13-043	4195	5
		e change	Num	ber and street (or	P.O. box if mail is	s not delivered to	o street addr	ess)	Room/sui	te	E Telephone	numbei	r
	+	l return	55	EAST 59TH	I STREET						(212) 40	)7-6	300
	Term	inated	City of	or town, state or	province, country,	and ZIP or forei	ign postal co	de					
	Amer	nded	NEV	V YORK, NY	10022-17	10					G Gross recei	pts \$	235,200,770.
		cation		e and address of			EY RIC	HARD			H(a) Is this a gr		
	_ pendi	ing	55	EAST 59TH	I STREET N				)		subordinate H(b) Are all subo		
ī	Tax-ex	empt sta		X 501(c)(3)	501(c) (		sert no.)	4947(a)(1)		527	-		t. (see instructions)
				ATS.ORG		)   (iiio		1017(0)(1)		021	H(c) Group exer		
				X Corporation	Trust	Association	Other	•	L Ye	ar of forma			of legal domicile: NY
	art I	<u> </u>	nmary		1.401	100000101011	o uloi	•	1=10			olulo	
					tion's mission	or most signific	cant activit	ies <sup>.</sup> TO EN	ABLE T	HE TEO	CHNION TO	BE	AMONG THE
e	·			LEADING I		-							
anc				HUMANITY									
Governance	2			x								ts	
Š				ting members	0		•					3	84.
	4	Numbe	er of in	dependent votir	a members of	the governing	n body (Pai	rt VI, line 1b)				4	82.
ties				of individuals								5	101.
Activities &				of volunteers (e								6	150.
Act	7a	Total	inrelate	ed business reve	Phue from Part	/III. column (C	.) line 12					7a	19,699.
				business taxal								7b	
		Hot un	noiutou								Prior Year	1.2	Current Year
	8	Contri	butions	and grants (Pa	t VIII. line 1h)					<b>_</b> ├──	71,504,9	25.	80,177,368.
nue	9	Progra	am serv	ice revenue (Pa	rt VIII, line 2a)			COP	PY FOR		, , -	0	C
Revenue	-	Invest	ment in	come (Part VIII	. column (A). lir	ies 3. 4. and 7	'd)	PUBLIC I	NSPECTIC		22,492,9	32.	8,763,969.
Ř	11			e (Part VIII, col							2,4		3,219.
	12			e - add lines 8 t							94,000,3		88,944,556.
				milar amounts							55,311,7		72,162,788.
	14			to or for memb								0	, <u>,                               </u>
s	45			er compensation							13,608,2	35.	14,135,056.
Expenses	16a			fundraising fees							86,0		30,372.
bei	b	Total f	undrais	sing expenses (I	Part IX. column	(D), line 25) ►	12	,416,519	).	•	· ·		
ŵ	17			es (Part IX, col						-	14,320,2	30.	7,861,574.
	18	Total e	expense	es. Add lines 13	8-17 (must equa	al Part IX. colu	mn (A). lin	e 25)			83,326,2		94,189,790.
	19			expenses. Sub							10,674,1		-5,245,234.
es Se											nning of Current		End of Year
Net Assets or Fund Balances	20	Total a	assets (	Part X, line 16)							514,724,7	57.	471,873,985.
Ass ABa	21	Total I	iabilitie	s (Part X, line 26	5)						42,942,8	86.	37,861,659.
Net	22	Net as	sets or	fund balances	Subtract line 2	1 from line 20					471,781,8		434,012,326.
	rt II	Sig	gnature	e Block								I	
Un	der pei	nalties o	f perjury	, I declare that I	have examined t	his return, inclu	iding accor	panying sched	lules and st	atements,	and to the best of	of my k	knowledge and belief, it is
true	e, corre	ect, and (	complete	e. Declaration of p	reparer (other tha	in officer) is bas	sed on all inf	ormation of wh	lich prepare	r has any l	knowledge.		
Sig			Signatu	e of officer							Date		
Не	re												
_			Type or	print name and tit	e								
		Print/	Type pre	parer's name		Preparer's sig	-		Date		Check	if F	PTIN
Paic		QI V	VEN I	IANG		Zi	Wen L	and	8/5	/2016	self-emplo	yed	P01270238
	parer	Firm's	name	► GRANT	THORNTON 1	LLP					Firm's EIN 🕨	36-	6055558
USE	Only			757 THIRD			, NY 1001	7-2013			Phone no.		-599-0100
Мау	the I			is return with th									X Yes No
For	Pape	rwork l	Reduct	ion Act Notice,	see the separa	te instruction	IS.						Form <b>990</b> (2014)

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► X

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing** *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

-	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Type or	AMERICAN SOCIETY FOR TECHNION -	
print	ISRAEL INSTITUTE FOR TECHNOLOGY INC.	13-0434195
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
filing your	55 EAST 59TH STREET	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10022-1710	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ►ANITA\_ENRIQUEZ, 55\_EAST\_56TH\_STREET\_NEW\_YORK, NY\_10022\_\_\_\_

<ul><li>If</li><li>If</li><li>for t</li></ul>	elephone No. $\blacktriangleright$ 212 407-6357 FAX No. $\blacktriangleright$ 212 753-2925 the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) he whole group, check this box $\blacktriangleright$ If it is for part of the group, check this box			► If this is d attach	
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				_
	until05/15_, 20_16 _, to file the exempt organization return for the organization named al	bove	ə. Tł	ne extension is	s
	for the organization's return for:				
	▶ calendar year 20 or				
	<b>•</b> X tax year beginning $10/01$ , $2014$ , and ending $09/30$ ,	20	15		
		-		_	
2	If the tax year entered in line 1 is for less than 12 months, check reason:	n			
	Change in accounting period				
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	3a	\$		0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS				
	(Electronic Federal Tax Payment System). See instructions.	3c	\$		0
Caut	ion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form	1 88	79-E	O for payment	t

instructions.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Ex	xtension o	of Time. Only file the orig	inal (no copies nee	ded).		
			E	nter filer's identifying n	umber, s	ee instructions	
	Name of exempt organization or other filer, see in	structions.		Employer identification	number (	(EIN) or	
Type or	AMERICAN SOCIETY FOR TECHNION	_					
print	ISRAEL INSTITUTE FOR TECHNOLO	GY INC.		13-04341	.95		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number	(SSN)		
due date for	55 EAST 59TH STREET						
filing your return. See	City, town or post office, state, and ZIP code. For	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	NEW YORK, NY 10022-1710						
Enter the	Return code for the return that this application	is for (file a	a separate application for ea	ach return)		0 1	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	0 or Form 990-EZ	01					
Form 990	)-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than in	dividual)		09	
Form 990		04	Form 5227	,		10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	D-T (trust other than above)	06	Form 8870			12	
STOP! Do	not complete Part II if you were not already	granted ar	n automatic 3-month exter	nsion on a previously	filed Fo	rm 8868.	
for the wh list with th 4 I req 5 For 0 6 If the	s for a Group Return, enter the organization's for nole group, check this box	f it is for pa n is for. ntil ing	art of the group, check this 0 10/01 , 20 14 , ar	box▶∟ 8/15_, 20_16	and a	ttach a , 20 <u>15</u> .	
b If th estin amo c Bala (Elec	is application is for Forms 990-BL, 990-PF, 9 efundable credits. See instructions. iis application is for Forms 990-PF, 990-T, nated tax payments made. Include any pri unt paid previously with Form 8868. <b>nce Due.</b> Subtract line 8b from line 8a. Include ctronic Federal Tax Payment System). See instru <b>Signature and Verifica</b> alties of perjury, I declare that I have examined th	4720, o ior year o your paym ctions. ation mu	r 6069, enter any refun overpayment allowed as nent with this form, if requir st be completed for P	dable credits and a credit and any red, by using EFTPS	8a \$ 8b \$ 8c \$ and to th	0 0 0 e best of my	
	and belief, it is true, correct, and complete, and that I			IANAGER Date 🕨	5/4	/2016	
				F	orm 886	<b>B</b> (Rev. 1-2014)	

1	art III         Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	<u></u>
•	ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
,		
)	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
	services? If "Yes," describe these changes on Schedule O.	
L	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported.	
a	(Code: ) (Expenses \$ 12,438,420. including grants of \$ 12,438,420. ) (Revenue \$	)
	ATTACHMENT 2	
b	(Code:) (Expenses \$ <sub>8,486,595.</sub> including grants of \$ <sub>8,486,595.</sub> ) (Revenue \$	)
	ATTACHMENT 3	
c	(Code: ) (Expenses \$ 3,538,205, including grants of \$ 3,538,205, ) (Revenue \$	)
c		)
c	THE HALLMARK OF A WORLD-CLASS INSTITUTION SUCH AS THE TECHNION IS	)
c	THE HALLMARK OF A WORLD-CLASS INSTITUTION SUCH AS THE TECHNION IS THE TEACHING AND RESEARCH EXCELLENCE OF ITS FACULTY. A CONTINUING	)
c	THE HALLMARK OF A WORLD-CLASS INSTITUTION SUCH AS THE TECHNION IS THE TEACHING AND RESEARCH EXCELLENCE OF ITS FACULTY. A CONTINUING CHALLENGE IS TO ATTRACT - AND RETAIN - THE BEST FACULTY MEMBERS.	)
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d	THE HALLMARK OF A WORLD-CLASS INSTITUTION SUCH AS THE TECHNION IS         THE TEACHING AND RESEARCH EXCELLENCE OF ITS FACULTY. A CONTINUING         CHALLENGE IS TO ATTRACT - AND RETAIN - THE BEST FACULTY MEMBERS.         THE CRITICAL FACTOR IN RECRUITMENT IS THE ABILITY TO PROVIDE THE         SCIENTIFIC ENVIRONMENT - LABORATORY FACILITIES, STATE-OF-THE-ART         EQUIPMENT, TECHNICAL SUPPORT AND THE NECESSARY RESOURCES - TO         CONDUCT PIONEERING WORK.         Other program services (Describe in Schedule O.)         (Expenses \$ 48,536,273. including grants of \$ 47,699,568. )(Revenue \$ )	)
d	THE HALLMARK OF A WORLD-CLASS INSTITUTION SUCH AS THE TECHNION IS         THE TEACHING AND RESEARCH EXCELLENCE OF ITS FACULTY. A CONTINUING         CHALLENGE IS TO ATTRACT - AND RETAIN - THE BEST FACULTY MEMBERS.         THE CRITICAL FACTOR IN RECRUITMENT IS THE ABILITY TO PROVIDE THE         SCIENTIFIC ENVIRONMENT - LABORATORY FACILITIES, STATE-OF-THE-ART         EQUIPMENT, TECHNICAL SUPPORT AND THE NECESSARY RESOURCES - TO         CONDUCT PIONEERING WORK.	
d A	THE HALLMARK OF A WORLD-CLASS INSTITUTION SUCH AS THE TECHNION IS         THE TEACHING AND RESEARCH EXCELLENCE OF ITS FACULTY. A CONTINUING         CHALLENGE IS TO ATTRACT - AND RETAIN - THE BEST FACULTY MEMBERS.         THE CRITICAL FACTOR IN RECRUITMENT IS THE ABILITY TO PROVIDE THE         SCIENTIFIC ENVIRONMENT - LABORATORY FACILITIES, STATE-OF-THE-ART         EQUIPMENT, TECHNICAL SUPPORT AND THE NECESSARY RESOURCES - TO         CONDUCT PIONEERING WORK.         Other program services (Describe in Schedule O.)         (Expenses \$ 48,536,273. including grants of \$ 47,699,568. ) (Revenue \$ )         Total program service expenses ▶ 72,999,493.	)
k A	THE HALLMARK OF A WORLD-CLASS INSTITUTION SUCH AS THE TECHNION IS THE TEACHING AND RESEARCH EXCELLENCE OF ITS FACULTY. A CONTINUING CHALLENGE IS TO ATTRACT - AND RETAIN - THE BEST FACULTY MEMBERS. THE CRITICAL FACTOR IN RECRUITMENT IS THE ABILITY TO PROVIDE THE SCIENTIFIC ENVIRONMENT - LABORATORY FACILITIES, STATE-OF-THE-ART EQUIPMENT, TECHNICAL SUPPORT AND THE NECESSARY RESOURCES - TO CONDUCT PIONEERING WORK.  Other program services (Describe in Schedule O.) (Expenses \$ 48,536,273. including grants of \$ 47,699,568. )(Revenue \$ ) Total program service expenses ► 72,999,493.	)

Ent IV       Checklist of Required Schedules         1       Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," omplete Schedule A. Schedule of Contributors (see instructions)?       1         2       Is the organization engine direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I.       2         3       Did the organization engine 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         4       Section 501(c)(3) or 901(c)(5) or 501(c)(5) or 901(c)(5)	Form 9	AMERICAN SOCIETY FOR TECHNION - 13-04 90 (2014)	34195	F	Page 3
1         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."         1           2         Is the organization required to complete Schedule 0, Schedule of Contributors (see instructions)?         2         X           3         Dd the organization required to complete Schedule 0, Schedule of Contributors (see instructions)?         2         X           3         Dd the organization required to complete Schedule C, Part 1         3         X           4         Section 501(c)(3) organizations. Dd the organization ungage in (bbp)/g activities, or have a section 501(h)         4         X           5         Is 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 1/f "Yes," complete Schedule D, Part 1.         7         X           6         Not the organization maintain collections of works of an, historical treasures, or other similar assets? If Yes," accomplete Schedule D, Part 1.         7         X           7         Dd the organization report an amount in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts of lised in Part X, or provide credit counseling, debt management, credit Part, or debt negonization report an amount for land, buildings, and equipment in Part X, line 12 that s B% or more of its total assets propried in Part X, ine 17 thes, "complete Schedule D, Part X, ine 21 that a St the organization report an amount for lands stamemesto the tau aver 11 thes, "comple	-				
complete Schedule A,         1         x           2         1s the organization regrage in direct or indirect political campaign activities, or have a section 501(P)         2         X           3         Did the organization engage in direct or indirect political campaign activities, or have a section 501(P)         3         X           4         Section 501(C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(P)         4         X           5         Is the organization ascint 501(C)(4). 501(C)(5), or 501(C)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revene Procedure 98-197 if "Ves," complete Schedule C, Part II         4         X           6         Dt the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Ves," complete Schedule D, Part II.         7         X           9         Dt dthe organization receives 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           9         Dt dthe organization receives III "Part," or provide cradit counseling, debt management, credit repair, or debt negotiation services? II "Yes," complete Schedule D, Part V.         9         X           10         Dd the organization report an amount for lows of ant, historical tressure, or complete Schedule D, Part V.         10				Yes	No
2         Is the organization required to complete Schedule P. Schedule of Contributos (see instructions)?         2         X           3         Dot the organization again and inferct of initical registral analysin activities on bahaf of or in opposition to adiates for public office? If 'Yes' complete Schedule C. Part I.         3         X           4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar anounts as defined in Revence Procedure 98-197. "Yes': Complete Schedule C. Part II.         4         X           5         Is 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.         7         X           6         Did the organization maintain collections of works of att, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part II.         7         X           9         Did the organization assets of through a related organization, hold assets in temporarity restricted endowments, requise-indowments, and usis-indowments, and usis-indowments' If 'Yes,' complete Schedule D. Part V.         10         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part V.         10         X           11         It do reganization report an amount for lanv	1				
<ul> <li>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer M<sup>+</sup>/<sub>2</sub> ************************************</li></ul>	2		-	-	
candidates for public office? If "Yes" complete Schedule C, Part I.       3       X         Section Stol((3) or ganizations. Did the organization angain to lobyling activities, or have a section Stol((n))       4       X         Is the organization a section Stol((c)(4), 501(c)(5), or 501(c)(5), or 501(c)(7), 971 // Yes," complete Schedule C, Part II.       4       X         Is the organization a section Stol((c)(4), 501(c)(5), or 501(c)(5), or 501(c)(7), 971 // Yes," complete Schedule C, Part II.       5       X         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       X         To bid the organization maintain collections of works of an, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       7       X         Bid the organization maintain collections of works of an, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       8       X         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Bart X, or provide credit counseling, debt management, credit repair, or debt negonization, offective and offective Schedule D, Part V.       9       X         10       bid the organization report an amount for investments-program related in Part X, line 12 list is Six or more of its total assets reported in Part X, line 15 lift (Yes," complete Schedule D, Part V.			•		
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n)         4         X           5         Is the organization a saction 501(c)(4), 501(c)(5), r501(c)(6) organization that receives membershed uses, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II         5         X           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 "%s," complete Schedule D, Part II.         6         X           7         Did the organization regions amount in Part X, increasures, or other similar assets? If "Yes," accomplete Schedule D, Part II.         7         X           8         Did the organization regiont an amount in Part X, increasures, or other similar assets? If "Yes," accomplete Schedule D, Part II.         7         X           9         Did the organization afterly or through a related organization, hold assets in temporarity restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part II.         9         X           10         Did the organization afterly or through and the following questions is "Yes," then complete Schedule D, Part VI.         9         X           10         Did the organization afterly or through and the following questions is "Yes," then complete Schedule D, Part VI.         10         X           11         If the organization rep	Ŭ		3		х
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members in jointer, assessments, or similar amounts as defined in Revenue Procedure 96-197. If "Yes," complete Schedule C, Part III         5         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide evelve or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.         6         X           7         X         Bid the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.         7         X           9         Did the organization asserves or any other following questions is "Yes," complete Schedule D, Part VI.         9         X           10         Did the organization asserves or any other following questions is "Yes," then complete Schedule D, Part VI.         9         X           10         If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets proported in Part X, line 16 // "Yes," complete Schedule D, Part VI.         11a         X           11         If the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets proported in Part X, line 16 // "Yes," complete Schedule D, Part VI.         11a         X           11         If the organization report an amo	4				
<ul> <li>assessments, or similar amounts as defined in Revenue Procedure 96-19? <i>II</i> "Yes," complete Schedule C. Part III</li> <li>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? <i>II</i> "res," complete Schedule D. Part II.</li> <li>Did the organization report an amount in Part X, line 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability: serve as a custodian for amounts or thires Schedule D. Part V</li> <li>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments. <i>Jr</i> ves, "complete Schedule D. Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part V</li> <li>Did the organization report an amount for threatments or the sury are lined as chortue that addresses the organization report an amount for other assetines in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V</li> <li>Did the organization separate or consolidated financial statements for the tax year? II "Yes," and the organization sectored or torse independent audited financial statements for the tax year? II "Yes," and the organization sectored in consolidated, independent audited financial statements for the tax year? II "Yes," and the organization sectored in consolidated, independen</li></ul>		election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		Х
Part III       5       X         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       5       X         6       Did the organization receive or hold a conservation ensement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II       6       X         7       X       B       Did the organization and tisted in Part X, line 21, for secrow or custodia account lability serve as a custodian for amounts on listed in Part X, ine 21, for secrow or custodia account lability serve as a custodian for amounts on listed in Part X, line 21, for secrew or custodia account lability serve as a custodian for amounts on listed in Part X, line 21, for secrew or custodia account lability serve as a custodian for amounts on listed in Part X, line 12, for secrew or custodia account lability serve as a custodian for amounts on listed in Part X, line 17%es," complete Schedule D, Part V, 10       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of lis total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VI       11a       X         11       Did the organization schedule D, Part	5				
<ul> <li>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.</li> <li>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.</li> <li>8 Did the organization or sorties? If "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 10, Part V.</li> <li>10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>11 Did the organization report an amount for lanks; memp raprogram related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>11 Did the organization separate or consolidsed financial statements for the tax year? II "Yes," and II the X</li> <li>12 Did the organization fuely and Yes, complete Schedule D, Part X.</li> <li>13 Is the organization account any tor other assets account for the tax year? II "Yes," and II th</li></ul>					
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If       6         "Yes," complete Schedule D, Part I,       6         To 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         2       Did the organization maintain collections of works of art, historical treasures, or other similar asset? If 'Yes,"       8         3       Did the organization anount 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 negonization report an amount for lawst environments, pramament endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.       9       X         10       Did the organization 'assenser to any of the following questions is 'Yes," then complete Schedule D, Part V.       10       X         4       Did the organization report an amount for investments-program related in Part X, line 10? If 'Yes," complete Schedule D, Part VI.       11       X         4       Did the organization report an amount for other isabilities in Part X, line 13? If 'Yes," complete Schedule D, Part VI.       11       X         4       Did the organization report an amount for investments-program related in Part X, line 13? If 'Yes," complete Schedule D, Part XI.       11       X         4       Did the organi	~	Part III	. 5		<u> </u>
"Yes," complete Schedule D, Part I,       6       X         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.       6       X         8       Did the organization receive or hold a conservation easement, including easements, or other similar assets? If "Yes," complete Schedule D, Part II.       8       X         9       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indownents? If "Yes," complete Schedule D, Part VI.       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       10       X         11       The organization report an amount for investments-organ related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       10       X         11       Did the organization report an amount for investments-organ related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       10       X         11       X       Did the organization report an amount for investments-ortpers amount for investments and the system include a footnot the addresset the organization report an amount for investments and X line 25? If "Yes," complete Schedule D, Part XI.       114       X <th>0</th> <td></td> <td></td> <td></td> <td></td>	0				
7       Did the organization receive or hold a conservation easement, including easements to preseve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II,,,,,,,,			6	x	
<ul> <li>B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III</li> <li>B) 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 negolitation services of If "Ses," complete Schedule D, Part V,</li> <li>D) 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,</li> <li>II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V,</li> <li>D) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>D) Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>C) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>C) Did the organization's separate or consolidated financial statements for the tax year? If wes," and part and part A, line 18? If "Yes," complete Schedule D, Part X.</li> <li>D) Did the organization report an amount for other sets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.</li> <li>D) Did the organization separate or consolidated financial statements for the tax year? If "Yes," and II the x organization's lability for uncertain tax positions under FIN 48 (XSC 740?)? If "Yes," complete Schedule D, Part X.</li> <li>D) Did the organization achool described in section 170(b)(1)(A)(ii)? If "Yes," complete Sche</li></ul>	7				
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? II "Yes," complete Schedule D, Part N       9       X         10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V,		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		Х
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes, 'complete Schedule D, Part V       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent, or quasi-endowments? If 'Yes, 'complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments-orher securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI       116       X         13       Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI       116       X         14       X       Did the organization seport an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part VI       116       X         14       X       Inte 16? If 'Yes,'' completer Schedule D, Part X       116       X         14       X       Inte 16? If 'Yes,'' completer Schedule D, Part X       116       X         15       Did the organization stability for u	8				
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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, VII, VIII, VII, X, or X as applicable.       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         13       Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         14       Did the organization separate anound for ther assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         15       Did the organization separate anound for ther labilities in Part X, line 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         16       the organization separate or consolidated financial statements for the tax year? If "Yes," and if the organization separate anoust or schedule D, Part X X       11f       X         12a       X       12a       X	9				
<ul> <li>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.</li> <li>11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V.</li> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>c Did the organization report an amount for threatsets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>c Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X.</li> <li>d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization nuclead in acneal statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completers Schedule D, Part X and XII.</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?</li> <li>b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for orign individuals? If "Yes," complete Schedule P, Part I and IV.</li> <li>tax</li> <li>15 X</li> <li>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any fo</li></ul>			0		v
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 V,       11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         13       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         14       X       11d       X       11d       X         15       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         14       X       11d       X       11d       X         16       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X         11d       X	10				
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. <ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI</li> <li>c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>11d X</li> <li>11</li></ul>			10	X	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         f Did the organization separate consolidated linancial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional.       12a       X         13       Is the organization neport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargets erstores on ther assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       14	11		-		
complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII       12a       X         111       X       12a       14a       X         112       11d the organization asschool described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E, and if the organization asschool described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E,					
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19				
	00 -	If "Yes," complete Schedule G, Part III	. 19		

JSA

			F	age <b>4</b>
Part	V Checklist of Required Schedules (continued)		Yes	No
04	Did the experimetion report more than \$5,000 of grants or other applications to any demostic experimetion or		162	NU
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22		22		Х
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	
24a	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			
		24a		Х
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
	disqualified persons? If "Yes," 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	27		х
20		21		
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):			
2		28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D D		28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ū		28c	х	
29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
		34	X	
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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? <i>If "Yes," complete Schedule R,</i>			
		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
		38	х	

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	- No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 316			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	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 101			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
E o	(FBAR).	5a		x
	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?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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       10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
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.			
а	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	(2014) AMERICAN SOCIETY FOR TECHNION - 13-04:	\$4195		Page <b>6</b>
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b belor response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	n A. Governing Body and Management			
			Yes	No
1a	nter the number of voting members of the governing body at the end of the tax year	34		
	there are material differences in voting rights among members of the governing body, or if the governing			
	ody delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	nter the number of voting members included in line 1a, above, who are independent 1b	32		
2	id any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	ny other officer, director, trustee, or key employee?	2	X	
3	id the organization delegate control over management duties customarily performed by or under the direct			v
	upervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	id the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	id the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	id the organization have members or stockholders?			
7a	id the organization have members, stockholders, or other persons who had the power to elect or appoint ne or more members of the governing body?	7a		x
h	re any governance decisions of the organization reserved to (or subject to approval by) members.			
D	cockholders, or persons other than the governing body?	7b		х
8	id the organization contemporaneously document the meetings held or written actions undertaken during			
-	e year by the following:			
а	he governing body?	8a	Х	
b	ach committee with authority to act on behalf of the governing body?	8b	Х	
9	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	e organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	Х
Secti	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	e Cod		
		40.	Yes X	No
10a	id the organization have local chapters, branches, or affiliates?	<u>10a</u>		
b	"Yes," did the organization have written policies and procedures governing the activities of such chapters	10b	x	
110	ffiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a b	as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . escribe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	id the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	se to conflicts?	12b	X	
с	id the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	r		
	escribe in Schedule O how this was done	12c	Х	
13	id the organization have a written whistleblower policy?	13	X	
14	id the organization have a written document retention and destruction policy?	14	Х	
15	id the process for determining compensation of the following persons include a review and approval by			
	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	he organization's CEO, Executive Director, or top management official	15a		
b	ther officers or key employees of the organization	15b	X	
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
h	ith a taxable entity during the year?			
b	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	rganization's exempt status with respect to such arrangements?	16b		
Sect	n C. Disclosure			
17	A			
18	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			
	vailable for public inspection. Indicate how you made these available. Check all that apply.			.,
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	escribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of it	nterest	polic	y, and
	nancial statements available to the public during the tax year.			

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► ANITA ENRIQUEZ 55 EAST 56TH STREET NEW YORK, NY 10022 212-407-6357

13-0434195

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1 a Complete	a this table for all persons required to be listed. Penert componentian for the colondar year anding with or within	tho

**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					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 ector	ution	Ÿ	mplo	ist co iyee	er	(W-2/1099-MISC)		and related
	line)	r	al tri		уее	omp				organizations
		tee	Jste			ensa				
			Û			ted				
_(1)JOEL S. ROTHMAN	1.00									
CHAIRMAN	0	Х		Х				0	0	0
(2)MARTIN_KELLNER	1.00									
HONORARY CHAIRMAN	0	Х		Х				0	0	0
(3)SCOTT LEEMASTER	1.00									
PRESIDENT	0	Х		Х				0	0	0
(4)LAWRENCE S. JACKIER	1.00									
BOARD MEMBER	0	Х						0	0	0
(5) DR. STEPHEN A. LASER	1.00									
VICE CHAIRMAN	0	Х		Х				0	0	0
(6)JOAN SEIDEL	1.00									
VICE CHAIRMAN	0	Х		Х				0	0	0
(7)ZAHAVA BAR-NIR	1.00									
SECRETARY	0	Х		Х				0	0	0
(8) SENATOR PAUL B. STEINBERG	1.00									
TREASURER	0	Х		Х				0	0	0
(9)ROD_FELDMAN	1.00									
ASSISTANT SECRETARY	0	Х		Х				0	0	0
(10)SID_LEJFER	1.00									
ASSISTANT TREASURER	0	Х		Х				0	0	0
(11)NANCY_AARONSON	1.00									
BOARD MEMBER	0	Х						0	0	0
(12)NORMAN_BELMONTE	1.00									
BOARD MEMBER	0	Х						0	0	0
(13) SCOTT MYLES BLACK	1.00									
BOARD MEMBER	0	Х						0	0	0
(14)ROBERT N. BRAND	1.00									
BOARD MEMBER	0	Х						0	0	0

JSA

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	art VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ploy	yees	, and I	HIGI	nest Compensat		ees (co	ntinuea)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unless	s perso	ore than on is both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio related organizati (W-2/1099-	on from d ions	(F) Estimated amount of other compensation from the organization and related organization
15	) EVELYN EDITH BERGER	1.00									
	BOARD MEMBER	0	X					C	)	0	
<u> </u>	) STEVE BERGER	1.00	37								
.7	BOARD MEMBER	0	X					L L		0	
	) MARILYN CAPLOVITZ BOARD MEMBER	1.00	x							0	
8	) LEONA CHANIN	1.00			+						
-	BOARD MEMBER	1.00	x						)	0	
9	) RENA CONNER	1.00	- 25								
-	BOARD MEMBER	0	x					0	)	0	
0	) JEFFREY COSIOL	1.00									
-	BOARD MEMBER	0	x					C	)	0	
1	) MARK DORNER	1.00									
-	BOARD MEMBER	0	x					C	)	0	
2	) DR. GEORGE ELBAUM	1.00									
_	BOARD MEMBER	0	x					C	)	0	
3	) STEVEN EMERSON	1.00									
	BOARD MEMBER	0	X					C	)	0	
4	) CAROL B. EPSTEIN	1.00									
	BOARD MEMBER	0	Х					C	)	0	
5	) ISRAEL FELDMAN	1.00	-								
	BOARD MEMBER	0	Х					C	)	0	
	Sub-total							C	)	0	
	c Total from continuation sheets to Part VII, S	-						2,582,575.		0	748,4
0	d Total (add lines 1b and 1c)				• •			2,582,575.	• · · · · · · ·	0	748,4
2	Total number of individuals (including but not reportable compensation from the organizatio		hose 37		d abc	ve) wh	o re	eceived more than	\$100,000 c	of	
3	Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr	lule J for suc sum of rep eater than	ch ind oortab \$15	<i>ividu</i> le co 50,00	val ompe )0?	ensatio <i>If "Ye</i> s	n ai s," (	nd other compension complete Schedu	sation from Ile J for s	the such	Yes 3 4 X
4 5 Se	individual Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> ection B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of	accrue co <i>(es," comple</i>	mpen <i>te Sch</i> ndepe	nedul endei	le J fo	ntracto	per-	hat received more	e than \$100	,000 of	5 s tax
5 Se	Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> ection B. Independent Contractors Complete this table for your five highest com	accrue con és," comple ppensated in compensatio	mpen <i>te Sch</i> ndepe	nedul endei	le J fo	ntracto	per-	hat received more	e than \$100 nin the orga	,000 of nization'	

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

	(		y En				anur	nyi		ed Employees (c	onunue		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more rson	e than of 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)	ar com fr org an	(F) stimated nount of other pensation rom the anization d related anizations	
26) 1	RWIN S. FIELD	1.00		ee			sated						
	OARD MEMBER	0	x						0	0			
	DITH FISCHER	1.00	~						0	0			
	OARD MEMBER	0	x						0	0			
	ILL FISHMAN	1.00							0	0			
	OARD MEMBER	0	x						0	0			
	UTH E. FLINKMAN-MARANDY	1.00	A						0	0			
	OARD MEMBER	0	x						0	0			
	AURA FLUG	1.00											
	OARD MEMBER	0	х						0	0			
31) A	LAN FORMAN	1.00											
B	OARD MEMBER	0	x						0	0			
32) J	OSEPH FREED	1.00											
B	OARD MEMBER	0	x						0	0			
33) M	ARK GAINES	1.00											
B	OARD MEMBER	0	X						0	0			
34) T	ERRY N. GARDNER	1.00											
B	OARD MEMBER	0	X						0	0			
35) E	DWARD R. GOLDBERG	1.00											
B	OARD MEMBER	0	X						0	0			
36) II	RWIN GROSS	1.00											
	OARD MEMBER	0	X						0	0			

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 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

		res	NO
d			
	3		Х
e h			
	4	Х	
al			
	5		Х

## 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 thos more than \$100,000 in compensation from the organization ►		

Part VII Section A. Officers, Directors,	Irustees, Ke	y En	nplo	yee	es,	and I	lig	nest Compensat	ed Employees (d	continu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	ss pe d a d	ition more rson irect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations	aı con	(F) stimated mount o other npensati	f
	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)	orę ar	rom the ganizatio Id related anization	d
37) UZI HALEVY	1.00											
BOARD MEMBER	0	x						0	0			
38) HARRY HANDELSMAN	1.00											
BOARD MEMBER	0	X						0	0			
39) TAMARA HANDELSMAN	1.00											
BOARD MEMBER	0	Х						C	0			
40) ROBERT HANISEE	1.00											
BOARD MEMBER	0	Х						0	0			
41) SANDY HITTMAN	1.00											
BOARD MEMBER	0	Х						C	0			
42) MICHAEL F. KLEIN	1.00	-										
BOARD MEMBER	0	Х						0	0			
43) LINDA KOVAN	1.00	-										
BOARD MEMBER	0	X						C	0			
44) THEODORE H. KRENGEL	1.00	-										
BOARD MEMBER	0	X						C	0			
45) AGGIE KUPERMAN	1.00											
BOARD MEMBER	0	X						C	0			
46) MARSHALL LASSER	1.00											
BOARD MEMBER	0	X						0	0			
47) CHARLES E. LEVIN	1.00											
BOARD MEMBER	0	X						0	0			
1b Sub-total c Total from continuation sheets to Part VI	I, Section A											
d Total (add lines 1b and 1c)				• •								
2 Total number of individuals (including but r reportable compensation from the organiza		hose 37		d at	0006	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3		X
4 For any individual listed on line 1a, is the organization and related organizations individual.												

individual..... 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 ►	l listed above) who received	

4

5

Х

Х

(A) Name and title	<b>(B)</b> Average hours per week (list any	box,	unles	ss pe	ition more rson	e than c is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	o or director	a Institutional trustee	a Officer	Key employee	or/true Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
48) ALFRED MUNZER, M.D. BOARD MEMBER	1.00	X						0	0	
49) BENNETT NATHANSON BOARD MEMBER	1.00	X						0	0	
50) RUTH NATHANSON BOARD MEMBER	1.00	X						0	0	
51) BETH S. PERLMAN BOARD MEMBER	1.00	x						0	0	
52) MICHAEL J. PIERCE BOARD MEMBER	1.00	X						0	0	
53) DAVID A. POLAK	1.00									
BOARD MEMBER 54) BENNET RECHLER	0	X						0	0	
BOARD MEMBER 55) DAVID LEE RONN	0	X						0	0	
BOARD MEMBER 56) HOWARD ROSENBLOOM	0	X						0	0	
BOARD MEMBER 57) KENNETH RUBENSTEIN	0	Х						0	0	
BOARD MEMBER 58) NINA MADDEN SABBAN	0	X						0	0	
BOARD MEMBER	0	Х						0	0	
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	=		•••			· · ·				
2 Total number of individuals (including but no reportable compensation from the organizat	ot limited to th		liste				o re	ceived more than	\$100,000 of	

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 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

	Yes	No
3		Х
4	Х	
5		Х

#### **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 ►		

|--|

Name and title     Average business week (taruery business)     Position (do not check more than one business)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)     Reportable compensation free organization (W-2/1099-MISC)<		(A)	(B)			(C)			(D)	(E)			(F)	
9) JOEL W. SCHWARTZ       1.00       0 <th></th> <th></th> <th>Average hours per week (list any hours for related organizations</th> <th>box, office</th> <th>not che unless er and</th> <th>Positi eck m s pers a dir</th> <th>on ore than on is both ector/trus</th> <th>an tee)</th> <th>Reportable compensation from the organization</th> <th>Reportable compensation related organization</th> <th>from ns</th> <th>Est amo comp fro orga</th> <th>imated ount of other oensatio m the inizatio related</th> <th>on</th>			Average hours per week (list any hours for related organizations	box, office	not che unless er and	Positi eck m s pers a dir	on ore than on is both ector/trus	an tee)	Reportable compensation from the organization	Reportable compensation related organization	from ns	Est amo comp fro orga	imated ount of other oensatio m the inizatio related	on
BOARD MEMBER       0       0         0) ARNOLD SEIDEL       1.00       0         BOARD MEMBER       0       0         0) ARNOLD SEIDEN       1.00         BOARD MEMBER       0       0         0) ARNOLD SEIDEN       1.00         BOARD MEMBER       0       0         0) LES SESKIN       1.00         BOARD MEMBER       0       0         0       X       0       0         BOARD MEMBER       0       X       0			line)	al trustee or	nal trustee		compensated e lovee					orgar	nizatior	IS
BOARD MEMBER       0       x       0       0         10       NORMAN SELDEN       1.00       0       0       0         BOARD MEMBER       0       x       0       0       0         21       LES SESKIN       1.00       0       0       0       0         21       LES SESKIN       1.00       0       0       0       0         30       IRVING A. SHEPARD       1.00       0       0       0       0         BOARD MEMBER       0       X       0       0       0       0         BOARD MEMBER       1.00       0       0       0       0       0         BOARD MEMBER       0       X       0       0       0       0       0         BOARD MEMBER       0       X       0			+	x					C	)	0			
BOARD MEMBER       0       x       0       0         (2) LES SESKIN       1.00       x       0       0         BOARD MEMBER       0       X       0       0         3) IRVING A. SHEPARD       1.00       x       0       0         BOARD MEMBER       (THRU 3/2015)       0       X       0       0         BOARD MEMBER       (THRU 3/2015)       0       X       0       0         BOARD MEMBER       0       X       0       0       0         (6) IRV SILVER       1.00       0       0       0       0         BOARD MEMBER       0       X       0       0       0         (7) CINDY SIFKIN       1.00       X       0       0       0         BOARD MEMBER       0       X       0       0       0       0         (8) MARK SHEINKOFF       1.00       X       0       0       0       0       0       0			+	x					C	)	0			
BOARD MEMBER       0       0       0         3) IRVING A. SHEPARD       1.00       0       0         BOARD MEMBER (THRU 3/2015)       0       0       0         BOARD MEMBER (THRU 3/2015)       0       0       0         BOARD MEMBER (THRU 3/2015)       0       0       0         BOARD MEMBER       0       X       0       0			+	x					C		0			
3)       IRVING A. SHEPARD       1.00       x       0       0         BOARD MEMBER (THRU 3/2015)       0       x       0       0         4)       LEONARD H. SHERMAN       1.00       0       0       0         BOARD MEMBER       0       x       0       0       0         SOARD MEMBER       0       x       0       0       0         5)       STANLEY SHIRVAN       1.00       0       0       0         BOARD MEMBER       0       x       0       0       0         6)       IRV SILVER       1.00       0       0       0         BOARD MEMBER       0       x       0       0       0       0         BOARD MEMBER       0       x       0       0       0       0       0         BOARD MEMBER       0       x       0       0       0       0       0       0       0       0       0       0	)_L	ES SESKIN	1.00								0			
4)       LEONARD H. SHERMAN       1.00       x       0       0         BOARD MEMBER       0       x       0       0         5)       STANLEY SHIRVAN       1.00       x       0       0         BOARD MEMBER       0       X       0       0       0       0         9)       JANET SHATZ SNYDER       1.00       X       0       0       0         10       BOARD MEMBER       0       X       0       0       0       0         10       JANET SHATZ SNYDER       1.00       X <t< td=""><td>)_I</td><td>RVING A. SHEPARD</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	)_I	RVING A. SHEPARD	1.00											
5)       STANLEY SHIRVAN       1.00       x       0       0         BOARD MEMBER       0       x       0       0       0         6)       IRV SILVER       1.00       x       0       0         BOARD MEMBER       0       x       0       0       0         7)       CINDY SIFKIN       1.00       x       0       0         BOARD MEMBER       0       x       0       0       0         BOARD MEMBER       0       x       0       0       0         9)       JANET SHATZ SNYDER       1.00       x       0       0         BOARD MEMBER       0       x       0       0       0         9)       JANET SHATZ SNYDER       1.00       x       0       0         BOARD MEMBER       0       x       0       0       0         10 total (add lines 1b and 1c)	)_L	EONARD H. SHERMAN	1.00											
5)       IRV SILVER       1.00       x       0       0         BOARD MEMBER       0       x       0       0       0         7)       CINDY SIPKIN       1.00       x       0       0       0         BOARD MEMBER       0       x       0       0       0       0         8)       MARK SHEINKOPF       1.00       x       0       0       0         9)       JANET SHATZ SNYDER       1.00       x       0       0       0         9)       JANET SHATZ SNYDER       0       0       0       0       0         9)       JANET SHATZ SNYDER       0       0       0       0       0       0         10       BOARD MEMBER       0       X       0	) S	TANLEY SHIRVAN	1.00											
1.00       1.00       0       0       0         BOARD MEMBER       0       0       0       0       0         3) MARK SHEINKOPF       1.00       0       0       0       0         BOARD MEMBER       0       0       0       0       0       0         3) MARK SHEINKOPF       1.00       0       0       0       0       0         BOARD MEMBER       0       0       0       0       0       0       0         2) JANET SHATZ SNYDER       0       0       0       0       0       0       0         b Sub-total       0       0       0       0       0       0       0       0         c Total from continuation sheets to Part VII, Section A       >	)_I	RV SILVER	1.00			+		$\left  \right $						
3) MARK SHEINKOPF       1.00       0       0       0       0         BOARD MEMBER       0       X       0       0       0         2) JANET SHATZ SNYDER       1.00       0       0       0       0         BOARD MEMBER       0       X       0       0       0         BOARD MEMBER       0       X       0       0       0         c Total from continuation sheets to Part VII, Section A       >       0       0       0         c Total from continuation sheets to Part VII, Section A       >       0       0       0         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 b       37         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 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         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         Secti	) C	INDY SIPKIN	1.00											
9) JANET SHATZ SNYDER       1.00       x       0       0         BOARD MEMBER       0       x       0       0         Ib Sub-total			-	X					C		0			_
1b Sub-total       c Total from continuation sheets to Part VII, Section A       Image: Control in the cont			-	X					C		0			
d Total (add lines 1b and 1c)	-	ub-total	0	X				►	C		0			
reportable compensation from the organization       37         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 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         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       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	ΙТο	tal (add lines 1b and 1c)				•••		•						_
<ul> <li>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</li></ul>						l abo	ove) wh	o re	eceived more than	\$100,000 of				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4         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         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of													Yes	1
<ul> <li>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</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest compensated independent contractors that received more than \$100,000 of</li> </ul>	org	ganization and related organizations gr	eater than	\$15	50,00	0?	lf "Ye	s,"					v	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	Die	d any person listed on line 1a receive or	accrue con	mpen	satio	n fr	om any	/ un					X	
			es," comple	te Scr	neaul	eJī	or such	per	son	<u></u> .		5		
year.	со	mpensation from the organization. Report of										tax		
(A) (B) (C) Name and business address (C) Description of services (C)			dress							ervices	Con		ation	

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 ►

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ŀ	Part VII Section A. Officers, Directors, Tru		ey En	nplo	-		and H	lig	-		ees (c	ontinue		
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportab compensation related organizatio	n from	an	(F) stimated nount o other pensati	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-N		fro orga and	om the anizatio d related anization	on d
2	)) JONATHAN SOHNIS BOARD MEMBER	1.00	x						0		0			(
7	l) BEN Z. SOSEWITZ	1.00												
-	BOARD MEMBER	0	x						0		0			(
7	2) ED STATELL	1.00												
-	BOARD MEMBER	0	x						0		0			
7	3) IVAN STERN	1.00									-			
-	BOARD MEMBER	0	x						0		0			
7	4) JANEY SWEET	1.00									-			
-	BOARD MEMBER	<u>-</u> 0	x						0		0			
7	5) BERNICE R. TANENBAUM	1.00												
-	BOARD MEMBER	<u>-</u> 0	x						0		0			
7	5) JOSEPH TANENBAUM	1.00												
-	BOARD MEMBER	0	x						0		0			
7	7) IRA TAUB	1.00												
-	BOARD MEMBER	0	x						0		0			
7	3) DEBBIE VANDERVEER	1.00												
-	BOARD MEMBER	0	x						0		0			
7	) MARY WARTELL	1.00												
_	BOARD MEMBER	0	X						0		0			
8	)) LEWIS M. WESTON	1.00												
_	BOARD MEMBER	0	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>P. Total number of individuals (including but not reportable compensation from the organization)</li> </ul>	limited to t		liste				A	eceived more than	\$100,000 of	f			
													Yes	No
3														
	employee on line 1a? If "Yes," complete Sched	lule J for su	ch ina	livid	ual			• •			• •	3		X
4	organization and related organizations gr	eater than	\$15	50,0	00?	' If	"Yes	5,"	complete Schedu	le J for s	uch			
Ę	individual Did any person listed on line 1a receive or											4	X	
_	for services rendered to the organization? If "Y											5		Х
5	Section B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report or year.													
	(A)								(B)			(C)		
	Name and business add	dress						_	Description of se	ervices	С	ompens	sation	
_								+						
_								_						
								1						

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 ►

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	t VII Section A. Officers, Directors, Tr	451005, 110	<u>y En</u>	ipio	yee	<del>,</del> 5, č	and H	iigr	lest compensat		ees (00	Jillinueu)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	s pei I a di	ition more rson i irecto	e than on is both a <u>pr/truste</u> employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio related organizati (W-2/1099-	n from I ons	(F) Estimated amount of other compensation from the organization and related organizations
31)	ROBERT A. DAVIDOW	1.00		œ			ated					
	BOARD MEMBER	0	X						C	)	0	
	BERNARD LUBLIN BOARD MEMBER	2.00	x						C		0	
3)	NATHAN FISCHEL	1.00										
1 \	BOARD MEMBER	0	X						C		0	
4)	MITCHELL JULIS	1.00										
<u>۲</u>	BOARD MEMBER FARIBA GODSHIAN	0	X						C		0	
<u>_</u>	BOARD MEMBER	1.00	x						0		0	
6)	MELVYN BLOOM	40.00									0	
	EVP EMERITUS (THRU 5/2016)	0			x				472,272.		0	267,51
7)	JEFFREY RICHARD	40.00							1,2,2,2,2			20,751
	EXECUTIVE VP (AS OF 5/2014)	0			x				307,512.		0	33,10
8)	MICHAEL SCHEMENTI	40.00							,			,
	SR. VP, FINANCE/CFO	0			x				287,466.		0	66,21
9)	SETH MOSKOWITZ	40.00										
	SR. VP, CAMPAIGN (THRU 6/2014)	0				х			157,855.		0	32,22
0)	BETH WILNER	40.00										
	SR. VP, DEVELOPMENT	0				Х			259,435.		0	93,66
1)	JEROME KLEINMAN	40.00										
	REGIONAL DIRECTOR	0					Х		247,511.		0	48,10
<u>d</u> 2 3 4	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i>	limited to the n ► cer, director dule J for successum of rep eater than	hose 35 or, or ch ind portab \$15	listeo 7 tru: <i>lividu</i> ble co 50,00	d ab stee <i>ial</i> 00?	pove e, k pen	e) who key er sation <i>"Yes,</i>	mp ar	loyee, or highes nd other compens complete Schedu	t compensa sation from Ile J for s	ated the such	Yes   3   4   X
5	Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y	accrue co	mpen	satic	on f	rom	any	uni	related organization	on or individ	dual	5
	tion B. Independent Contractors	- 5, 50,11010					20011			<u></u>		
	Complete this table for your five highest con compensation from the organization. Report											
	year.											

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 ►

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Form 990 (2014) Part VII Section A. Officers, Directors, 1	Trustoos Ko		nlo		26	and L	امنا	host Component			ontinuo		Page 8
(A)	(B)	;y ⊑⊓ ∣	ιριο		35, C)	anur	пgi	(D)				(F)	
Name and title	Average hours per week (list any hours for	box,	unles	Pos neck ss pe	ition more rson	e than c is both or/trust	an	Reportable compensation from the	Reporta compensatio relate organizat	on from d	Est am	timated ount of other oensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-		orga and	om the anizatio I related nizatior	ł
92) MARK HEFTER	40.00												
ASSOCIATE VP OF PLANNED GIVIN						X		224,603.		0		79,4	93
23) IVAN SCHONFELD REGIONAL DIRECOR(THRU 10/2014						x		236,482.		0		43,2	34
94) JOEL BERKOWITZ	40.00	-											
REGIONAL DIRECTOR	0					X		199,608.		0		52,6	38
95) IRV ELENBERG REGIONAL DIRECTOR	40.00	-				x		189,831.		0		32,2	001
						^		109,031.		0		54,2	
		-											
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A			•••	•••	• • •							
2 Total number of individuals (including but no reportable compensation from the organizat		hose 31		d al	bove	e) who	o re	ceived more than	\$100,000 0	of			
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche											3	Yes	No X
<ul> <li>For any individual listed on line 1a, is the organization and related organizations</li> </ul>	e sum of rep	oortab	ole c	om	pen	satio	n ar	nd other compens	sation from	the			
<ul><li><i>individual</i></li><li>5 Did any person listed on line 1a receive of</li></ul>			• • •	• •			• •				4	Х	
for services rendered to the organization? <i>If</i> Section B. Independent Contractors											5		Х
<ol> <li>Complete this table for your five highest co compensation from the organization. Repor year.</li> </ol>													
(A) Name and business a	address							<b>(B)</b> Description of se	ervices	Co	(C) ompens	ation	
							-						

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 **>** 

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Form	990	(201	4)

Par	t VII							
		Check if Schedule O co	ontains a respor	nse or note to ar	iy line in this Part V (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
fts,	с	Fundraising events	<u>1c</u>	41,231.				
, Gi	d	Related organizations	1d					
Sir	е	Government grants (contrib	utions). 1e					
buti	f	All other contributions, gifts,	•					
d of t		and similar amounts not included		80,136,137.				
ang	g h	Noncash contributions included <b>Total.</b> Add lines 1a-1f		6,692,197.	80,177,368.			
ne			<u></u>	Business Code	80,177,388.			
ven	2a							
e Re	b							
<u>vice</u>	с							
Ser	d							
ram	е							
Program Service Revenue	f	All other program service rev						
_₽_	g	Total. Add lines 2a-2f			0			
	3	,	cluding dividen		10,358,008.		19,699.	10,338,309.
	4	and other similar amounts). Income from investment of			10,358,008.		19,099.	10,338,309.
	5	Royalties	•	·	0			
		,	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss			0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	144,620,844.					
	b	Less: cost or other basis	146 014 000					
		and sales expenses	146,214,883. -1,594,039.					
	c d	Net gain or (loss)			-1,594,039.			-1,594,039.
e	8a	Gross income from fundra						
nu		events (not including \$	0					
eve		of contributions reported on						
L R		See Part IV, line 18	a	44,550.				
Other Revenue	b	Less: direct expenses						
ō	c	Net income or (loss) from fu	-	· · · · · · · •	3,219.			3,219.
	9a	Gross income from gaming See Part IV, line 19						
	h	Less: direct expenses						
	b c	Net income or (loss) from g			0			
	10a	Gross sales of invent	-					
		returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sa			0			
		Miscellaneous Reven		Business Code				
	11a ⊾							
	b c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			0			
	12	Total revenue. See instruction			88,944,556.		19,699.	8,747,489.

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	SOCIETY FOR TECH	INION -	13-0	434195 Page'
Part IX Statement of Functional Expenses		All - (l		(4)
Section 501(c)(3) and 501(c)(4) organizations mu Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b,	I		(C)	(D)
8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	8,552,624.	8,552,624.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	63,610,164.	63,610,164.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,		010 670	1 120 507	1 200 75
trustees, and key employees	2,652,009.	213,670.	1,138,587.	1,299,75
6 Compensation not included above, to disqualified				
persons (as defined under section $4958(f)(1)$ ) and	0			
persons described in section 4958(c)(3)(B)	8,078,379.	264,950.	2,086,227.	5,727,20
7 Other salaries and wages	0,070,575.	201,000.	2,000,227.	5,727,20
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	828,808.	46,090.	160,743.	621,97
9 Other employee benefits	1,904,017.	27,602.	587,834.	1,288,58
	671,843.	27,492.	195,644.	448,70
Payroll taxes		,		
a Management	157,706.		157,706.	
b Legal	126,365.	22,600.	103,765.	
c Accounting	188,333.		188,333.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	30,372.			30,37
f Investment management fees	933,615.		933,615.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	356,314.		268,313.	88,00
2 Advertising and promotion	577,627.	5,816.	57,878.	513,93
3 Office expenses	597,296.	3,270.	218,998.	375,02
4 Information technology	0			
5 Royalties	0			
6 Occupancy	857,252.	2,421.	152,545.	702,28
7 Travel	1,149,757.	185,835.	332,268.	631,65
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	512,232.	36,959.	25,152.	450,123
0 Interest	135,043.		135,043.	
1 Payments to affiliates	0		100.100	004 00
2 Depreciation, depletion, and amortization	413,510.		189,138.	224,37
3 Insurance	227,901.		227,901.	
4 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.)	1 604 221		1 604 221	
aBAD_DEBT_EXPENSE	1,604,221.		1,604,221. 9,867.	14,53
bMISCELLANEOUS	24,402.		9,00/.	14,03
C				
d				
e All other expenses	94,189,790.	72,999,493.	8,773,778.	12,416,519
<ul> <li>5 Total functional expenses. Add lines 1 through 24e</li> <li>6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and</li> </ul>	24,102,120.	12,222,423.	0,113,110.	12,410,315
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0			

JSA 4E1052 1.000

following SOP 98-2 (ASC 958-720)

0

Page
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-		2014) Delement Object			Page 11
Pa	rt X				
		Check if Schedule O contains a response or note to any line in this F			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	6,902,947.	1	2,002,371.
	2	Savings and temporary cash investments	6,906,853.	2	3,562,395.
	3	Pledges and grants receivable, net	103,757,901.	3	88,761,466.
	4	Accounts receivable, net	0	4	(
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	C
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
6		organizations (see instructions). Complete Part II of Schedule L	0	6	C
Assets	7	Notes and loans receivable, net	49,126,099.	7	47,925,200.
ASS	8	Inventories for sale or use	0	8	C
	9	Prepaid expenses and deferred charges	2,733,329.	9	3,277,059.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 16,580,607.			
	b	Less: accumulated depreciation <b>10b</b> 8,167,545	8,677,247.	10c	8,413,062.
	11	Investments - publicly traded securities	143,515,039.	11	159,246,513.
	12	Investments - other securities. See Part IV, line 11		12	127,071,653.
	13	Investments - program-related. See Part IV, line 11		13	C
	14	Intangible assets		14	C
	15	Other assets. See Part IV, line 11	30,359,682.	15	31,614,266.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	471,873,985.
	17	Accounts payable and accrued expenses	7,148,985.	17	7,021,410.
	18	Grants payable	3,058,960.	18	1,066,531.
	19	Deferred revenue	0	19	C
	20	Tax-exempt bond liabilities		20	C
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	C
Ξ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ξ		disqualified persons. Complete Part II of Schedule L		22	C
	23	Secured mortgages and notes payable to unrelated third parties		23	11,300,000.
	24	Unsecured notes and loans payable to unrelated third parties	0	24	C
	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		25	18,473,718.
	26	Total liabilities. Add lines 17 through 25		26	37,861,659.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	9,023,449.
Bal	28	Temporarily restricted net assets	163,700,144.	28	130,221,913.
ри	29	Permanently restricted net assets	284,836,154.	29	294,766,964.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
ţs	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	471,781,871.	33	434,012,326.
_	34	Total liabilities and net assets/fund balances	514,724,757.	34	471,873,985.
					Form <b>990</b> (2014)

Form 990 (2014)

Form 9	90 (2014)				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					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	88	3,9	44,5	56.
2	Total expenses (must equal Part IX, column (A), line 25)	2				790.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 5	5,2	45,2	234.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	471	.,7	81,8	371.
5	Net unrealized gains (losses) on investments	5	-19	),5	28,5	531.
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	-12	2,9	95,7	780.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	434	ł,O	12,3	326.
Part	XII Financial Statements and Reporting					
	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 cor	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 aud	ted on	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	oversig	ht			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, e	explain	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	in			
	the Single Audit Act and OMB Circular A-133?			Ba		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo th	ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	:	3b		

**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.

Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990-EZ.       Open to Public         Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.       Inspection								
	al Revenue Service				ind its ins	structions		
	e of the organization AEL INSTITUTE			TECHNION -				tification number
Par				organizations must o	omplet	a this no		-0434195
			· ·	t is: (For lines 1 through			,	••
1		-			-	-		
2								
3								
4								
-	hospital's name, city, and state:							
5								
-		-	Complete Part II.)					
6	``,		• •	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		-	-			-		om the general public
			)(1)(A)(vi). (Compl					<b>.</b> .
8	A community t	rust describe	ed in section 170(k	b)(1)(A)(vi). (Complete	e Part II.)			
9	An organizatio	on that norma	ally receives: (1) n	nore than 331/3% of	its supp	ort from	contributions, memb	ership fees, and gross
	receipts from	activities rel	ated to its exemp	t functions - subject	to certa	in excep	tions, and (2) no mo	re than 331/3% of its
	support from	gross invest	tment income an	d unrelated business	taxable	e income	e (less section 511	tax) from businesses
	acquired by the	e organizatio	n after June 30, 19	975. See section 509	(a <b>)(2)</b> . ((	Complete	e Part III.)	
10	An organizatio	n organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11		-		-				rry out the purposes of
								ction 509(a)(3). Check
	the box in lines	s 11a throug	h 11d that describe	es the type of support	ing orga	nization	and complete lines 11	e, 11f, and 11g.
а			-	, supervised, or contr	-			
		-			elect a m	najority o	f the directors or trus	tees of the supporting
			omplete Part IV, S					
b				ed or controlled in co				
		-		organization vested in	the sam	e persor	ns that control or mar	age the supported
-			-	, Sections A and C.			and the second for a stress	U
С		-		ng organization opera				lly integrated with,
А		-		ns). You must comple porting organization of				tod organization(a)
d	• •	•		nization generally must	•			• • • • •
		-		omplete Part IV, Sect			-	an allentiveness
е				a written determinatio				
C		•		ionally integrated sup			•• ••	п, туре п
f						nganizai		
g				orted organization(s).				
	(i) Name of supported o	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)
				(see instructions))	docu	ment	instructions)	instructions)
					Yes	No		
(1)								
(A)								
(B)								
(0)								
(C)								
(D)								
(E)								

OMB No. 1545-0047

2014

Total

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,200,800.	65,391,706.	78,732,133.	71,504,952.	80,177,368.	363,006,959.
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	67,200,800.	65,391,706.	78,732,133.	71,504,952.	80,177,368.	363,006,959.
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)						48,501,860.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4. tion B. Total Support						314,505,099.
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	67,200,800.	65,391,706.	78,732,133.	71,504,952.	80,177,368.	363,006,959.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,833,591.	8,965,947.	8,006,914.	8,132,722.	10,346,541.	42,285,715.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	18,424.	68,244.	-7,523.	11,467.	90,612.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	15,100.	23,625.	29,600.	34,800.	44,550.	147,675.
11	Total support. Add lines 7 through 10						405,530,961.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2014 (li	ne 6, column (f)	divided by line	11, column (f))		14	77.55%
15	Public support percentage from 2013	Schedule A, Pa	rt II, line 14			15	76.04%
16a	331/3% support test - 2014. If the o						e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		► X
b	331/3% support test - 2013. If the c	organization did	not check a bo	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga	anization qualifie	es as a publicly s	supported organ	nization		▶ 🗌
17a	10%-facts-and-circumstances test - 2	2014. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and I	ine 14 is
	10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						▶ 🗌
b	10%-facts-and-circumstances test - 2	2013. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ►                                   </u>

		CAN SOCIETY	Y FOR TECHN	IION -		13-0434	-
_	t III Support Schedule for Organ (Complete only if you check If the organization fails to qua	ed the box on	line 9 of Part	I or if the orga			Page 3
Sec	tion A. Public Support	-				-	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
U	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
<u>.</u>	line 6.)						
	tion B. Total Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(0) 2012	(u) 2013	(e) 2014	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
lou	payments received on securities loans,						
	rents, royalties and income from similar						
h	sources 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for						
	organization, check this box and stop here .			<u></u>		<u></u>	<u>▶</u>
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2014 (line 8,					15	%
16	Public support percentage from 2013 Sche					16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				

<b>14</b> First live years. In the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(5)							
organization, check this box and stop here							
Section C. Computation of Public Support Percentage							
Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%					
		%					
Section D. Computation of Investment Income Percentage							
nvestment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%					
nvestment income percentage from 2013 Schedule A, Part III, line 17	18	%					
	organization, check this box and stop here.         on C. Computation of Public Support Percentage         Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))         Public support percentage from 2013 Schedule A, Part III, line 15.         on D. Computation of Investment Income Percentage         nvestment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	organization, check this box and stop here         on C. Computation of Public Support Percentage         Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))         Public support percentage from 2013 Schedule A, Part III, line 15					

19a 331/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line ► 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions > 20

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "*Yes*," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	le A (Form 990 or 990-EZ) 2014		F	Page 5
Part	V Supporting Organizations (continued)	ı	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,</i>			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		<b>V</b>	Ne
_			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
<u></u>			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons):	
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	- (! )		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions).	Yes	No
2	Activities Test. Answer (a) and (b) below.		163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	24		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
JSA 4E1230 2.	Schedule A (Form	990 or	990-EZ	2) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	e	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedu	INTERICAN SOCIETY FOR le A (Form 990 or 990-EZ) 2014	ILCHNION -	13	Page <b>7</b>
Part		Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	<b>.</b> .		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
5 h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
-	D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
0	and 4c. Breakdown of line 7:			
8				
b				
	Europe from 2012			
d	Excess from 2013			
e	Excess from 2014			
			Schedule	A (Form 990 or 990-EZ) 2014

Page 8

Part VI 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	2010	2011	2012	2013	2014	TOTAL		
GROSS INCOME FROM FUNDRAISING	15,100.	23,625.	29,600.	34,800.	44,550.	147,675.		
TOTALS	15,100.	23,625.	29,600.	34,800.	44,550.	147,675.		

Schedule B	Schedule of Contributors	OMB No. 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov	ı/form990.	2014
Name of the organization		Employe	r identification number
AMERICAN SOCIETY	FOR TECHNION -		
ISRAEL INSTITUTE	FOR TECHNOLOGY INC.	13-0	434195
Organization type (check	k 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 fou	ndation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion	
	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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2014)

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

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
_ 1 _		\$ 12,500,000.	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		
_ 2 _		\$5,000,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
_ 3 _		\$ 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		
_ 4 _		\$,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		
_ 5 _		\$ \$ 2,530,000.	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		
_ 6 _		\$3,470,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

## Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

Employer identification number 13-0434195

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 7		\$2,900,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$1,951,938.	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		\$2,801,002.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 99	Page 3	
Name of organization	AMERICAN SOCIETY FOR TECHNION -	Employer identification number
	ISRAEL 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
2	JBLICLY TRADED SECURITIES	-	
		1,460,357.	_12/30/2014
(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

JSA 4E1254 1.000 0415GM 700J

	(Form 990, 990-EZ, or 990-PF) (2014)			Page 4				
Name of or	rganization AMERICAN SOCIETY FOR T			Employer identification number				
Part III	ISRAEL INSTITUTE FOR T Exclusively religious, charitable, etc.	., contributions to c						
	that total more than \$1,000 for the y following line entry. For organizations contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	s completing Part III, e year. (Enter this in	enter the total of enter total of enter the total of enter total of	exclusively religious, charitable, etc.,				
(a) No.		Ional space is neede	eu.					
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relation	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) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift (c) Use of g		of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee				

(Form 990)       Supplemental Financial Statements       201         Department of the Treasury Internal Revenue Service       ► Attach to Form 990.       Open to P	Δ
Department of the Treasury Attach to Form 990. Open to P	
· · ·	
Name of the organization AMERICAN SOCIETY FOR TECHNION -	
ISRAEL INSTITUTE FOR TECHNOLOGY INC. 13-0434195	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds and other accounts	
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year) . 133,239.	
4 Aggregate value at end of year 1,303,961.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
<ul> <li>funds are the organization's property, subject to the organization's exclusive legal control?</li> <li><b>G</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used</li> </ul>	_ No
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
conferring impermissible private benefit?	No
Part II Conservation Easements.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land a Preservation of a certified historic structure	rea
Protection of natural habitat Preservation of a certified historic structure Preservation of open space	
<ul> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation</li> </ul>	
easement on the last day of the tax year.	Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization durin tax year ►	g the
<ul> <li>4 Number of states where property subject to conservation easement is located ▶</li> </ul>	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
<ul> <li>\$</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> </ul>	
and section 170(h)(4)(B)(ii)?	No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further public service, provide the following amounts relating to these items:	ince of
(i) Revenue included in Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the reported under SEAS 116 (ASC 0.52) relating to these items:	de the
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X ▶ \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 9	90) 2014

		ICAN SOCIETY	FOR TECHN	ION -		13-04	34195	- 0
	t III Organizations Maintaining	Collections of	Art, Historie	cal Treasure	s, or Oth	er Similar Asse	ets (continu	Page 2 ued)
3 b c 4 5	Using the organization's acquisition, collection items (check all that apply): Public exhibition Scholarly research Preservation for future generat Provide a description of the organiz XIII. During the year, did the organization assets to be sold to raise funds rather	: ations ation's collections solicit or receive c r than to be mainta	d L e C and explain I lonations of an ained as part o	oan or exchar Dther how they furth t, historical trea f the organizat	ige prograr	ns ganization's exemp other similar tion? [	ot purpose in	n Part
Par	t IV Escrow and Custodial Arra			organization a	nswered	"Yes" to Form 99	0, Part IV,	line 9,
	or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:							
с	Beginning balance			1	lc	Amount		
d	<b>ÿ</b> ,				d			
e	Distributions during the year				le			
f 2a	Ending balance Did the organization include an amou				lf custodial	account liability?	Yes	No
	If "Yes," explain the arrangement in F							
Par							<u></u>	
		(a) Current year	(b) Prior yea		years back	(d) Three years back	(e) Four year	
		308,056,049.		79. 293,14		269,977,004.	258,215	
	Contributions	10,144,498.	8,487,2	251. 9,93	31,869.	17,048,449.	21,079	,376.
С		-12,228,918.	19,711,6	60 14.2	57,109.	22,416,448.	4.186	5,395.
d	Grants or scholarships	4,451,492.	19771170		<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,110,110.	1,100	
е								
	and programs	213,688.		<sup>7</sup> 52. 15,6 <sup>4</sup>		16,293,755.	13,503	3,796.
	Administrative expenses	2,809,083.	319,8		98,030.			
-						293,148,146.	269,977	,004.
2 a	Provide the estimated percentage of Board designated or quasi-endowmer		,	ie ig, column (	a)) neid as:			
b	Permanent endowment > 98.80							
С	Temporarily restricted endowment							
	The percentages in lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	e organization	hat are held	and admin	istered for the	Yes	No
	organization by: (i) unrelated organizations						3a(i) X	s No
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related orga	nizations listed as	required on Scl	hedule R?			3b	<u> </u>
4	Describe in Part XIII the intended use	-	tion's endowme	ent funds.				
Par	t VI Land, Buildings, and Equip Complete if the organization	<b>ment.</b> on answered "Ye	s" to Form 90	0 Part IV lin	e 11a .Se	e Form 990 Par	t X line 10	
	Description of property	(a) Cost or	other basis (b)	Cost or other basis	s (c) Acc	umulated (	d) Book value	<u>.                                    </u>
1a	Land	(inves	,	(other)	depre	eciation		
b	Buildings			12,809,811	. 4,7	11,654.	8,098,	157.
С	Leasehold improvements							
d	Equipment			3,770,796	. 3,4	55,891.	314,	905.
	Other		- 000 De ( ) (		40(-1)		0 412	0.6.0
Iota	I. Add lines 1a through 1e. (Column (c	a) must equal Forn	n 990, Part X, c	oiumn (B), line	10(c).)		8,413,	

Schedule D (Form 990) 2014

(c) Method of valuation:

Cost or end-of-year market value

FMV

FMV

FMV

FMV

FMV

### Page 3

### AMERICAN SOCIETY FOR TECHNION -Schedule D (Form 990) 2014 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 (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) ALTERNATIVE INV - HEDGE FUNDS 95,558,515. (B) ISRAEL TIME DEPOSITS 22,678,838. (C) MUNICIPAL BONDS 482,320 (D) HIGH YIELD & OTHER FIXED INCOM 7,802,427. (E) DUE FROM FUND MANAGERS 549,553. (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 127,071,653 Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
_ (5)		
(6)		
(7)		
(8)		
(9)		
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	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	28,727,673.
(2) OTHER RECEIVABLES	529,376.
(3)LIFE INSURANCE POLICIES	2,357,217.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	31,614,266.

#### 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	18,473,718.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	18,473,718.

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

Х

Schedu	le D (Form 990) 2014		Page <b>4</b>
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	68,482,410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -19,528,531.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-19,528,531.
3	Subtract line 2e from line 1	3	88,010,941.
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 933, 615.	-	
b	Other (Describe in Part XIII.) 4b	-	
	Add lines 4a and 4b	4c	933,615.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	88,944,556.
Part		ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		106 051 055
1	Total expenses and losses per audited financial statements	1	106,251,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a L	Donated services and use of facilities 2a	-	
b	Prior year adjustments 2b	-	
ک اہ	Other losses 2c	-	
d	Other (Describe in Part XIII.)2d12,995,780.Add lines 2a through 2d	0.	10 005 700
e	Subtract line 2e from line 1	2e 3	12,995,780. 93,256,175.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	93,230,175.
-			
a b		-	
c c		4c	933,615.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	40 5	94,189,790.
	XIII Supplemental Information.	5	51,105,750.
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, I nation	ine 4; Part X, line
SEE	PAGE 5		

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 MAINTENACE. 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 2012, 2013, 2014 AND 2015 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

V 14-7.16

POSITIONS.

OTHER CHANGES IN EXPENSES

SCHEDULE D, PART XII, LINE 2D

PLEDGE WRITE OFF - \$12,995,780

SCHEDULE F		Staten	nent of A	ctivities	Outside the Uni	ted St	ates	OMB No. 1545-0047	
(For	m 990)	Complete	e if the organiza	if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.					
	ment of the Treasury	Information	on about Sched	Open to Public Inspection					
	I Revenue Service	ERICAN SC	CIETY FOR	TECHNION ·	_		Employer ide	ntification number	
	AEL INSTITUTE						13-043		
Part	General In Form 990, P			Outside the l	Jnited States. Complete	if the org	ganization a	nswered "Yes" on	
	For grantmakers. D	oes the orga	nization mainta		substantiate the amount of				
	-	-			e, and the selection criteri		award the		
	grants or assistance	?						X Yes No	
	For grantmakers. assistance outside t			ganization's p	rocedures for monitoring	the use	e of its gra	nts and other	
3	Activities per Regio	n. (The follov	ving Part I, line	3 table can be	e duplicated if additional sp	ace is ne	eded.)		
	(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)	a pr describ	tivity listed in (c ogram service, oe specific type ice(s) in region	expenditures for	
(1)	MIDDLE EAST AND NOR	RTH AFRICA			GRANTMAKING			63,610,164.	
(2)	CENTRAL AMERICA/CAR	RIBBEAN			INVESTMENTS			59,101,103.	
(3)	MIDDLE EAST AND NOF								
	MIDDLE EAST AND NOP	CIH AFRICA			INVESTMENTS			21,769,824.	
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
<u>(10)</u>									
<u>(11)</u>									
(12)									
(13)									
(14)									
(15)									
<u>(16)</u>									
<u>(17)</u>	Sub-total								
3a b	Sub-total Total from c sheets to Part I	ontinuation						144,481,091.	
C	Totals (add lines							144,481,091.	
For Pa	aperwork Reduction /	Act Notice, se	e the Instruction	s for Form 990.			Sch	edule F (Form 990) 2014	

Page **2** 

Schedule F (Form 990) 2014

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.					orm 990,			
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> 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	63,610,164.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	er total number of recipient organe IRS, or for which the grantee						x-exempt		1

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

Schedule F (Form 990) 2014

### Page 3

### Schedule F (Form 990) 2014

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2014

JSA 4E1276 1.000 AMERICAN SOCIETY FOR TECHNION -

Sched	ıle F (Form 990) 2014		Page 4
Part	V 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
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; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	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 (see Instructions for Form 8621)</i>	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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

### 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 LIASON 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.

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Schedule F (Form 990) 2014

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.

	Supplemental Information Regarding Fundraising or Gaming Activities					Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	19, or if the	2014					
Department of the Treasury				or Form 990			Open to Public
Internal Revenue Service	Information ab	out Schedule G (Form	990 or 990-E	Z) and its in	structions is at www.ir	-	Inspection
Name of the organization	AMERICAN SOCI		ION -			Employer identification	
ISRAEL INSTITUTE						13-0434195	
	ng Activities. Com				"Yes" to Form 9	90, Part IV, line	17.
F0111 990	D-EZ filers are not						
	the organization rais	0	<u> </u>	0			
a X Mail solicitat		· ·			non-government g		
	email solicitations	f			government grants	6	
c X Phone solici		g	X Spec	cial fundra	ising events		
d X In-person so							
2a Did the organizat							V V
	s listed in Form 990 en highest paid indi						X Yes No
-	least \$5,000 by the		(Tunaraise	rs) pursua	ant to agreements	under which the	iunoraiser is to be
oomponoutou ut		organization					
<b>(i)</b> Name and addr or entity (fu		(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)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1			163				
HART/STROBER ASS	SOCIATES	CONSULTANT		x		30,372.	
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		<u></u> .				30,372.	
3 List all states in	which the organiza	tion is registered o	r licensed	I to solicit	contributions or	has been notified	it is exempt from

registration or licensing.

AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,

IA, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OH,

OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

### Schedule G (Form 990 or 990-EZ) 2014

Part II

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

			(a) Event #1 NE DINNER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	85,781.			85,781.
R	2	Less: Contributions Gross income (line 1 minus	41,231.			41,231.
	3		44,550.			44,550.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	16,773.			16,773.
Direct Expenses	7	Food and beverages	19,761.			19,761.
Dire	8	Entertainment	300.			300.
	9	Other direct expenses	4,497.			4,497.
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 through 9 in column (d) 0 from line 3, column (d)		<b>&gt;</b>	41,331. 3,219.
Ра	rt I		anization answered "Y	es" to Form 990, Par	t IV, line 19, or repo	rted more
		than \$15,000 on Form 990-E	:Z, line 6a.			
nue			<b>(a)</b> 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)		
	E I Is	nter the state(s) in which the organizat the organization licensed to conduct o "No," explain:	tion conducts gaming act gaming activities in each	tivities: of these states?		_ Yes No
		/ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe		g the tax year?	_ Yes No

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AMERICAN	SOCIETY	FOR	TECHNION	_

	AMERICAN SOCIETY FOR TECHNION - 13-0434195
Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Part	<b>Supplemental Information.</b> 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 provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I (Form 990)	Go	overnmei	nts, and li	Assistance t Idividuals in Swered "Yes" to Form 990.	n the United	d States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Informa	tion about So		1 990) and its instr	uctions is at www	w.irs.gov/form990.		Inspection
Name of the organization	AMERICAN SOCIETY			,			Employer identifica	-
ISRAEL INSTITUTE	E FOR TECHNOLOGY IN	JC.					13-043419	5
Part I General Int	formation on Grants and	d Assistanc	9					
the selection crite 2 Describe in Part I	ation maintain records to su ria used to award the grant V the organization's proced d Other Assistance to D	s or assistanc dures for mor	e? itoring the use	of grant funds in the	e United States.			X Yes No
	e 21, for any recipient th							
	ddress of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JACOBS TECHNION-CO	RNELL INSTITUTE	_						
	E 302 NEW YORK, NY 10011	46-4395157	501(C)(3)	8,486,595.				VARIOUS PROJECTS
(2) UC SAN DIEGO SCHOO		_						
9500 GILMAN DRIVE	LA JOLLA, CA 92093	95-2872494	501(C)(3)	36,000.				GENERAL OPERATIONS
(3)		-						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	per of section 501(c)(3) and per of other organizations I						└ 	2.
	Act Notice, see the Instruct						Sc	hedule I (Form 990) (2014)
JSA								
4E1288 1.000 0415GM 700J		7	7 14-7.16					PAGE 49

Part III Grants and Other Assistance to Indivi Part III can be duplicated if additional sp			omplete if the o	rganization answered	"Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete t information.	his part to pro	vide the informa	ation required in	Part I, line 2, Part III, c	column (b), and any other additional
SCHEDULE I, PART I, LINE 2					
GRANTS SENT TO CORNELL UNIVERSITY, FOR					
INSTITUTE (JTCI), REPRESENTS FUNDS DON	NATED TO ATS	S THAT WERE	DESIGNATED 1	ГО	
SUPPORT THE COLLABORATION BETWEEN TECH	INION UNIVE	RSITY AND CO	RNELL		
JNIVERSITY ESTABLISHING THE JTCI ON TH	HE CORNELL 7	TECH CAMPUS.	JTCI, A		
501(C)(3) ORGANIZATION, IS IN ITS EARI	LY STAGE OF	OPERATIONS.	THE		
INSTITUTE OFFERS NONTRADITIONAL ACADEN	IC PROGRAMS	S FOCUSED ON	OFFERING A		
GLOBAL PERSPECTIVE ON TECHNOLOGY TRANS	SFER, COMMEN	RCIALIZATION	AND		
ENTREPRENEURSHIP. ATS IS COORDINATING	WITH JTCI	TO RECEIVE R	EGULAR		
REPORTS ON THE USAGE OF FUNDS RECEIVED	D FROM ATS				

(a) Type of grant or assistance	<b>(b)</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.

	EDULE J	Comper	nsation Information	0	MB No. 1	545-0	047
(For	n 990)		ectors, Trustees, Key Employees, and Highest		୬ଲ	1/	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 23		<u>K</u> U	14	
	nent of the Treasury		Attach to Form 990.		open to		
	Revenue Service	AMERICAN SOCIETY FOR TE	orm 990) and its instructions is at www.irs.gov/f	Employer identificatio			n
	•	JTE FOR TECHNOLOGY INC.	CHNION -	13-043419			
Part		is Regarding Compensation		13 043413	5		
r ar c						Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed in Form			
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of persor	al residence			
	X Tax inde	mnification and gross-up payments	Health or social club dues or initiatio	n fees			
	Discretio	onary spending account	Personal services (e.g., maid, chauffe	eur, chef)			
b			he organization follow a written policy re xpenses described above? If "No," com				
	explain				1b	Х	
2	-		r to reimbursing or allowing expenses				
			O/Executive Director, regarding the items	checked in line			
	1a?				2	X	
3			nization used to establish the compensatio				
			at apply. Do not check any boxes for methor ne CEO/Executive Director, but explain in Pa				
		•		ut III.			
		sation committee dent compensation consultant	Written employment contract           X         Compensation survey or study				
		0 of other organizations	X Approval by the board or compensation	tion committee			
_		•					
4		ar, did any person listed in Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	the filing			
а	•	•	payment?		4a	Х	
b			ental nonqualified retirement plan?		4b	X	
C			ased compensation arrangement?		4c		X
			rovide the applicable amounts for each ite				
		, , , , , , , , , , , , , , , , , , , ,					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5–9.				
5	For persons li	sted in Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	ny			
	compensatior	n contingent on the revenues of:					
а					5a		Х
b	Any related of	rganization?			5b		Х
		e 5a or 5b, describe in Part III.					
6	-		line 1a, did the organization pay or accrue a	ny			
		n contingent on the net earnings of:					
a	-				6a		X
b					6b		X
-		e 6a or 6b, describe in Part III.	n A line to did the exercited in the	to only non-fine-1			
7	-		n A, line 1a, did the organization provid	-		х	
0			escribe in Part III . paid or accrued pursuant to a contract tha		7	Λ	
8			Regulations section 53.4958-4(a)(3)? If				
		-	Regulations Section 53.4958-4(a)(3)?		8		х
9			low the rebuttable presumption procedu				
3					9		
For Pa		tion Act Notice, see the Instructions for Fe			ule J (Fo	rm 990	)) 2014

Page 2

Schedule J (Form 990) 2014

#### 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
MELVYN BLOOM	(i)	392,311.	30,000.	49,961.	204,378.	63,132.	739,782.	
1 EVP EMERITUS (THRU 5/2016)	(ii)	0	C	0	O	0	0	
JEFFREY RICHARD	(i)	291,847.	15,000.	665.	C	33,105.	340,617.	
2 EXECUTIVE VP (AS OF 5/2014)	(ii)	0	C	0	Q	0	0	
MICHAEL SCHEMENTI	(i)	277,799.	5,000.	4,667.	42,442.	23,771.	353,679.	
3 SR. VP, FINANCE/CFO	(ii)	0	C	0	0	0	0	
SETH MOSKOWITZ	(i)	155,881.	C	1,974.	20,841.	11,388.	190,084.	
<b>4</b> SR. VP, CAMPAIGN (THRU 6/2014)	(ii)	0	C	0	0	0	0	
BETH WILNER	(i)	249,536.	4,000.	5,899.	41,316.	52,346.	353,097.	
5 SR. VP, DEVELOPMENT	(ii)	0	C	0	Q	0	0	
JEROME KLEINMAN	(i)	238,887.	2,000.	6,624.	21,865.	26,238.	295,614.	
6 REGIONAL DIRECTOR	(ii)	0	C	0	0	0	0	
MARK HEFTER	(i)	218,956.	3,500.	2,147.	28,121.	51,372.	304,096.	
7 ASSOCIATE VP OF PLANNED GIVING	(ii)	0	C	0	0	0	0	
IVAN SCHONFELD	(i)	157,205.	C	79,277.	25,211.	18,023.	279,716.	
8 REGIONAL DIRECOR(THRU 10/2014)	(ii)	0	C	0	0	0	0	
JOEL BERKOWITZ	(i)	190,733.	4,000.	4,875.	30,517.	22,121.	252,246.	
9 REGIONAL DIRECTOR	(ii)	0	C	0	0	0	0	
IRV ELENBERG	(i)	187,249.	2,000.	582.	22,470.	9,751.	222,052.	
10 <sup>REGIONAL DIRECTOR</sup>	(ii)	0	C	0	0	0	0	
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

JSA

Schedule J (Form 990) 2014

V 14-7.16

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

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

THE EVP EMERITUS 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 4A

SEVERANCE PAY TO IVAN SCHONFELD, REGIONAL DIRECTOR WHO RETIRED DURING THE

YEAR, WAS \$ 238,980 OF WHICH \$59,088 WAS PAID DURING CALENDAR YEAR 2014.

THE BALANCE OF \$179,892 WAS PAID IN JAN. 2015.

PART I, LINE 4B

ATS CONTRIBUTED \$ 155,275 TO A RABBI TRUST ACCOUNT FOR MELVYN BLOOM,

EXECUTIVE VICE PRESIDENT, EMERITUS.

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

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

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 J (Form 990) 2014

SCHEDULE L		Tra	ansactio	ns	Witł	n Interes	sted	Persons		I	OME	3 No. 1	545-00	47	
(Form 990 or 990-EZ)	Complete		rganization aı 28b, or 28o	nswe c, or	red "Ye Form 99		90, Par line 38	rt IV, line 25a, 25b 8a or 40b.	<b>, 26, 27,</b> 2	28a,		<u>20</u> '	14 Public		
Department of the Treasury Internal Revenue Service	Information	tion abou						ns is at <i>www.irs.gov</i>	/form990.			specti			
Name of the organization			CIETY FOR			,			Employer	identifi	1 111				_
ISRAEL INSTITUTE	-								13	-043	4195	5			
Part I Excess Ben Complete if	efit Transa the organiz	ctions ( ation ar	section 501( nswered "Ye	c)(3) s" or	), section Form	on 501(c)(4), 990, Part IV	and 5 , line 2	501(c)(29) organ 25a or 25b, or Fo	izations rm 990-E	only). EZ, Pa	rt V, li	ne 40	b.		
1 (a) Name of disqu	ualified person		(b) Relatio	nship	between organiz	disqualified pers	on and	(c) D	escription	of trans	action			Corre	
(1)															
(2)															
(3)															
(4)															
(5)			_												
(6)															
2 Enter the amoun			-						-						
under section 49											• \$_				
3 Enter the amoun	t of tax, if a	ny, on l	line 2, above	, reir	mburse	d by the orga	nizatio	n		🕨	• \$ _				
		1.4													
Complete if	the organiz	zation a	sted Persons answered "Ye unt on Form	es" o				ine 38a or Form	990, Par	t IV, lir	ne 26;	or if tl	he		
			() 5 (				-1		(-)  -	-l - (	(1-)		(3) 14/		
(a) Name of interested per		lationship ganization	(c) Purpose of Ioan	fro	oan to or om the nization?	<b>(e)</b> Origina principal am		(f) Balance due	( <b>g)</b> In	default?	by bo	proved bard or nittee?	(i) W agreer		
				То	From				Yes	No	Yes	No	Yes	N	0
(1)					_										
(2)					_										
(3)															
(4)					_										
(5)					_										
(6)															
(7) (8)					_										
(9)															
(10)															—
Total								\$							_
	Assistance		ing Interest					Ψ							_
			answered "Ye				line 2 <sup>-</sup>	7.							
(a) Name of interested per	rson (b) Re	elationshi	p between intere the organization	sted				(d) Type of assistanc	e	(e)	Purpo	se of as	sistance	Э	
(1)															—
(2)															
(3)															
(4)															_
(5)															
(6)															_
(7)															_
(8)															
(9)															
(10)															_
For Paperwork Reduction	n Act Notice	, see the	e Instructions	for F	orm 990	) or 990-EZ.			Sch	edule L	. (Form	990 or	990-EZ	Z) 20	014

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### Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1) ARNOLD & JOAN SIEDEL	BOARD MEMBERS	103,635.	BROKERAGE COMMISSION		x
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L PART IV, LINE 1

SALE OF DONATED SECURITIES IS HANDLED BY MORTON SEIDEL & CO. OWNED BY ARNOLD AND JOAN SEIDEL WHO ARE CURRENT MEMBERS OF THE ATS BOARD. THE BROKERAGE COMMISSIONS THAT WERE CHARGED WERE THE USUAL AND CUSTOMARY TRANSACTION FEES ON THE SALE OF SECURITIES. JOAN SEIDEL WAS A PAST CHAIRMAN AND IS A CURRENT VICE CHAIRMAN OF THE BOARD.

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2014

**Open To Public** 

Inspection

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\_ \_

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.

AMERICAN SOCIETY FOR TECHNION -

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

Name of the organization

Employer identification number

13-0434195

Par	t 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 of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	38.	6,692,197.	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							
4 5	contribution - Other Real estate - Residential							
15 16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	jement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th	-						
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement in							
31	Does the organization have a			-				
	contributions?					31	X	
32a	Does the organization hire or use	•	•					37
_	contributions?					32a		Х
	If "Yes," describe in Part II.			and frank hit is the first				
33	If the organization did not report ar describe in Part II.	amount in	column (c) for a type of pro	operty for which column (a	) IS CNECKED,			

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

Schedule M (Form 990) (2014)

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.

PAGE 59

Schedule M (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 4 Open to Public Inspection

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

Employer identification number 13-0434195

PART III, LINE 4D

OTHER PROGRAM SERVICES

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 2015, THE AMERICAN TECHNION SOCIETY FUNDED RESEARCH CENTERS INCLUDING THE NANCY AND STEPHEN GRAND TECHNION ENERGY PROGRAM, THE LAURA AND ISAAC PERLMUTTER METABOLOMICS CENTER (PART OF THE TECHNION INTEGRATED CANCER CENTER), AND THE ALFRED MANN INSTITUTE FOR BIOMEDICAL DEVELOPMENT.

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. THEY ALSO PROVIDE SUPPORT FOR ON-CAMPUS DORMITORY HOUSING FOR UNDERGRADUATE AND GRADUATE STUDENTS, INCLUDING A NEW CONSTRUCTION PROJECT, THE UNDERGRADUATE STUDENT VILLAGE.

### 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.

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

Employer identification number 13-0434195

PART VI, SECTION A, LINE 2 FAMILY AND BUSINESS RELATIONSHIPS THE FOLLOWING ARE BOARD MEMBERS WITH BUSINESSOR 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 ALFRED MUNZER & JANET SHATZ SNYDER - FAMILY RELATIONSHIP IRVING SHEPARD & MARY WARTRELL - 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.

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

Schedule O (Form 990 or 990	-EZ) 2014	Page
Name of the organization	AMERICAN SOCIETY FOR TECHNION -	Employer identification number
ISRAEL INSTITUTE	FOR TECHNOLOGY INC.	13-0434195

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 DECISION THROUGH A MEMORANDUM SIGNED BY THE PRESIDENT OF THE BOARD. IN REGARD TO THE OTHER OFFICERS AND KEY EMPLOYEES, ATS WILL GATHER INFORMATION ABOUT THE COMPARABLE MARKET FROM A VARIETY OF SOURCES TO PROVIDE INSIGHTS INTO COMPARABLE MARKET PRACTICES FOR BOTH SALARY AND BENEFITS PURPOSES.

### 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

### 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 BILLION FOR THE TECHNION.

ATTACHMENT 2

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

THE ANDREW AND ERNA VITERBI FACULTY OF ELECTRICAL ENGINEERING ENJOYS A WORLDWIDE REPUTATION FOR LEADERSHIP IN KEY AREAS OF COMMUNICATIONS, ELECTRONICS AND COMPUTER ENGINEERING. THE DEPARTMENT HAS EXTENSIVE RELATIONSHIPS WITH THE HIGH-TECH INDUSTRY, AND ITS LIAISON PROGRAM INCLUDES OVER 30 MEMBER COMPANIES. IT IS THE LARGEST ENGINEERING DEPARTMENT IN ISRAEL, ATTACHMENT 1

REQUEST.

PART XI, LINE 9

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

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

Employer identification number 13-0434195

ATTACHMENT 2 (CONT'D)

WITH MORE THAN 2,000 STUDENTS, AND IS CONSISTENTLY RANKED AMONG THE WORLD'S TOP 10 ELECTRICAL AND COMPUTER ENGINEERING DEPARTMENTS.

THE SUPPORT PROVIDED BY THE GRANT WILL HELP CEMENT THE TECHNION'S STATUS AS A LEADER IN THE FIELDS OF ELECTRICAL ENGINEERING AND COMPUTER ENGINEERING. IT WILL ALSO ENABLE THE UNIVERSITY TO RECRUIT AND RETAIN FIRST-RATE FACULTY AND GRADUATE STUDENTS IN THOSE DISCIPLINES, AND TO UPGRADE THE TEACHING AND RESEARCH INFRASTRUCTURE.

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 CAMPUS BEING BUILT ON ROOSEVELT ISLAND. THE JACOBS INSTITUTE 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 EARN DUAL MASTER'S DEGREES CONCURRENTLY - ONE FROM CORNELL AND ONE FROM THE TECHNION-IN CONNECTIVE MEDIA AND HEALTH TECH.

Schedule O (Form 990 or 990-EZ) 2014						
Name of the organization AMERICAN SOCIETY FOR TECHNION -	Employer identification number					
ISRAEL INSTITUTE FOR TECHNOLOGY INC.	13-0434195					

ATTACHMENT 3 (CONT'D)

FACULTY, POSTDOCTORAL ASSOCIATES AND GRADUATE STUDENTS PURSUE BASIC AND APPLIED RESEARCH, IN COLLABORATION WITH INDUSTRY PARTNERS. A PRIORITY IS 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,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,

RI, SC, TN, TX, UT, VA, WA, WV, WI,

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PRIME BUCHHOLZ & ASSOCIATES 273 CORPORATE DRIVE PORTSMOUTH, NH 03801	INVESTMENT ADVISORY	247,770.
SILCHESTER INTERNATIONAL INVESTORS 780 THIRD AVENUE, 42ND FLOOR NEW YORK, NY 10017	INVESTMENT ADVISORY	205,127.
EAGLE CAPITAL 499 PARK AVENUE NEW YORK, NY 10022	INVESTMENT ADVISORY	180,524.

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Schedule O (Form 990 or 990-EZ) 2014	Page <b>2</b>
Name of the organization AMERICAN SOCIETY FOR TECHNION -	Employer identification number
ISRAEL INSTITUTE FOR TECHNOLOGY INC.	13-0434195
	ATTACHMENT 5 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALLIANCE BERNSTEIN 1 NORTH LEXINGTON AVENUE, 16TH FLOOR WHITE PLAINS, NY 10601	INVESTMENT ADVISORY	193,633.
GRANT THORNTON LLP 757 3RD AVENUE #9	AUDIT	142,815.

757 3RD AVENUE #9 NEW YORK, NY 10017

13-0434195

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	<u>OMB No. 1545-0047</u> 20 <b>14</b>
<b>D</b>	Attach to Form 990.	Open to Public
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of the organization	AMERICAN SOCIETY FOR TECHNION -	Employer identification number
ISRAEL INSTITUT	E FOR TECHNOLOGY INC.	13-0434195
Part I Identifica	tion of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	

### Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

### Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
						Yes	No
(1)	-						
(2)	-						
(3)	-						
(4)	-						
(5)	-						
(6)	-						
(7)	-						

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

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## Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	(† Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	eral or	<b>(k)</b> Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1)												
(2)												
(3)	_											
(4)												
(5)	_											
(6)	_											
(7)	_											

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	
								Yes N
(1) CHARITABLE REMAINDER TRUST (1)	-		N/A					
(2) PERPETUAL TRUST (1)	-							
(3)	-		N/A					
(4)	-							
(5)	-							
(6)	-							
(7)	-							

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AMERICAN SOCIETY FOR TECHNION -

13-0434195

Schedule R (Form 990) 2014

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.     Yes No       1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?     Image: Complete IIII (Complete IIII)       a Racejard (i) interest, III) annutius, III (I) rout from a controlled entity.     Image: Complete IIII (Complete IIII)     Image: Complete IIIII (Complete IIIII)       b Gift, grant, or capital contribution to related organization(s).     Image: Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Part V	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Part	IV, line 34, 35b, or 36.				
1       During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?       Image: Control Contrecontrol Conterce Control Conterector Control Control C	Note. C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
b       Gift. grant, or capital contribution to related organization(s).       1b       x         c       Gift. grant, or capital contribution from related organization(s).       1c       x         d       Leans or lean guarantees to or for related organization(s).       1c       x         f       Dividends from related organization(s).       1c       x         f       Dividends from related organization(s).       1f       x         f       Lease of facilities, equipment, or other assets to related organization(s).       1f       x         k       Lease of facilities, equipment, or other assets from related organization(s).       1f       x         k       Lease of facilities, equipment, or other assets with related organization(s).       1f       x         n       Performance of services or membership or fundraising solicitations for related organization(s).       1f       x         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1n       x         performance of services or membership or fundraising solicitations by related orga	1 Dui	ring the tax year, did the organization engage in any of the following transactions with one or more			[			
c Gift, grant, or capital contribution from related organization(s).       1c       x         d Loans or loan guarantees to or for related organization(s).       1c       x         f Dividends from related organization(s).       1f       x         g Sale of assets to related organization(s).       1f       x         g Sale of assets to related organization(s).       1f       x         g Sale of assets th related organization(s).       1f       x         g Lease of facilities, equipment, or other assets to related organization(s).       1i       x         j Lease of facilities, equipment, or other assets from related organization(s).       1i       x         k Lease of facilities, equipment, or other assets from related organization(s).       1k       x         m Performance of services or membership or fundraising solicitations for related organization(s).       1k       x         m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1n       x         p Reimbursement paid to related organization(s)       1n       x         g Reimbursement paid to related organization(s).       1r       x         g Reimbursement paid by related organization(s).       1r       x         g Reimbursement paid by related organization(s).       1r       x         g Reimbursement paid by related organization						1a		
d Loans or loan guarantees to ro for related organization(s)       1d       x         e Loans or loan guarantees by related organization(s)       1f       x         f Dividends from related organization(s)       1f       x         g Sale of assets to related organization(s)       1f       x         h Purchase of assets to related organization(s)       1f       x         i Exchange of assets to related organization(s)       1f       x         j Lease of facilities, equipment, or other assets to related organization(s)       1f       x         i Lease of facilities, equipment, or other assets from related organization(s)       1f       x         i Performance of services or membership or fundraising solicitations for related organization(s)       1f       x         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1f       x         o Sharing of paid employees with related organization(s)       1f       x         n Reimbursement paid to related organization(s)       1f       x         g Reimbursement paid by related organization(s)       1f       x <th><b>b</b> Gift</th> <th>t, grant, or capital contribution to related organization(s)</th> <th></th> <th></th> <th></th> <th>1b</th> <th></th> <th></th>	<b>b</b> Gift	t, grant, or capital contribution to related organization(s)				1b		
e       Loans or loan guarantees by related organization(s)       1e       X         f       Dividends from related organization(s)       1f       X         g       Sale of assets to related organization(s)       1g       X         h       Purchase of assets with related organization(s)       1h       X         i       Exchange of assets with related organization(s)       1i       X         i       Exchange of assets with related organization(s)       1i       X         i       Lease of facilities, equipment, or other assets to related organization(s)       1i       X         k       Lease of facilities, equipment, or other assets from related organization(s)       1k       X         n       Performance of services or membership or fundraising solicitations for related organization(s)       1m       X         n       Performance of services or membership or fundraising solicitations for related organization(s)       1m       X         n       Sharing of paid employees with related organization(s)       1m       X         n       Reimbursement paid to related organization(s)       1p       X         n       Reimbursement paid to related organization(s)       1r       X         n       Other transfer of cash or property to related organization(s)       1r       X	<b>c</b> Gift	t, grant, or capital contribution from related organization(s)						
f       Dividends from related organization(s),       1f       x         g       Sale of assets to related organization(s),       1g       x         h       Purchase of assets from related organization(s),       1h       x         j       Lease of facilities, equipment, or other assets to related organization(s),       1i       x         j       Lease of facilities, equipment, or other assets from related organization(s),       1k       x         k       Lease of facilities, equipment, or other assets from related organization(s),       1k       x         n       Performance of services or membership or fundraising solicitations for related organization(s),       1m       x         m       Performance of services or membership or fundraising solicitations by related organization(s),       1m       x         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s),       1m       x         n       Sharing of paid employees with related organization(s),       1m       x         n       Reimbursement paid to related organization(s),       1m       x         n       Other transfer of cash or property to related organization(s),       1m       x         n       Other transfer of cash or property from related organization(s),       1m       x         Name of related	<b>d</b> Loa	ans or loan guarantees to or for related organization(s)				1d		
g Sale of assets to related organization(s).       1g x         h Purchase of assets from related organization(s).       1h x         i Exchange of assets with related organization(s).       1i x         j Lease of facilities, equipment, or other assets to related organization(s).       1k x         k Lease of facilities, equipment, or other assets from related organization(s).       1k x         r Performance of services or membership or fundraising solicitations by related organization(s).       1m x         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1m x         n Sharing of facilities, equipment, mailing lists, or other assets.       1n x         p Reimbursement paid to related organization(s) for expenses.       1p x         r Other transfer of cash or property to related organization(s).       1r x         s Other transfer of cash or property from related organization(s).       1s x         2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.       0         (a)       Name of related organization       1         (a)       Name of related organization       1         (b)       (c)       Amount involved         (c)       Amount involved       Method of determining amount involved         (d)       Perpert	e Loa	ans or loan guarantees by related organization(s)				1e		
g Sale of assets to related organization(s).       1g x         h Purchase of assets from related organization(s).       1h x         i Exchange of assets with related organization(s).       1i x         j Lease of facilities, equipment, or other assets to related organization(s).       1k x         k Lease of facilities, equipment, or other assets from related organization(s).       1k x         r Performance of services or membership or fundraising solicitations by related organization(s).       1m x         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1m x         n Sharing of facilities, equipment, mailing lists, or other assets.       1n x         p Reimbursement paid to related organization(s) for expenses.       1p x         r Other transfer of cash or property to related organization(s).       1r x         s Other transfer of cash or property from related organization(s).       1s x         2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.       0         (a)       Name of related organization       1         (a)       Name of related organization       1         (b)       (c)       Amount involved         (c)       Amount involved       Method of determining amount involved         (d)       Perpert								
h       Purchase of assets from related organization(s).       in								
i       Exchange of assets with related organization(s).       1i       X         j       Lease of facilities, equipment, or other assets to related organization(s).       1k       X         k       Lease of facilities, equipment, or other assets from related organization(s).       1k       X         i       Performance of services or membership or fundraising solicitations for related organization(s).       1k       X         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1m       X         n       Sharing of paid employees with related organization(s).       1m       X         n       Sharing of paid employees with related organization(s).       1n       X         n       Reimbursement paid to related organization(s) for expenses.       1p       X         n       Other transfer of cash or property to related organization(s).       1r       X         n       Other transfer of cash or property from related organization(s).       1r       X         n       Name of related organization(s).       1f       4m       X         n       Other transfer of cash or property from related organization(s).       1r       X         n       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transac						-		
j       Lease of facilities, equipment, or other assets to related organization(s)       1j       X         k       Lease of facilities, equipment, or other assets from related organization(s)       1k       X         l       Performance of services or membership or fundraising solicitations for related organization(s)       1l       X         m       Performance of services or membership or fundraising solicitations by related organization(s)       1n       X         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n       X         n       Sharing of paid employees with related organization(s)       1n       X         p       Reimbursement paid to related organization(s) for expenses       1p       X         r       Other transfer of cash or property to related organization(s).       1r       X         2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.       0         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH	n Pur	chase of assets from related organization(s)		• • • • • • • • • • • • • • • • • • • •	• • • • • •			
k       Lease of facilities, equipment, or other assets from related organization(s)       1<	I EXC	change of assets with related organization(s)		•••••	• • • • • •			
I       Performance of services or membership or fundraising solicitations for related organization(s).       11       X         m       Performance of services or membership or fundraising solicitations by related organization(s).       1m       X         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1n       X         o       Sharing of paid employees with related organization(s).       10       X         p       Reimbursement paid to related organization(s) for expenses.       1p       X         q       Reimbursement paid by related organization(s).       1r       X         r       Other transfer of cash or property to related organization(s).       1r       X         2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       Name of related organization       (b)       (c)       Method of determining amount involved         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH	J Lea	ase of facilities, equipment, or other assets to related organization(s)	• • • • • • • • • • • • • •	•••••	• • • • • •	IJ		
I       Performance of services or membership or fundraising solicitations for related organization(s).       11       X         m       Performance of services or membership or fundraising solicitations by related organization(s).       1m       X         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1n       X         o       Sharing of paid employees with related organization(s).       10       X         p       Reimbursement paid to related organization(s) for expenses.       1p       X         q       Reimbursement paid by related organization(s).       1r       X         r       Other transfer of cash or property to related organization(s).       1r       X         2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       Name of related organization       (b)       (c)       Method of determining amount involved         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH	<b>k</b> log	ase of facilities equipment or other assets from related organization(s)				16		x
m Performance of services or membership or fundraising solicitations by related organization(s).       1m       x         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1n       x         o Sharing of paid employees with related organization(s).       1n       x         p Reimbursement paid to related organization(s) for expenses.       1p       x         q Reimbursement paid by related organization(s) for expenses.       1q       x         r Other transfer of cash or property to related organization(s).       1r       x         2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.       (d)         (a)       (a)       (c)       (c)         Name of related organization       1s       x         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH		formance of services or membership or fundraising solicitations for related organization(s)		• • • • • • • • • • • • • • • • • • • •	••••			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       in	m Per	formance of services or membership or fundraising solicitations by related organization(s)			• • • • •			
o       Sharing of paid employees with related organization(s)       10       X         p       Reimbursement paid to related organization(s) for expenses       1p       X         q       Reimbursement paid by related organization(s) for expenses       1p       X         q       Reimbursement paid by related organization(s) for expenses       1q       X         r       Other transfer of cash or property to related organization(s).       1s       X         2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.       (a)         (a)       Name of related organization       (b)       (c)       (d)         Method of determining amount involved       (a)       Method of determining amount involved       (b)         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH	n Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)			• • • • •			
p       Reimbursement paid to related organization(s) for expenses.       1p       X         q       Reimbursement paid by related organization(s) for expenses.       1q       X         r       Other transfer of cash or property to related organization(s).       1r       X         s       Other transfer of cash or property from related organization(s).       1r       X         2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       (a)       (b)       (c)       (d)         Name of related organization       Y       Method of determining amount involved       Method of determining amount involved         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH	o Sha	aring of paid employees with related organization(s)						
q Reimbursement paid by related organization(s) for expenses       1q X         r Other transfer of cash or property to related organization(s).       1r X         s Other transfer of cash or property from related organization(s).       1s X         2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       (b)       (c)         Name of related organization       (d)         Name of related organization       (d)         Yppe (a-s)       Amount involved         (1)       PERPETURAL TRUST (1)       S								
q Reimbursement paid by related organization(s) for expenses       1q X         r Other transfer of cash or property to related organization(s).       1r X         s Other transfer of cash or property from related organization(s).       1s X         2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       (b)       (c)       (d)         Name of related organization       Transaction       Method of determining amount involved         (a)       Name of related organization       S       70,133.       CASH	<b>p</b> Rei	imbursement paid to related organization(s) for expenses				1p		х
r       Other transfer of cash or property to related organization(s).       1r       X         s       Other transfer of cash or property from related organization(s).       1s       X         2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         a       (a) Name of related organization       (b) Name of related organization       (c) Amount involved       (d) Method of determining amount involved         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH								Х
S Other transfer of cash or property from related organization(s).         2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       (b)       (c)       (d)         Name of related organization       Transaction       Amount involved       Method of determining amount involved         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH								
S Other transfer of cash or property from related organization(s).         2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       (b)       (c)       (d)         Name of related organization       Transaction       Amount involved       Method of determining amount involved         (1)       PERPETURAL TRUST (1)       S       70,133.       CASH	<b>r</b> Oth	ner transfer of cash or property to related organization(s)				1r		X
(a) Name of related organization     (b) Transaction type (a-s)     (c) Amount involved     (d) Method of determining amount involved       (1) PERPETURAL TRUST (1)     S     70,133.     CASH	s Oth	her transfer of cash or property from related organization(s).						
Name of related organization     Transaction type (a-s)     Amount involved     Method of determining amount involved       (1) PERPETURAL TRUST (1)     S     70,133.     CASH	2 If th	ne answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	red relationships and trans	action thres	holds	s.	
type (a-s)     amount involved       (1) PERPETURAL TRUST (1)     S     70,133.					Method o	(d) of dete	erminin	na
								9
			C	70 122	azati			
(2)	<u>(1)</u> PE	RPEIORAL IRUSI (1)	2	70,133.	САЗН			
	(2)							
	(2)							
(3)	(3)							
	(0)							
(4)	(4)							
	<u> </u>							
(5)	(5)							
(6)	(6)							
JSA 4E1309 1.000	JSA			Sch	nedule R (Fo	orm 9	990) 2	2014

### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501 organiz	zations?	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop alloc	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man par	<b>j)</b> eral or aging ner?	(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No	. ,	Yes	No	
)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
10)													
1)													
12)													
13)													
4)													
15)													
(6)													
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JSA 4E1310 1.000 Schedule R (Form 990) 2014

Schedule R (F	orm 990) 2014
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).