990

Department of the Treasury Internal Revenue Service

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

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

 $lackbox{
ightharpoonup}$  Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019
Open to Public Inspection

A F	or th	ie 201	9 calendar year, or tax year begin	nning 10	/ U⊥ <b>, 2019,</b>	and ending	<u> </u>		09	9/30 <b>,20</b> 20					
<b>B</b> c	neck if ap	oplicable:	C Name of organization AMERICAN S		HNION -			D Employer ide	entifi	cation number					
_	Addre		ISRAEL INSTITUTE OF THE					12 0424	110	_					
	chang		Doing Business As AMERICAN TE		>	<b>D</b> / ::		13-0434							
	Name	change	Number and street (or P.O. box if mail is		SS)	Room/suite		E Telephone number							
	Initial	return	55 EAST 59TH STREET,					(212) 407-6300							
	Termi		City or town, state or province, country, a		е					160 425 420					
	return		NEW YORK, NY 10022-173		7.17 T T13.17			G Gross receipt		160,435,432					
	pendi		F Name and address of principal officer:	MICHAEL WAXM		`		H(a) Is this a grous subordinates	?						
			55 EAST 59TH STREET, I					H(b) Are all subord							
		empt st		) <b>(</b> insert no.)	4947(a)(1) o	or 527				st. (see instructions)					
			WWW.ATS.ORG			1		H(c) Group exemp							
				Association Other	<u> </u>	L Year of	formatic	on: 1940 M	State	e of legal domicile: NY					
F	art I		mmary		אר מוויים או		יהיםווא	ITON COCT	ציחים	Z CIIDDODTC					
•	1		y describe the organization's mission o IONARY EDUCATION AND WOR					SOC1.							
nce			HNION-ISRAEL INSTITUTE (												
rna	•		<del></del>												
Governance			k this box  if the organization d							76.					
<u>ه</u>			per of voting members of the governing		\/  line 1b\				3 4	76.					
es			per of independent voting members of t						5	88.					
Ĭ			number of individuals employed in cale						6	310.					
Activities &			number of volunteers (estimate if necess unrelated business revenue from Part V	· · · · · · · · · · · · · · · · · · ·					7a	19,263					
			nrelated business taxable income from						7a 7b	6,526					
	- 5	ivet ui	inelated business taxable income from		Prior Year	Current Year									
	8	Contri	ibutions and grants (Part VIII, line 1h)				8	31,983,45	7.	61,617,923					
Jue	9	Progra	am service revenue (Part VIII, line 2g)		COPY	-			0.	0					
Revenue			tment income (Part VIII, column (A), line			SPECTION		20,078,18		12,835,272					
ď			revenue (Part VIII, column (A), lines 5,						0.	0					
	12		revenue - add lines 8 through 11 (must				10	02,061,64	6.	74,453,195					
			s and similar amounts paid (Part IX, colu					47,858,332							
			fits paid to or for members (Part IX, colu				0.	O							
S			ies, other compensation, employee bene				1	12,630,27	7.	12,059,107					
Expenses			ssional fundraising fees (Part IX, column					195,72	5.	159,363					
xpe	b	Total	fundraising expenses (Part IX, column (I	D), line 25)   10	384,086.										
Ú			expenses (Part IX, column (A), lines 11					7,648,96	7.	5,673,182					
			expenses. Add lines 13-17 (must equal				8	65,749,984							
	19		nue less expenses. Subtract line 18 from				1	13,615,85	4.	8,703,211					
Ses			·				Beginn	ing of Current Y	'ear	End of Year					
sets	20	Total	assets (Part X, line 16)				54	11,723,03	0.	552,165,498					
Net Assets or Fund Balances	21		liabilities (Part X, line 26)				4	11,100,01	8.	45,941,828					
Fee	22	Net as	ssets or fund balances. Subtract line 21	from line 20		[	5(	00,623,01	2.	506,223,670					
Pa	rt II	Siç	gnature Block												
Und	der per	nalties o	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	is return, including accomp	anying schedul	les and statem	ents, an	d to the best of	my	knowledge and belief, it is					
liue	, corre	T and	complete. Declaration of preparer (other than	Tollicer) is based on all lillo	imation of whic	in preparei nas	ally Kild	owieage.							
0:															
Sig			Signature of officer					Date							
He	е		DEBORAH BERKOWITZ		CFO										
		<u> </u>	Type or print name and title	Preparer's signature											
Paic			Type preparer's name	Date		Check	if	PTIN							
	ı oarer	DAN	IEL ROMANO			8/9/20	21	self-employe		P00504182					
	Only	Firm's	$_{ ext{s name}}$ $lacktriangle$ GRANT THORNTON L					-6055558							
			s address > 757 THIRD AVENUE, 3RD F	ı	Phone no.	212	2-599-0100								
Мау	the II	RS dis	scuss this return with the preparer show	n above? (see instruction	s)	<u> </u>				. X Yes No					
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.						Form <b>990</b> (2019)					

## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.								
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).								
•	ons required to file an income tax return othe rm 7004 to request an extension of time to f		, -	O-C filers), partnerships,	RE	MICs,	and trusts				
Гуре or	Name of exempt organization or other filer, see in AMERICAN SOCIETY FOR TECHNION			Taxpayer identification nu	ımbe	r (TIN)					
orint	ISRAEL INSTITUTE OF TECHNOLOGY			13-043419	5						
File by the lue date for iling your	Number, street, and room or suite no. If a P.O. bo 55 EAST 59TH STREET	x, see instruc	ctions.								
eturn. See nstructions.											
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1				
Application		Return	Application				Return				
s For		Code	Is For				Code				
	Form 990-EZ	01	Form 990-T (corporat	ion)			07				
orm 990-BL		02	Form 1041-A				08				
orm 4720 (	,	03	Form 4720 (other tha	n individual)			09				
orm 990-PF		04	Form 5227			10					
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11				
orm 990-T	(trust other than above)  ANITA ENRIQUEZ	06	Form 8870				12				
Telephone If the orga If this is foor the whole I list with the	s are in the care of ► 55 EAST 56TH STI e No. ► 212 407-6357  anization does not have an office or place of least a Group Return, enter the organization's for e group, check this box ►	business ir ur digit Gro f it is for pa on is for.	Fax No. ▶ 212 753 at the United States, check the group, check the group, check the group is the group of the group.	ck this box		If t and a	this is ttach				
	st an automatic 6-month extension of time u			21, to file the exempt	org	anıza	tion return				
2 If the ta	organization named above. The extension is calendar year 20 or tax year beginning 10/0 ax year entered in line 1 is for less than 12 m hange in accounting period	<u>1</u> , 20 <u>19</u>	ego, and ending	09/30_, eturn Final return		<u>20</u> .					
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the	tentative tax, less any							
nonrefu	undable credits. See instructions.				3a	\$	0.				
<b>b</b> If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and		ĺ					
estimat	ted tax payments made. Include any prior yea	r overpayn	nent allowed as a credit		3b	\$	0.				
	e due. Subtract line 3b from line 3a. Include					ĺ					
	onic Federal Tax Payment System). See instru			-	3с	\$	0.				
	are going to make an electronic funds withdrawa		it) with this Form 8868, se	e Form 8453-EO and Form			for payment				
nstructions.											
	ct and Paperwork Reduction Act Notice, see instr	uctions.			Forr	n <b>886</b> !	<b>8</b> (Rev. 1-2020)				

Form 990 (2019)

Page 2

Part || Statement of Program Service Accomplishments

1 6	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ATTACHMENT 1
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4 -	(O. I. ) (D
	(Code:) (Expenses \$4,950,000. including grants of \$4,950,000. ) (Revenue \$0.)
	THE HELEN DILLER QUANTUM CENTER - SEE SCHEDULE O
	(Code:) (Expenses \$2,985,000. including grants of \$2,985,000. ) (Revenue \$0.
	THE ANDREW AND ERNA VITERBI FACULTY OF ELECTRICAL ENGINEERING -
	SEE SCHEDULE O
4c	(Code: ) (Expenses \$ 1,937,500. including grants of \$ 1,937,500. ) (Revenue \$ 0. )
	THE ZUCKERMAN STEM LEADERSHIP PROGRAM - SEE SCHEDULE O
<u></u>	Other program convices (Describe on Schedule O.)
40	Other program services (Describe on Schedule O.)
_	(Expenses \$ 38,713,884. including grants of \$ 37,985,832. ) (Revenue \$ 0. )
4e	Total program service expenses ► 48,586,384.

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates 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(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		- 21
U	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	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		x	
	complete Schedule D, Part VI	11a	Λ	
	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	
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110	21	
٠	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		v	
24 2	employees? If "Yes," complete Schedule J	23	X	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ZJa	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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	_ A	
30	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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0010)
9E1030	2.000 0415GM 700J V 19-8.5F 0190793-00002	Form		(2019) AGE !
	· · · · · · · · · · · · · · · · · · ·			

Part	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 88			
b		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 account)?	4a	Х	
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, flied for the calendar year ending with or within the year covered by this return.  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to -fife (see instructions), and office of the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a 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 ≥ 15/RABL.  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See it files a form did the organization include with every solication on an express statement that such contributions or lift was foreign and a foreign and an express statement that such contributions or lift was foreign and an express statement that such contributions or lift was foreign and an express statement that such contrib			X
	at 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.  Statements, filed for the calendar year ending with or within the year covered by this return.  Note: If the sum of lines ta and 2a is greate than 250, you may be required federal employment tax returns?  Note: If the sum of lines ta and 2a is greate than 250, you may be required to e-file (see instructions).  By the organization have unrelated business gross income of \$1,000 or more during the pear?.  By the organization have unrelated business gross income of \$1,000 or more during the pear?.  By the organization have unrelated business gross income of \$1,000 or more during the pear?.  By the organization have unrelated business gross income of \$1,000 or more during the pear?.  By the organization have unrelated business gross income of \$1,000 or more during the pear?.  By the organization sell denorally search than 250, you may be required to e-file (see instructions).  By the organization sell of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country \$158A.EU.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  By the Yes' to line 5a or 55, did the organization that it was or is a party to a prohibited tax shelter transaction at any interest organization solicit any contributions that were not tax deductible as charitable contributions?  By the Yes' to line 5a or 55, did the organization file form 8886-17?  By the Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  By the Yes' did the organization include with every solicitation and express statement that such contributions or gift in Yes, indicate the number of Forms 8282 filed during the year and			X
		5C		
6a		٥-		Х
		ьа		Λ
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C		7c		Х
А	·			
		7e		Х
Statements, filed for the calendar year ending with or within the year covered by this return.  Statements, filed for the calendar year ending with or within the year covered by this return.  1		Х		
		7g		
_		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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
а	minutation root and tapinar to minutation introduced the art tim, minutation in the same and the			
	1.1.			
D				
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		124		
		13a		
-	·			
b				
	· · · · · · · · · · · · · · · · · · ·			
		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15				
		15		X
16		16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management	· · ·		
0000	1011 A. COVETTING Dody and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year.			
та	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.0.	v	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	130		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Toa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
<b>L</b>	with a taxable entity during the year?	·vu		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1 - 2 - 2		
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	01(c)
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)	(300		J . (V)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ıf inte	est r	olicy
	and financial statements available to the public during the tax year.		JUL P	. JJy,
20	State the name, address, and resemble number of the person who possesses the organization's books and record	ls ▶		

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither	the organization nor	anv related	l organization	compensated	any current office	r. director. or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	heck ss pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)MICHAEL WAXMAN-LENZ	40.00									
CHIEF EXECUTIVE OFFICER	0.			Х				467,441.	0.	19,239.
(2)DAVID CHIVO	40.00									· · ·
CHIEF DEVELOPMENT OFFICER	0.				Х			317,642.	0.	41,886.
(3) SHANTA MALI	40.00									
CHIEF MARKETING OFFICER	0.				Х			257,362.	0.	58,401
(4) JEROME KLEINMAN	40.00									
ASSOCIATE VP, PRINCIPAL GIFTS	0.					X		273,736.	0.	32,791
(5) JEFFREY RICHARD	0.									
FORMER EXECUTIVE V.P.	0.						X	270,355.	0.	33,438
(6) BARUCH SALAMANDER - DIR. OF	40.00									
INFO. SER. (THRU 09/2019)	0.					X		248,783.	0.	37,317
(7) MARK HEFTER	0.									
FORMER HCE	0.						Х	265,550.	0.	1,067
(8) IRV ELENBERG	40.00									
DIRECTOR OF DEVELOPMENT	0.					X		217,276.	0.	38,340
(9) SARA SWISHER-ANDERSON	40.00									
VP - OPERATIONS AND ADMIN	0.				Х			238,184.	0.	6,203
(10) MARYELLEN TITANI - EXEC. DIR.,	40.00									
CAMP. OPS. & DONOR RELATIONS	0.				Х			187,737.	0.	37,115
(11) ANITA ENRIQUEZ	40.00									
CONTROLLER	0.					X		194,687.	0.	29,170
(12) JUDY SAGER	40.00									
EXEC. DIR., PLANNED GIVING	0.					Х		197,728.	0.	16,827
(13) TOVA KANTROWITZ	40.00									
FORMER SR. ADV. STRAT, PARTNSH	0.						Х	153,811.	0.	54,961
(14) KATE YARHOUSE	40.00									
EXECUTIVE DIRECTOR, HR & ADMIN	0.				Х			160,146.	0.	12,009

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ited Employees (continued)					
(A)	(B)			(	C)			(D)	(E)		(F)			
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than o is both tor/truste	an	Reportable compensation from the	Reportable compensation from related organizations	am	timated ount of other pensation			
	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)	fro orga and	om the anization I related nizations			
15) STEVE BERGER	1.00													
PRESIDENT	0.	Х		Х				0	0.			0		
16) ZAHAVA BAR-NIR	1.00													
CHAIRMAN OF THE BOARD	0.	Х		Х				0	0.			0		
17) SCOTT LEEMASTER	1.00													
VICE CHAIRMAN	0.	Х		Х				0	0.			0		
18) JOEL S. ROTHMAN	1.00											_		
VICE CHAIRMAN	0.	Х		Х				0	. 0.			0		
19) SENATOR PAUL B. STEINBERG	1.00											_		
TREASURER	† <u>-</u> -	X		Х				0	] 0.			0		
20) ROD FELDMAN	1.00											_		
SECRETARY	† <u>-</u> 0.	Х		Х				0	] 0.			0		
21) NANCY ARONSON	1.00											_		
ASSISTANT SECRETARY	† <u>-</u> 0.	X		Х				0	] 0.			0		
22) AVHARAM ASHKENAZI	1.00											_		
BOARD MEMBER	† <u>-</u> 0.	Х						0	] 0.			0		
23) ROSALYN AUGUST	1.00											_		
BOARD MEMBER	0.	Х						0	] 0.			0		
24) NORMAN BELMONTE	1.00											_		
BOARD MEMBER	10.	X						0	] 0.			0		
25) ILENE BERGER	1.00	21						0				_		
BOARD MEMBER	1.00	X						0	] 0.			0		
	0.	21						3,450,438.	0.	Δ	18,76	<u>_</u>		
1b Sub-total								0.	0.			0.		
c Total from continuation sheets to Part VII, S	-				• •			3,450,438.	0.	Δ	18,76	٠.		
d Total (add lines 1b and 1c)							<u> </u>				10,70			
2 Total number of individuals (including but not reportable compensation from the organizatio				a a	VOQ	e) wnc	) ге	ceived more than	\$100,000 01					
- reportable compensation from the organizatio											Yes N	_		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, or	tru <i>lividi</i>	uste ual	e,	key e	mp	loyee, or highes	t compensated	3	X X	0		
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab	ole d	com	per	nsatior	n ar	nd other compen	sation from the					
individual										4	X			
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual	5	7	ζ		

### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ▶ 4

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

(A)	(B)			(0	C)			(D)	(E)	1	(F)	
Name and title	Average	(40.	4 1		sition	e than one		Reportable	Reportable		stimated	
	hours per week (list any	,				e man c is both		compensation from	compensation from related	ar	mount of other	ī
	hours for	1				tor/trust		the	organizations	con	npensati	on
	related	Ind or a	Ins	Qf	₹ e	Highest co employee	For	organization	(W-2/1099-MISC)		rom the	
	organizations	livid	titut	Officer	/ em	ploy	Former	(W-2/1099-MISC)	`	_	ganizatio	
	below dotted line)	ual t	iona		Key employee	t co					nd related janizatior	
	1110)	Individual trustee or director	Institutional trustee		yee	compensated				ı	amzanoi	110
		ee	ste			nsa				i		
			Ψ			ted				i		
26) MARK BERNSTEIN	1.00											
BOARD MEMBER	0.	Х						0.	0.	i		0
27) KATHRYN BLOOM	1.00											
BOARD MEMBER	0.	Х						0.	0.	i		0
28) ROBERT N. BRAND	1.00											
BOARD MEMBER	0.	Х						0.	0.	ı		0
29) MARILYN CAPLOVITZ	1.00											
BOARD MEMBER	0.	Х						0.	0.	ı		0
30) JOYCE CROFT	1.00											
BOARD MEMBER	0.	Х						0.	0.	i		0
31) BARBARA DAHL	1.00											
BOARD MEMBER	0.	Х						0.	0.	ı		0
32) ROBERT A. DAVIDOW	1.00											
BOARD MEMBER		X						0.	0.	ı		0
33) JOHN DAVISON	1.00											
BOARD MEMBER	· †	Х						0.	0.	i		0
34) CATHY DEUTCHMAN	1.00											
BOARD MEMBER	· †	X						0.	0.	i		0
35) BRENT DIBNER	1.00											
BOARD MEMBER		X						0.	0.	ı		0
36) ERIC DOBRUSIN	1.00											
BOARD MEMBER		X						0.	0.	ı		0
4h Cub total								0.	0.			0.
c Total from continuation sheets to Part VII,			• •		• •	• • •						
d Total (add lines 1b and 1c)			• •	• •	• •	• • •						
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organization		36		uu	DOV.	C) WIII	<i>3</i> 10	cored more than	φ100,000 01			
											Yes	No
2 Did the organization list only former offi	oor dirooto	r or	4	ıoto	•	kov. c	. m n	lovos or highes	t componented		103	110
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee										3	Х	
4 For any individual listed on line 1a, is the	sum of ren	ortah	ole d	com	ner	satio	n ai	nd other compens	sation from the			
organization and related organizations g												
individual										4	X	
5 Did any person listed on line 1a receive of												
for services rendered to the organization? If "										5		Х
Section B. Independent Contractors												

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

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

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

(A)	(B)				C)			(D)	(E)		F)	
Name and title	Average hours per	(do i	not c		sition more	e than c	ne	Reportable	Reportable	Estin amou	nated	
	week (list any	'				is both		compensation from	compensation from related		ner	
	hours for					or/trust		the	organizations	compe		
	related	ndi or d	nsti	Officer	ey	emp High	Former	organization	(W-2/1099-MISC)	from		
	organizations below dotted	/idu:	tutic	ĕ	emp	lest	ner	(W-2/1099-MISC)		organ and r		
	line)	al tru	onal		Key employee	è					zations	
		Individual trustee or director	Institutional trustee		) e	pen				i		
		W .	tee			Highest compensated employee				ı		
37) MARK DORNER	1.00											
BOARD MEMBER	0.	Х						0	0.	İ		(
38) GEORGE ELBAUM	1.00											_
BOARD MEMBER	0.	Х						0	. 0.	Ì		(
39) CAROL B. EPSTEIN	1.00											_
BOARD MEMBER	0.	Х						0	0.	İ		(
40) IRWIN S. FIELD	1.00											_
BOARD MEMBER	·+	Х						0	0.	İ		(
41) NATHAN FISCHEL	1.00											_
BOARD MEMBER	·+	Х						0	0.	İ		(
42) EDITH FISCHER	1.00											_
BOARD MEMBER	0.	Х						0	0.	İ		(
43) NORA FISCHER	1.00											_
BOARD MEMBER	·+	Х						0	0.	İ		(
44) RUTH E. FLINKMAN-MARANDY	1.00											_
BOARD MEMBER	·+	Х						0	0.	İ		(
45) LAURA FLUG	1.00											_
BOARD MEMBER	·	Х						0	] 0.	Ì		(
46) ALAN FORMAN	1.00											_
BOARD MEMBER	0.	Х						0	0.	İ		(
47) MARK GAINES	1.00											_
BOARD MEMBER	0.	Х						0	. 0.	Ì		(
1b Sub-total							<b>—</b>	0.	0.			0
c Total from continuation sheets to Part VII, S	Section A		• •	• •								_
d Total (add lines 1b and 1c)							•					_
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			_
reportable compensation from the organization		36				-,			+ ,			
										Y	es N	10
3 Did the organization list any former offi	cer directo	ır or	tri	ıcta	۵	kov d	mr	alovee or highes	t compensated			Ĭ
employee on line 1a? If "Yes," complete Sched	dule .I for su	ch ind	livid	มอเธ แลไ	ᠸ,	кеу с	ziiiþ	noyee, or riighes	Compensated	3	х	
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortat 4 1 2	ole (	com	per	isatio	n a	nd other compens	sation from the			
individual										4	х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "										5		Χ
Section B. Independent Contractors	co, comple	.5 501		.,		54011	اںم					_

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

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

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

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(B)

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

(C)

(D)

Name and title	Average hours per	(do i	not c		sition mor	e than o	one	Reportable compensation	Reportable compensation from		stimated mount of	
	week (list any	1				is both		from	related		other	
	hours for	office			_	tor/trus		the	organizations		npensati	on
	related organizations	ndiv	nstii	Officer	Key employee	mpl mpl	Former	organization	(W-2/1099-MISC)		rom the ganizatio	ın
	below dotted	rect	tutio	er	- amp	est oye	ler	(W-2/1099-MISC)			nd related	
	line)	or tr	nal		loye	eom				org	anizatior	าร
		Individual trustee or director	Institutional trustee		ď	pen						
		Ф	tee			Highest compensated employee						
48) TERRY N. GARDNER	1.00					ă.						
BOARD MEMBER	10.	X						0	0.			0
49) SOL GLASNER	1.00	21						0	· · ·			
BOARD MEMBER	1.00	X						0	0.			0
50) FARIBA GHODSIAN-FISCHEL	1.00	- 2						0	0.			
BOARD MEMBER	1.00							0	0			0
		X						U	0.			
51) EDWARD R. GOLDBERG	1.00											0
BOARD MEMBER	0.	X						0	0.			0
52) SOLVIN GORDON	1.00											_
BOARD MEMBER	0.	X						0	0.			0
53) IRWIN GROSS	1.00											
BOARD MEMBER	0.	X						0	0.			0
54) ROBERT HANISEE	1.00											
BOARD MEMBER	0.	Х						0	0.			0
55) LAWRENCE S. JACKIER	1.00											
BOARD MEMBER	0.	X						0	0.			0
56) JUDY JONAS	1.00											
BOARD MEMBER	0.	Х						0	0.			0
57) LINDA KOVAN	1.00											
BOARD MEMBER	0.	Х						0	0.			0
58) AGOTA KUPERMAN	1.00											
BOARD MEMBER	0.	Х						0	0.			0
1b Sub-total	1						•	0.	0.		-	0.
c Total from continuation sheets to Part VII, S	Section A		• •	• •	• •							
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but not							o re	reived more than	\$100,000 of			
reportable compensation from the organizatio		36		uu	DOV	C) WIII	0 10	cored more than	φ100,000 01			
	,										Yes	No
O Did the considering list over former office	Parata							Lanca de la Calence			163	NO
3 Did the organization list any former offic										3	X	
employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	nsatio	n ai	nd other compens	sation from the			
organization and related organizations gr											v	
individual										4	X	
5 Did any person listed on line 1a receive or												3.5
for services rendered to the organization? If "Y	es," comple	te Sci	nedu	ıle .	J for	r such	per	son		5		X

### **Section B. Independent Contractors**

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

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

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

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Part VII

(A)

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

(A)	(B)			(0	٠,			(D)	(E)		(F)	
Name and title	Average hours per	(do r	not ch		ition more	e than c	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any	١,				is both		from	related		other	'
	hours for					or/trust		the	organizations		pensati	
	related organizations	ndiv or di	nstit	Officer	(ey e	ligh.	Former	organization	(W-2/1099-MISC)		om the anizatio	
	below dotted	idua	utio	er	mpl	est c	<u> </u>	(W-2/1099-MISC)		_	d related	
	line)	Individual trustee or director	nalt		Key employee	) mg				orga	anization	ns
		stee	Institutional trustee		Φ	bens						
			ĕ			Highest compensated employee						
59) STEPHEN A. LASER	1.00											
BOARD MEMBER	0.	Х						0 .	0.			C
60) CHARLES E. LEVIN	1.00											
BOARD MEMBER	0.	Х						0 .	0.			C
61) DAVID MARCUS	1.00											
BOARD MEMBER	0.	Х						0.	0.			C
62) MELANIE MORENO	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
63) ALFRED MUNZER	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
64) NAOMI NEWMAN	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
65) BETH S. PERLMAN	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
66) MICHAEL J. PIERCE	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
67) DAVID A. POLAK	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
68) JEFF POLAK	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
69) ROBERT L. POLAK	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
1b Sub-total							<b>—</b>	0.	0.			0
c Total from continuation sheets to Part VII,	Section A		• • •		• •							
d Total (add lines 1b and 1c)	-						•					
2 Total number of individuals (including but not							o re	ceived more than	\$100.000 of			
reportable compensation from the organization		36				,			,,			
											Yes	No
3 Did the organization list any former offi	cer. directo	r. or	tru	ıste	e.	kev e	ame	lovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3	Х	
4 For any individual listed on line 1a, is the												
organization and related organizations g												
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If</i> "										5		Х
for 3ct vices refluence to the organization: If												

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

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

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

Form **990** (2019)

JSA 9E1055 1.000

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

(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any	box,	unles	Pos heck ss pe	ition more	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	ar	stimated nount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	pensation the anization dependent of the control of	n d
70) BENNETT RECHLER	1.00											
BOARD MEMBER	0.	Х						0	0.			0
71) DAVID LEE RONN	1.00											
BOARD MEMBER	0.	Х						0	0.			0
72) DAVID ROSENBLATT	1.00											
BOARD MEMBER	0.	Х						0	0.			0
73) KENNETH RUBENSTEIN	1.00											
BOARD MEMBER	0.	X						0	0.			0
74) NINA MADDEN SABBAN	1.00											
BOARD MEMBER	0.	X						0	0.			0
75) ED SATELL	1.00											
BOARD MEMBER	0.	Х						0	0.			0
76) JOEL W. SCHWARTZ	1.00											
BOARD MEMBER	0.	X						0	0.			0
77) JOAN SEIDEL	1.00											
BOARD MEMBER	0.	X						0	0.			0
78) ARNOLD SEIDEL	1.00											_
BOARD MEMBER	0.	Х						0	0.			0
79) LES SESKIN	1.00											•
BOARD MEMBER	0.	X						0	0.			0
80) LEONARD H. SHERMAN	1.00											0
BOARD MEMBER	0.	Х						0	0.			0
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not	ection A						► • re	0 .	0. \$100,000 of			0.
reportable compensation from the organizatio		36				- ,					Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х	
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	' If	"Yes	s,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue coi	mpen	sati	on f	fron	n any	un	related organization	on or individual	5		X

## **Section B. Independent Contractors**

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

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

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

Form **990** (2019)

JSA 9E1055 1.000

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

Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than c is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensati	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)	org an	om the anizatio d related anization	on d
81) JANET SHATZ SNYDER	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
82) JONATHAN SOHNIS	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
83) ERIC STEIN	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
84) JANEY SWEET	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
85) IRA TAUB	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
86) DEBBIE VANDERVEER	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
87) MICHAEL VELORIC	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
88) MAURO WJUNISKI	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
89) ANDI WOLFE	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
90) DAVID WITUS	1.00											
BOARD MEMBER	0.	X						0 .	0.			0
91) DEBORAH BERKOWITZ	40.00											
SR. V.P., FIN. (AS OF 06/2020)	0.			Х				0 .	0.			0
1b Sub-total							$\blacktriangleright$	0.	0.			0.
c Total from continuation sheets to Part VII, S	_						<b>&gt;</b>					
d Total (add lines 1b and 1c)							o re	ceived more than	1 100,000 of			
reportable compensation from the organization		36							. ,			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations gradiately.	eater than	\$15	0,0	00?	) It	"Yes	5,"	complete Schedu	le J for such	4	X	
individual										4	Λ	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												
4 Complete this table for your five highest com							4			£		

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

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

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

Form **990** (2019)

JSA 9E1055 1.000

Page 9

## Part VIII Statement of Revenue

		Check if Schedule O contains a response or not	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
21	1a	Federated campaigns 1a				
and Otner Similar Amounts	b	Membership dues 1b				
	С	Fundraising events 1c				
ā	d	Related organizations 1d				
	е	Government grants (contributions) 1e 1,48	6,300.			
2	f	All other contributions, gifts, grants,				
			1,623.			
5	g	Noncash contributions included in				
au		lines 1a-1f				
+	<u>h</u>	Total. Add lines 1a-1f				
	_		Code			
Kevenue	2a					
וַפַּ	b					
2	C C					
	d					
	e f	All other program service revenue				
		Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest,				
		other similar amounts)	1		19,263.	9,558,1
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	0.			
		(i) Real (ii) Pers	sonal			
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Ot	her			
		sales of assets				
		other than inventory 7a 89,240,078.				
	b	Less: cost or other basis and sales expenses 7h 85, 982, 237.				
	_	and saids expenses 1 1 1 b				
	c d	Gain or (loss)	3,257,841.			3,257,8
			3,237,011.			3,237,0
	8a	Gross income from fundraising				
		events (not including \$ of contributions reported on line				
		1c). See Part IV, line 18 8a	0.			
	b	Less: direct expenses 8b	0.			
	c	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a	0.			
	b	Less: direct expenses 9b	0.			
	С	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less				
		returns and allowances	0.			
	b	Less: cost of goods sold	0.			
+	С	Net income or (loss) from sales of inventory.				
		Business	Code			
י ב	11a					
	b					
Veveline	c	All all				
		All other revenue				
_		Total revenue See instructions	I		10.000	10.016.0
	12	Total revenue. See instructions	74,453,195.	1	19,263.	12,816,0

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
D-	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,297,815.	1,297,815.		
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	46,560,517.	46,560,517.		
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	trustees, and key employees	1,727,758.	102,482.	492,147.	1,133,129.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	8,264,283.	442,474.	2,265,465.	5,556,344.
	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	345,257.	7,201.	119,903.	218,153.
9	Other employee benefits	1,103,348.	61,586.	401,006.	640,756.
10	Payroll taxes	618,461.	32,983.	171,668.	413,810.
11					
	Management	41,667.		41,667.	
	Legal	161,689.		161,689.	
	Accounting	205,500.		205,500.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	159,363.			159,363.
	· · · · · · · · · · · · · · · · · · ·	1,076,217.		1,076,217.	<u> </u>
9	Other. (If line 11g amount exceeds 10% of line 25, column	281,630.		281,630.	
12	(A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion	443,478.		26,191.	417,287.
13		264,619.	753.	72,210.	191,656.
	Office expenses	320,458.		320,458.	
14	Information technology	0.		020,2001	
15	Royalties	821,307.	9,107.	216,546.	595,654.
16	Occupancy	491,179.	71,466.	118,951.	300,762.
17	Travel	1717177	7171001	110/331.	30077021
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	113,423.			113,423.
19	Conferences, conventions, and meetings	459,337.		223,355.	235,982.
20	Interest	0.		223,333.	233,902.
21	Payments to affiliates	409,361.		188,528.	220,833.
22	Depreciation, depletion, and amortization	254,248.		254,248.	220,033.
23	Insurance	231,240.		231,210.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	174,152.			174,152.
-	CAMPAIGN EVENT EXPENSES			65,092.	1/4,154.
-	BAD DEBTS	65,092.			
_	EQUIP. RENTAL & MAINTENANCE	60,353.		60,353.	10 700
_	OTHER EXPENSES	29,472.		16,690.	12,782.
	All other expenses	CE 740 004	40 506 304	C 770 F14	10 204 006
	Total functional expenses. Add lines 1 through 24e	65,749,984.	48,586,384.	6,779,514.	10,384,086.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
_	following SOP 98-2 (ASC 958-720)	0.			

Form **990** (2019)

# Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,235,313.	1	2,130,840.
	2	Savings and temporary cash investments	1,008,573.	2	298,676.
	3	Pledges and grants receivable, net	51,242,709.	3	43,248,943.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	40,554,143.	7	38,959,233.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	3,410,010.	9	2,627,912.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,987,483.			
	b	Less: accumulated depreciation	7,033,500.	10c	6,667,509.
	11	Investments - publicly traded securities	231,848,351.	11	262,323,186.
	12	Investments - other securities. See Part IV, line 11	151,510,751.	12	147,409,351.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	52,879,680.	15	48,499,848.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	541,723,030.	16	552,165,498.
	17	Accounts payable and accrued expenses	5,437,045.	17	5,335,888.
	18	Grants payable	799,483.	18	4,148,233.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	11,300,000.	23	11,300,000.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	23,563,490.	25	25,157,707.
	26	Total liabilities. Add lines 17 through 25	41,100,018.	26	45,941,828.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	17,987,768.	27	18,257,595.
Ba	28	Net assets with donor restrictions.	482,635,244.	28	487,966,075.
<b>Fund Balances</b>		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
بٍ	32	Total net assets or fund balances	500,623,012.	32	506,223,670.
Net	33	Total liabilities and net assets/fund balances	541,723,030.	33	552,165,498.
_	J J J	Total liabilities and het assets/fullu baldifies, , , , , , , , , , , , , , , , ,	341,723,030.	აა	Form <b>990</b> (2019)

Form **990** (2019)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		74,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		65,7		
3	Revenue less expenses. Subtract line 2 from line 1	3			03,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	00,6		
5	Net unrealized gains (losses) on investments	5		-3,1	02,5	53.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	5	06,2	23,6	570.
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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," ex	kplair	n 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 com-	piled	lor			
	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 audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			3.7
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits		3b	000	

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

Department of the Treasury

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

AMERICAN SOCIETY FOR TECHNION -

Employer identification number

TOF	(AE	L INSTITUTE OF TECH	NOLOGY INC.				13-04341	95
Pa	rt I	Reason for Public Cha	rity Status (All c	rganizations must o	omplet	e this pa	art.) See instructions	i.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated is section 170(b)(1)(A)(iv). (C		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
6		A federal, state, or local go		rnmantal unit dagariba	d in agat	ion 170/	h)/4\/A\/ <sub>4</sub> \	
6 7	X	An organization that normal	•			•	,,,,,,,	om the general public
,	Λ	described in section 170(b)	•	•	ірроп по	oni a go	verninental unit of in	om the general public
		A community trust describe		,	Dort II \			
8 9	$\vdash$						Lin noniumation with a	land arout callage
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	iter the i	name, city, and state o	i the college of
40		university:	II	th 00 0/ - f it-		f		-:
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt finent income and up on after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able incc (a)(2). (C	xception me (less complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11	_	An organization organized	•	•				
12		An organization organized	•	•			•	, , ,
		of one or more publicly su						
		Check the box in lines 12a t	=			-	•	_
а	L	Type I. A supporting orga	•	•	•		• , , ,	
		the supported organization	. , .	• • • • • • • • • • • • • • • • • • • •		ajority of	the directors or truste	es of the
		$_{\_}$ supporting organization. $^{f v}$						
b	L	☐ Type II. A supporting org					• • •	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or man	age the supported
	_	_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oldsymbol{ol}}}}}}}}} $	<b>grated.</b> A supporti	ng organization opera	ated in co	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d			integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		$oxedsymbol{oxdot}$ Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	rganizat	ion.	
f	En	ter the number of supported	l organizations					
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	, ,	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
<b>(A)</b>								
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

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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> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	103,294,031.	93,677,114.	63,110,981.	81,983,457.	61,617,923.	403,683,506.	
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	103,294,031.	93,677,114.	63,110,981.	81,983,457.	61,617,923.	403,683,506.	
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).						77,605,639.	
6	Public support. Subtract line 5 from line 4						326,077,867.	
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
7	Amounts from line 4	103,294,031.	93,677,114.	63,110,981.	81,983,457.	61,617,923.	403,683,506.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,915,200.	7,826,353.	8,565,966.	9,859,254.	9,558,168.	44,724,941.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	29,720.	54,826.	13,397.	19,263.	117,206.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	218,200.	37,450.	28,500.			284,150.	
11	Total support. Add lines 7 through 10						448,809,803.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup		•				70.65	
14	Public support percentage for 2019 (lin						72.65 <b>%</b> 73.11 <b>%</b>	
15	Public support percentage from 2018					15		
16a	331/3% support test - 2019. If the org	•		•		•		
	box and <b>stop here.</b> The organization qu	•		•				
D	331/3% support test - 2018. If the org							
170	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization							
17a		_						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in							
h	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	15 is 10% or more, and if the organic	_						
	Explain in Part VI how the organization						-	
18	supported organization  Private foundation. If the organization						▶ □	
10								
	instructions						<u> </u>	

Schedule A (Form 990 or 990-EZ) 2019

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## Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· •		, 	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	<del></del>					
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					<u>                                      </u>	
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					<u>                                       </u>	
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						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth.	, or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	· ·	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Scheo					16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
	331/3% support tests - 2019. If the org						
. J u	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orga			•		•	
	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization d		•	•			<del></del>

Schedule A (Form 990 or 990-EZ) 2019

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## Part IV Supporting Organizations

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

## Section A. All Supporting 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 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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a 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?  b A lamily member of a person described in (a) above?  c 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  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 he Part VI how the supported organization's directory operands, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or entwo effectors or trustees est all times during the tax year.  2 Did the organization or restrictions, if any, applied to such powers during the tax year.  1 Did the directorial trustees of the supported organization of trustees were allocated among the supported organization what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization of the purposes of the supported organization(s) that operated. Supervised, or controlled the supporting organization or supported organization(s) that operated. You will not providing such benefit carried out the purposes of the supported organization(s) that operated.  2 Did the organization of the organization's supported organization(s)? If No, "discribe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization and support provided during the prior tax year. (i) a copy of the form 990 that was most recently life as of the detail or notification, and (fillic opies of the organization's unit of the organization's to supported organization's unit part VI how derivate year in part VI in the organization's supported organization's position of	scneau	ie A (Form 990 or 990-EZ) 2019			age <b>J</b>
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or inferently controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 3 A 13% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 2 C A5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 3 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 organizations of effectively operated, supervised, or controlled the organization sachistiss. If the organizations describe how the powers to appoint and/or remove directors or trustees were allocated among the 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. 3 Did the organization operate for the benefit of any supported organization of the than the supported organizations and what conditions or rusticents, If any, applied to such powers during the tax year. 4 Did the organization operate for the benefit of any supported organization with the supported organization? If Yes, Explain in Part VI how providing such benefit carried out the purposes of the supported organization? If Yes, Explain in Part VI how providing such benefit carried out the purposes of the supported organization? If Yes, Explain in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization supported organization is accordingly. If Yes is not the organization is accordingly of the directors or trustees of each of the organization supported organizations, by the last day of the fifth month of the organization is accordingly appoint o	Part	Supporting Organizations (continued)			
a 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.  b A family member of a person described in (a) above?  c 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.  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 organizations directors or trustees at all times during the tax year. If "No," describe in Part VI how the supported organization is directors or trustees at all times during the tax year. Part VI how the powers to appoint and/or enhanced organization organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated for the benefit of any supported organization delicated among the supported organization what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization of the organization of any supported organization of the thin the supported organization of the supporting Organization.  2 Did the organization of the supporting organization.  2 Did the organization of the supporting organization.  3 The organization of the organization is supported organization organization of the supporting Organization or unangement of the supporting organization or unangement of the supporting organization was vested in the same persons that controlled or managed the supporting Organization or unangement of the supporting Organization or unangement of the supporting Organization or unangement of the supporting Organization or unangement of the supporting Organization org				Yes	No
below, the governing body of a supported organization?  b. A family member of a person described in (a) above?  c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  11c	11				
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part V.  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 Part VI now the supported organization's directors or trustees at all times during the tax year, "If "No," describe in Part VI now the supported organization's directors or trustees exported organization, describe how the powers to appoint and/or remove directors or trustees were discasted among the supported organizations and what conditions or restrictions," if any, applied to such powers during the tax year.  2 Did the organization organization for any supported organization for than the supported organization organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI now controlled the supporting organization? If "Yes," explain in Part VI now controlled the supporting organization? If "Yes," explain in Part VI now controlled the supporting organization? If "Yes," describe in Part VI now control or management of the supporting organization was vasted in the same persons that controlled or managed the supported organization was vasted in the same persons that controlled or managed the supported organization is at year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization spowering documents in effect on the date of notification, to the extent not provided with organization is stay vast, (ii) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization sylvanic describing the year described in the supported organization was supported organization was varied in the supported organi	а				
c 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.    Section B. Type I Supporting Organizations	_				
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? "In "No," describe to Part N how the supported organization's directors or trustees at all times during the tax year and the properties of the supported organization's activities of appoint and/or remove directors or trustees ever allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year."  1 Did the organization set of the benefit carried out the purposes of the supported organization that that the supported organization to the than the supported organization to the than the supported organization to the than the supported organization to the than the supported organization to the than the supported organization to the than the supported organization to the than the supported organization to the than the supported organization to the than the supported organization to the thin the supported organization to the thin the supported organization to the supporting organization or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of the supported organization or trustees of each of the organization organization was vested in the same persons that controlled or managed the supported organization than the supported organization tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's activation supported organization's activation's organization's activated substantially all of the organization's activated					
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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 Part VI how the supported organization for election 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.  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.  2 Did the organization operate for the benefit of any supported organization other than the supported organization's supervised, or controlled the supporting organization.  2 Did the organization's 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 Part VI how control or management of the supporting Organization's supported organization's plant via the control or management of the supporting Organization's supported organization's the supported organization's (i) a control or describing the type and amount of support provided during the protect ax year, (ii) a control the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's governing on the governing body of a supported organization's I'No, "explain in Part VI how the organization is previously in the supported organization's powering of the powering of the organization's investment policies and in directing the use of the organization's supported organization'				Yes	NO
tax year? If "No." describe in Part VI how the supported organization (s) effectively operated, supervised, or controlled the organization is activities. If the organization and 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.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization.  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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization save very (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization is over organization save very (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's ower of the relationship described in (2), did the organization's Interest organization's provided?  2 Were any of the organization of the provided organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's provided organization's investment policies and in directing the use of the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's and cash of its su	1				
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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.  2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization is supported organizations, by the last day of the fifth morth of the organization's operation is a vester, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's operation of the relationship described in (2), did the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization is investment policies and in directing the use of the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's organization was responsive? If "Yes," describe					
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization			
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>b</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		
4 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-functionall	y integra	ated Type III supporting	organization (see
instructions).	=	• • •	•

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	tion D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt 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 Part VI). 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 Part VI). See instructions.					
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
<u>i</u>	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
Q	and 4c. Breakdown of line 7:					
8	Excess from 2015					
a b	Excess from 2016					
C	Excess from 2017					
d	Excess from 2018					
e						

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME					
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
GROSS INCOME FROM FUNDRAISING						
EVENTS	218,200.	37,450.	28,500.			284,150.
TOTALS	218,200.	37,450.	28,500.		<del></del>	284,150.

Schedule A (Form 990 or 990-EZ) 2019

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

Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Internal Revenue Service **Employer identification number** Name of the organization AMERICAN SOCIETY FOR TECHNION -ISRAEL INSTITUTE OF TECHNOLOGY INC. 13-0434195 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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** [X] 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 for 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2019)

ISRAEL INSTITUTE OF TECHNOLOGY INC.

Employer identification number 13-0434195

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_		\$7,000,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$5,000,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$4,000,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and zir + 4	\$3,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,878,576.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ISRAEL INSTITUTE OF TECHNOLOGY INC.

Employer identification number 13-0434195

Part I	Contributors (see instructions).	Use duplicate copies of Part I i	f additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,510,526.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,500,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,250,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,486,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is needed.
alti	140116a3111 10pcity	(300 mondono). Osc dupilicate copies or r art in additional space is necessar.

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

Name of or	rganization AMERICAN SOCIETY FOR T		Employer identification number		
	ISRAEL INSTITUTE OF TE		13-0434195		
Part III	(10) that total more than \$1,000 for	the year from any one contributions completing Part III, enter the e year. (Enter this information one	tor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc		
(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, a	nd ZIP + 4 R	elationship of transferor to transferee		
(a) No.	(b) Burness of gift	(a) Use of gift	(d) Description of how gift is held		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Town formula warms address.	(e) Transfer of gift			
	Transferee's name, address, a	10 ZIP + 4 K	elationship of transferor to transferee		
(-) N-					
(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, a	nd ZIP + 4 R	elationship of transferor to transferee		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

## **SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service AMERICAN SOCIETY FOR TECHNION -Name of the organization Employer identification number ISRAEL INSTITUTE OF TECHNOLOGY INC

TDK	ALL INSTITUTE OF TECHNOLOGY INC.		13-0434195
Pa	Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	9.	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	8,350.	
4	Aggregate value at end of year	404,638.	
5	Did the organization inform all donors and dono	or advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant fu	unds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?		X Yes No
Pa	t    Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (		
•	historic structure listed in the National Register.		_ 2d
3	Number of conservation easements modified, tra	ansterred, released, extinguished, or termi	inated by the organization during the
	tax year	on ation accoment in largest A	
4	Number of states where property subject to cons		ion bondling of
5	Does the organization have a written policy re		-
6	violations, and enforcement of the conservation ex		
J	Staff and volunteer hours devoted to monitoring, ins	pecung, nanding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	cting handling of violations and enforcing of	onservation easements during the year
•	>\$	oung, nanding of violations, and emoleting of	onsolvation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?	. ,	
9	In Part XIII, describe how the organization reports		
-	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Pa		s of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under F	ASB ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar asse	ets held for public exhibition, education,	or research in furtherance of public
<b>h</b>	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under F art, historical treasures, or other similar assets he		
	provide the following amounts relating to these ite		ca.c In factionalise of public service,
	(i) Revenue included on Form 990, Part VIII, line	1	
	(ii) Assets included in Form 990, Part X		
_	The first annual tracking the contract and contract the first section of the contract tracking the contract tracking the contract tracking the contract tracking the contract tracking the contract tracking tracking the contract tracking t	and the factor of the formation of the second of the secon	and the few floorists and the second

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1................... ▶ \$ \_

Assets included in Form 990, Part X. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

▶ \$

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	rt    Organizations Maintaini	ing Collections of	Art Historical Tre	asures or C	Other Similar Assets	(continue		age Z
3								f ite
5	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
а	Public exhibition	·1y).	d Loan	or exchange p	rogram			
b	Scholarly research		e Other	or exerialize p	rogram			
C	Preservation for future gene	rations	C Other					
4	Provide a description of the organ		and explain how t	hev further th	ne organization's exem	nt nurnos	e in	Part
•	XIII.	inzation o donoctione	and explain new	incy raitinoi ti	io organization oxon	ipt puipoc		· ait
5	During the year, did the organization	on solicit or receive o	lonations of art hist	orical treasure	s or other similar			
	assets to be sold to raise funds rath					Yes		No
Pa	rt IV Escrow and Custodial A			g				1110
	Complete if the organiza	•	es" on Form 990, F	Part IV, line 9	, or reported an amo	unt on Fo	rm	
	990, Part X, line 21.				•			
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for c	ontributions or	r other assets not			
	included on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement i							•
					Amou	nt		
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance			1f				
	Did the organization include an am				=	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been prov	vided on Part XIII			
Pa	rt V Endowment Funds.							
	Complete if the organiza							
		(a) Current year	(b) Prior year	(c) Two years b				
1a	Beginning of year balance	391,616,604.	365,942,430.					
b	Contributions	15,445,681.	25,684,359.	3,241,1	25,899,337	. 15,9	993,	136.
С	Net investment earnings, gains,	F 205 506	11 851 004	10 040 5	24 601 200	0.5		<b>700</b>
	and losses	7,305,596.	11,751,204.	19,048,5				708.
d	Grants or scholarships	10,075,099.	9,028,971.	17,080,2	274. 10,584,662	. 10,6	93,	827.
е	Other expenditures for facilities						2	<i>((2)</i>
	and programs	4,088,047.	2 722 410	7 000 5	7.76 7.470.015	1 ,		$\frac{663}{504}$ .
f	Administrative expenses	4,088,047.	2,732,418. 391,616,604.	7,028,7	726. 7,478,015 930. 367,717,263			
g	End of year balance					. 343,4	4/9,	<u>ZIO.</u>
2	Provide the estimated percentage			column (a)) he	eld as:			
a	Board designated or quasi-endown Permanent endowment ▶ 90.5		_%					
b	Term endowment ▶ 9.5000							
C	The percentages on lines 2a, 2b, a	- ' -	100%					
22	Are there endowment funds not in			are hold and	administered for the			
Ja	organization by:	the possession of the	ie organization that	are rielu ariu a	auministered for the	Γ	Yes	No
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations					3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate					3b		
4	Describe in Part XIII the intended of	•	•					
	rt VI Land, Buildings, and Equ	uipment.			_			
	Complete if the organize							
	Description of property	(a) Cost or (inves		or other basis ( ther)	(c) Accumulated depreciation	(d) Book va	lue	
1a	Land	,						
b	Buildings		9,8	301,289.	4,849,596.	4,95	51,6	93.
С	Leasehold improvements		3,0	008,522.	1,468,307.	1,54	10,2	15.
d	Equipment		4,1	77,672.	4,002,071.	1	75,6	01.
	Other							
Tota	I. Add lines 1a through 1e. (Columr	n (d) must equal Forr	n 990, Part X, colum	n (B), line 10c.,	) ▶	6,60	57,5	09.

Part VII Investments - Other Securities.	L"Voo" on Form 000	Port IV line 44h Coe Form 000	Page C
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	on:
(1) Financial derivatives		· · · · · · · · · · · · · · · · · · ·	
(2) Closely held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	125,166,633.	FMV	
(B) ISRAEL BONDS	22,242,718.	FMV	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	147,409,351.		
Part VIII Investments - Program Related. Complete if the organization answered	l "Yes" on 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 marke	et value
<u>(1)</u>			
(2)			
_(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered		Part IV, line 11d. See Form 990,	
. ,	scription		(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS (2) LIFE INSURANCE POLICIES			45,880,584
_(=)			549,036
_(0)			349,030
<u>(4)</u>			
<u>(5)</u>		<del></del>	
<u>(6)</u> <u>(7)</u>		<del></del>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		48,499,848
Part X Other Liabilities. Complete if the organization answered line 25.		·	
	tion of liability		(b) Book value
(1) Federal income taxes	don or hability	-	(b) Book value
(2) ANNUITY OBLIGATIONS		-	25,157,707.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			25,157,707
2. Liability for uncertain tax positions. In Part XIII, provide the			at reports the

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

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Schedule D (Form 990) 2019

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	70,274,425.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-3,102,553.
3	Subtract line 2e from line 1	3	73,376,978.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,076,217.		
b	Other (Describe in Part XIII.)	4-	1,076,217.
C	Add lines 4a and 4b	4c	74,453,195.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	74,433,133.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	64,673,767.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	- 1	
е	Add lines 2a through 2d	2e	61 672 767
3	Subtract line 2e from line 1	3	64,673,767.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4.	1,076,217.
C	Add lines 4a and 4b	4c 5	65,749,984.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	03,713,701.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

#### Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE FOLLOWING PROGRAM SERVICE

PROJECTS AT THE TECHNION UNIVERSITY: SCHOLARSHIPS; FELLOWSHIPS; RESEARCH;

STUDENT LOANS AND AID; PROFESSORIAL CHAIRS; LECTURESHIPS; PRIZES; BOOKS

AND BUILDING MAINTENANCE. A PORTION OF THE EARNINGS OF THE ENDOWMENT FUND

IS USED TO SUPPORT THE OPERATING COST OF THE ORGANIZATION.

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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 ASSESSMENT OF THE TAX

POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT

REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME
UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED
BY THE CODE. 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

Schedule D (Form 990) 2019

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#### Part XIII Supplemental Information (continued)

BE CONSIDERED TAX POSITIONS. THE SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2019

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#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Pai	General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	nswered "Yes" on
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	ganization main eligibility for t	he grants or		tion criteria used to	X Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pr	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I. line	3 table can b	e duplicated if additional spa	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
_(1)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		46,560,517.
(2)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		65,737,498.
(3)	MIDDLE EAST AND NORTH AFRICA	0.	0.	INVESTMENTS		21,769,824.
(4)	EUROPE	0.	0.	INVESTMENTS		10,000,000.
(5)						
(6)						
_(7)	)					
_(8)	)					
(9)						
<u>(10)</u>	r					
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
<u>(17)</u>	1					
3 a	Subtotal					144,067,839.
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)					144,067,839.

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

Schedule F (Form 990) 2019

AMERICAN SOCIETY FOR TECHNION - 13-0434195

Schedule F (Form 990) 2019

Page **2** 

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	SEE PART V	46,500,133.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	ter total number of recipien the IRS, or for which the gr ter total number of other or	antee or counsel has prov	vided a section 501(c)(3) ed	quivalency lette	r		<b>&gt;</b>		1.

Schedule F (Form 990) 2019

AMERICAN SOCIETY FOR TECHNION -13-0434195

Schedule F (Form 990) 2019

#### Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) \_(4) (5) (6) (7)

Schedule F (Form 990) 2019

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18)

Schedule F (Form 990) 2019

Part IV Foreign Forms 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)	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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

JSA

Schedule F (Form 990) 2019 Page **5** 

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 1

MONITORING OF FUNDS

THE AMERICAN TECHNION SOCIETY'S DONOR RELATIONS AND STEWARDSHIP DEPARTMENT, IN COORDINATION WITH THE SOCIETY'S FUNDRAISERS AND THE TECHNION'S DIVISION OF PUBLIC AFFAIRS AND RESOURCE DEVELOPMENT, WORKS TO ENSURE THAT THE UNIVERSITY MEETS THE REPORTING AND STEWARDSHIP REQUIREMENTS STIPULATED IN DONOR GIFT AGREEMENTS. THESE MAY INCLUDE: FINANCIAL REPORTS ON HOW FUNDS HAVE BEEN EXPENDED; LETTERS FROM RECIPIENTS OF SCHOLARSHIPS, FELLOWSHIPS AND OTHER STUDENT ASSISTANCE PROGRAMS; LETTERS FROM ACADEMIC CHAIR HOLDERS; REPORTS ON PROGRAM ACTIVITIES AND STATUS/OUTCOME OF RESEARCH PROJECTS; AND PHOTOS OF ONGOING AND COMPLETED CAPITAL PROJECTS. DONORS WHO SUPPORTED LABORATORIES, DORMITORIES AND OTHER CAPITAL INFRASTRUCTURE PROJECTS ARE ENCOURAGED TO ATTEND DEDICATION CEREMONIES AT THE UNIVERSITY. EVERY THREE YEARS, ATS ENGAGES A LOCAL ACCOUNTING FIRM IN ISRAEL TO PERFORM AN AUDIT OF SELECTED GRANTS TO THE UNIVERSITY TO ENSURE COMPLIANCE WITH GRANT REQUIREMENTS AND DONOR RECOGNITION. THE AUDIT REPORT IS REVIEWED AND APPROVED BY THE ORGANIZATION'S AUDIT COMMITTEE.

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

PURPOSE OF GRANT

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page **5** 

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

RESEARCH PROGRAMS; FACULTY DEVELOPMENT; FELLOWSHIPS; AND, SCHOLARSHIPS.

SCHEDULE F, PART IV

THE AMERICAN TECHNION SOCIETY (ATS) INVESTS DIRECTLY IN VARIOUS

ALTERNATIVE INVESTMENTS THAT MAY BE ORGANIZED AS EITHER FOREIGN

CORPORATIONS OR FOREIGN PARTNERSHIPS; IT LIKEWISE, INVESTS IN DOMESTIC

LIMITED PARTNERSHIPS THAT MAY, IN TURN, INVEST IN FOREIGN CORPORATIONS OR

PARTNERSHIPS. NEVERTHELESS, ATS' INVESTMENT ACTIVITIES MAY NOT REACH THE

THRESHOLDS REQUIRED FOR THE FILING OF FORMS 926, 5471, 8621, OR 8865. TO

THE EXTENT THAT ATS IS REQUIRED TO COMPLETE ONE (OR MORE) OF THESE

FOREIGN FORMS, THEY ARE FILED WITH THE FORM 990-T FILING.

Schedule F (Form 990) 2019

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service

IIIICIIIa	Theveride Service		mopostion
Name	of the organization AMERICAN SOCIETY FOR TE	CHNION -	Employer identification number
ISRA	AEL INSTITUTE OF TECHNOLOGY INC.		13-0434195
Part	Fundraising Activities. Complete if the or	ganization answered "Yes" on Form 99	00, Part IV, line 17.
	Form 990-EZ filers are not required to cor	nplete this part.	
1	Indicate whether the organization raised funds thro	ugh any of the following activities. Check a	all that apply.
а	X Mail solicitations	e X Solicitation of non-government g	rants
b	X   Internet and email solicitations	f X Solicitation of government grants	6
С	X Phone solicitations	g X Special fundraising events	
d	X In-person solicitations		
2a	Did the organization have a written or oral agreeme	ent with any individual (including officers, d	
	or key employees listed in Form 990, Part VII) or e	ntity in connection with professional fundra	ising services? X Yes No
b	If "Yes," list the 10 highest paid individuals or enti-	ties (fundraisers) pursuant to agreements	under which the fundraiser is to be
	compensated at least \$5,000 by the organization.		

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					159,363.	
3 List all states in which the organizar registration or licensing.	tion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from
AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL						
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS			IM,NY,N	C,ND,OH,		
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT	,VA,WA,WV,WI,	WY,				

Page 2 Schedule G (Form 990 or 990-EZ) 2019

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contribution	answered "Yes" on Fons and gross incom	Form 990, Part IV, ie on Form 990-EZ,	line 18, or reported, lines 1 and 6b. List
		3 . 3	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
<u>e</u>			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
<u>~</u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
<b>Direct Expenses</b>	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Pa	11	Direct expense summary. Add line Net income summary. Subtract line  Gaming. Complete if the organization on Form 990-EZ, line	ne 10 from line 3, colu anization answered "\	mn (d)		reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u></u>	1	Gross revenue				
xbenses	2	Cash prizes				
ш	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colur	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 a k	ı	Enter the state(s) in which the orgals the organization licensed to confit "No," explain:		in each of these state	es?	Yes No
10 a		Were any of the organization's gaming If "Yes," explain:			uring the tax year?	Yes No

Sched	lule G (Form 990 or 990-EZ) 2019 Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility 13a %
b	An outside facility
14	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	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
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 > \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
PAR'	T I, LINE 2B, COLUMN (IV)
VAR	IOUS FUNDRAISERS DISCLOSED ON THE SCHEDULE G REPORT NO RECEIPTS RAISED
FRO	M FUNDRAISING ENDEAVORS; THIS IS A FUNCTION OF THE INSTITUTE NOT
DIS'	TINGUISHING AMOUNTS RAISED BY SPECIFIC FUNDRAISER EFFORTS AND NOT
BEC.	AUSE THE FUNDRAISERS' SERVICES RAISED NO CONTRIBUTIONS.

Schedule G (Form 990 or 990-EZ) 2019

NY 10036

#### ATTACHMENT 1

990	SCHEDULE	G	PART	Т –	HIGHEST	DATD	FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
THE HELEN BROWN GROUP  48 SUMMER STREET, STE # 2  WATERTOWN MA 02472	RESEARCH	х		84,700.	
SANKY COMMUNICATIONS GROUP, INC. 599 11TH AVENUE, 6TH FLR NEW YORK	D. MAIL & MARKETING	х		74,663.	

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN SOCIETY FOR TECHNION -

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

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

**Open to Public** Inspection

Employer identification number

ISRAEL INSTITU	TE OF TECHNOLOGY	INC.					13-043419	95
Part I General	Information on Grants	and Assistance	е				•	
the selection cr	ization maintain records t iteria used to award the g t IV the organization's pro	rants or assistanc	e?					X Yes No
	nd Other Assistance tine 21, for any recipier	-	-					es" on Form 990,
	nd address of organization r government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JACOBS TECHNION-	CORNELL INSTITUTE							
2 WEST LOOP ROAD	NEW YORK, NY 10044	46-4395157	501(C)(3)	1,289,465.				VARIOUS PROJECTS
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	ber of section 501(c)(3) a							1.
	ber of other organizations ion Act Notice, see the Inst			<u> </u>		<u> </u>		nedule I (Form 990) (2019)

JSA

9E1288 1.000

0415GM 700J V 19-8.5F 0190793-00002 PAGE 49

Page **2** 

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
_ 3					
4					
5					
6					
_ 7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

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

Schedule I (Form 990) (2019)

Page 2

Schedule I (Form 990) (2019)

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

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

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FOR DONOR ADVISED FUNDS, DONOR SENDS IN A GRANT REQUEST. ATS VERIFIES

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

Schedule I (Form 990) (2019)

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN SOCIETY FOR TECHNION -

ISRAEL INSTITUTE OF TECHNOLOGY INC.

Employer identification number 13-0434195

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X   Compensation committee   Written employment contract   X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
_				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		Х	
c	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Λ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Rest III			Х
9	in Part III	8		21
3	Regulations section 53.4958-6(c)?	9		
				i .

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

Schedule J (Form 990) 2019

AMERICAN SOCIETY FOR TECHNION - 13-0434195

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	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 on prior Form 990
MICHAEL WAXMAN-LENZ	(i)	433,469.	30,000.	3,972.	16,800.	2,439.	486,680.	0.
1 CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID CHIVO	(i)	291,129.	25,000.	1,513.	16,608.	25,278.	359,528.	0.
2 <sup>CHIEF</sup> DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
SHANTA MALI	(i)	241,805.	15,000.	557.	15,272.	43,129.	315,763.	0.
3 <sup>CHIEF</sup> MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JEROME KLEINMAN	(i)	256,408.	10,000.	7,328.	15,792.	16,999.	306,527.	0.
4 ASSOCIATE VP, PRINCIPAL GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFREY RICHARD	(i)	269,500.	0.	855.	15,148.	18,290.	303,793.	0.
5 FORMER EXECUTIVE V.P.	(ii)	0.	0.	0.	0.	0.	0.	0.
BARUCH SALAMANDER - DIR	(i)	98,396.	0.	150,387.	6,500.	30,817.	286,100.	0.
6 INFO. SER. (THRU 09/2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK HEFTER	(i)	0.	0.	265,550.	473.	594.	266,617.	0.
TFORMER HCE	(ii)	0.	0.	0.	0.	0.	0.	0.
IRV ELENBERG	(i)	216,179.	0.	1,097.	13,279.	25,061.	255,616.	0.
8 DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
SARA SWISHER-ANDERSON	(i)	238,040.	0.	144.	3,912.	2,291.	244,387.	0.
9 P - OPERATIONS AND ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
MARYELLEN TITANI - EXEC	(i)	172,362.	15,000.	375.	10,776.	26,339.	224,852.	0.
10 CAMP. OPS. & DONOR RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
ANITA ENRIQUEZ	(i)	182,229.	10,000.	2,458.	10,725.	18,445.	223,857.	0.
11 <sup>CONTROLLER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JUDY SAGER	(i)	191,174.	3,600.	2,954.	0.	16,827.	214,555.	0.
12 EXEC. DIR., PLANNED GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
TOVA KANTROWITZ	(i)	151,505.	0.	2,306.	10,146.	44,815.	208,772.	0.
13 FORMER SR. ADV. STRAT, PARTNSH	(ii)	0.	0.	0.	0.	0.	0.	0.
KATE YARHOUSE	(i)	144,461.	15,000.	685.	5,206.	6,803.	172,155.	0.
14 EXECUTIVE DIRECTOR, HR & ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

AMERICAN SOCIETY FOR TECHNION - 13-0434195

Schedule J (Form 990) 2019

#### Part | Supplemental Information

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 4A - SEVERANCE PAYMENT

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR

2019, WHICH IS REPORTED IN SCHEDULE J, PART II, COLUMN B(III):

BARUCH SALAMANDER \$138,763

MARK HEFTER \$256,286

PART I, LINE 7

BONUSES WERE PAID OUT DURING THE YEAR THAT CONSTITUTED NON FIXED

PAYMENTS.

THE EXECUTIVE VICE PRESIDENT'S BONUS IS DETERMINED BY THE MANAGEMENT

COMMITTEE MADE UP OF THE PRESIDENT AND OTHER KEY MEMBERS OF THE BOARD OF

DIRECTORS.

ALL OTHER BONUSES ARE REQUESTED BY SUPERVISORS BASED ON EXTRAORDINARY

PERFORMANCE IN THE PAST YEAR AND A FINAL DECISION IS MADE BY THE

EXECUTIVE VICE PRESIDENT.

Schedule J (Form 990) 2019

# SCHEDULE M (Form 990)

### **Noncash Contributions**

2019

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

AMERICAN SOCIETY FOR TECHNION -

Open to Public
Inspection

OMB No. 1545-0047

ISRAEL INSTITUTE OF TECHNOLOGY INC.

13-0434195

Employer identification number

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
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		40.	1,498,223.	PROCEEDS	FROM	I SA	LE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organization				_			
	28, that it must hold for at least t							
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement							
31	S .	-						
	contributions?					31	X	
32a	Does the organization hire or use	•	•	• •				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2** 

Part II Supplem

**Supplemental Information.** 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.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

JSA Schedule M (Form 990) (2019)

9E1508 1.000

0415GM 700J V 19-8.5F 0190793-00002 PAGE 56

#### SCHEDULE O (Form 990 or 990-EZ)

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ISRAEL INSTITUTE OF TECHNOLOGY INC.

Employer identification number 13-0434195

PART III, LINE 4A

THE HELEN DILLER QUANTUM CENTER

IDENTIFYING THE EMERGING AREA OF QUANTUM SCIENCE AND ENGINEERING AS ONE
OF THE BUILDING BLOCKS OF ISRAEL'S FUTURE TECHNOLOGICAL EDGE, THE
TECHNION LAUNCHED A MAJOR RESEARCH INITIATIVE. THE HELEN DILLER QUANTUM
CENTER-THE FIRST IN ISRAEL-IS POISED TO ADVANCE THE BASIC SCIENCES WHILE
USING QUANTUM MECHANICS TO IMPACT ENGINEERING FIELDS AND DEVELOP
APPLICATIONS FOR A RANGE OF INDUSTRIES. QUANTUM PHENOMENA HOLD GREAT
PROMISE FOR TECHNOLOGIES VITAL TO HIGH-TECH, DEFENSE AND SECURITY FIELDS.
SCIENTISTS IN THE CENTER ARE PURSUING RESEARCH IN QUANTUM SENSING,
QUANTUM COMPUTING, QUANTUM COMMUNICATION, QUANTUM MATERIALS AND QUANTUM
SIMULATORS. SOME 50 FACULTY MEMBERS AND MORE THAN 100 GRADUATE STUDENTS,
POSTDOCS AND SCIENTISTS PARTICIPATE IN THE CENTER'S ACTIVITIES.

AMERICAN SOCIETY FOR TECHNION -

PART III, LINE 4B

THE ANDREW AND ERNA VITERBI FACULTY OF ELECTRICAL ENGINEERING
ENJOYS A WORLDWIDE REPUTATION FOR LEADERSHIP IN KEY AREAS OF
COMMUNICATIONS, ELECTRONICS AND COMPUTER ENGINEERING. WITH MORE THAN
2,500 STUDENTS, IT IS THE LARGEST ENGINEERING DEPARTMENT IN ISRAEL,
CONSISTENTLY RANKED AMONG THE WORLD'S TOP 10 ELECTRICAL AND COMPUTER
ENGINEERING DEPARTMENTS. IT HAS DEVELOPED EXTENSIVE RELATIONSHIPS WITH
HIGH-TECH INDUSTRY AND A LIAISON PROGRAM INCLUDES NEARLY 40 MEMBER
COMPANIES. FACULTY MEMBERS AND STUDENTS RECEIVE PRESTIGIOUS AWARDS
RECOGNIZING THEIR RESEARCH ACHIEVEMENTS. SUPPORT FROM THE GRANT ENABLES

AMERICAN SOCIETY FOR TECHNION -Name of the organization

ISRAEL INSTITUTE OF TECHNOLOGY INC.

Employer identification number 13-0434195

THE DEPARTMENT TO INCREASE ITS GRADUATE STUDENT BODY, RECRUIT TOP FACULTY MEMBERS, EXPAND RESEARCH ACTIVITIES, AND UPGRADE TEACHING AND RESEARCH INFRASTRUCTURE.

PART III, LINE 4C

THE ZUCKERMAN STEM LEADERSHIP PROGRAM

THE ZUCKERMAN STEM LEADERSHIP PROGRAM SUPPORTS FUTURE LEADERS IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH IN THE U.S. AND ISRAEL, FOSTERING COLLABORATION BETWEEN THE TWO NATIONS. IT ENABLES HIGH-ACHIEVING AMERICAN POSTDOCTORAL RESEARCHERS AND GRADUATE STUDENTS TO COLLABORATE WITH RESEARCHERS AT ISRAEL'S TOP INSTITUTIONS AND EXPOSES THEM TO ITS RENOWNED STARTUP CULTURE. THE PROGRAM ALSO BOLSTERS ISRAELI INSTITUTIONS BY PROVIDING RESOURCES TO DEVELOP TOP-TIER LABS AND PROJECTS. THE PROGRAM AIMS TO STRENGTHEN THE U.S.-ISRAEL PARTNERSHIP AS ZUCKERMAN SCHOLARS RETURN TO THE U.S. AFTER BUILDING LONG-TERM RELATIONSHIPS AND ISRAELI ACADEMICS RETURNING HOME WILL CONTINUE TO ADVANCE COLLABORATION WITH AMERICAN COLLEAGUES.

PART III, LINE 4D

GRANTS EXPENSES REVENUE

OTHER PROGRAMS: 37,985,832 38,713,884 0.

THE TECHNION IS KNOWN FOR WORLD-CLASS RESEARCH IN A RANGE OF AREAS: AEROSPACE, BIOTECHNOLOGY, BIOMEDICAL ENGINEERING, CANCER, COMPUTER SCIENCE, ELECTRICAL ENGINEERING, MEDICINE, QUANTUM ENGINEERING, ROBOTICS, SUSTAINABLE ENERGY AND WATER RESOURCES/RECLAMATION. IN 2020, THE AMERICAN TECHNION SOCIETY PROVIDED FUNDING FOR COVID-19-RELATED RESEARCH AND EMERGENCY STUDENT SUPPORT; THE JACOBS-TECHNION CORNELL INSTITUTE; FACULTY RECRUITMENT AND RETENTION; THE FACULTY OF COMPUTER SCIENCE EXPANSION; CAMPUS ENHANCEMENTS; AND RESEARCH IN FIELDS SUCH AS SECURITY/DEFENSE AND NEURODEGENERATIVE DISORDERS. ATS DONORS PROVIDE ONGOING SUPPORT FOR TOP TECHNION PRIORITIES: GRADUATE STUDENT FELLOWSHIPS, STUDENT HOUSING AND AID FOR STUDENTS FROM DISADVANTAGED BACKGROUNDS.

PART VI, SECTION A, LINE 1A

DELEGATION OF AUTHORITY

THE BOARD AUTHORIZES THE FINANCE TRANSACTIONS COMMITTEE TO ACT ON ITS
BEHALF ON FINANCIAL MATTERS NOT EXCEEDING \$2 MILLION AND TO PROVIDE

OVERSIGHT AND COORDINATION OF OTHER BOARD FINANCIAL COMMITTEES.

PART VI, SECTION A, LINE 2

FAMILY AND BUSINESS RELATIONSHIPS

THE FOLLOWING ARE BOARD MEMBERS WITH BUSINESS OR FAMILY RELATIONSHIPS:

DAVE POLAK, ROBERT POLAK & JEFF POLAK - FAMILY RELATIONSHIP

NATHAN FISCHEL & FARIBA GHODSIAN-FISCHEL - FAMILY RELATIONSHIP

ALAN FORMAN & JONATHAN SOHNIS - BUSINESS RELATIONSHIP

ARNOLD & JOAN SEIDEL - FAMILY RELATIONSHIP

STEVE & ILENE BERGER - FAMILY RELATIONSHIP

EDITH FISCHER & NORA FISCHER - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11

REVIEW OF FORM 990

THE FORM 990 IS PREPARED IN CONJUNCTION WITH THE SOCIETY'S EXTERNAL ACCOUNTING FIRM. UPON COMPLETION, THE 990 IS REVIEWED BY THE SENIOR VP AND EXECUTIVE V.P./CEO AND A PRESENTATION IS MADE TO THE AUDIT COMMITTEE TO HIGHLIGHT THE 990 INFORMATION PERTINENT TO THAT COMMITTEE'S OVERSIGHT AND GOVERNANCE. ONCE THE AUDIT COMMITTEE HAS APPROVED THE 990 FOR FILING, THE FINAL 990 IS DISTRIBUTED TO THE FULL 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 ANNUALLY

TO ALL BOARD MEMBERS, OFFICERS AND MANAGERIAL STAFF. EACH ONE IS REQUIRED

TO SIGN AND RETURN THE DISCLOSURE FORM. ATS COUNSEL REVIEWS DISCLOSURES

TO DETERMINE CONFLICT AND REPORTS THESE TO THE AUDIT COMMITTEE FOR REVIEW

AND APPROVAL. DIRECTORS AND STAFF WITH A CONFLICT ARE PROHIBITED FROM

PARTICIPATING IN DISCUSSIONS AND DECISIONS RELATED TO THE TRANSACTION.

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

THE EXECUTIVE VICE PRESIDENT'S (CEO) COMPENSATION IS DETERMINED BY A COMMITTEE WHICH IS MADE UP OF THE FOLLOWING OFFICERS OF THE BOARD OF DIRECTORS: CHAIRMAN OF THE BOARD; VICE CHAIRMEN OF THE BOARD; AND PRESIDENT OF THE BOARD. FROM TIME TO TIME THE CHAIRMAN OF THE BOARD MAY CHOOSE TO INCLUDE THE HONORARY CHAIRMAN OF THE BOARD AND/OR CHAIRMAN OF

THE PERSONNEL COMMITTEE. THE CEO'S COMPENSATION IS DETERMINED BY CONTRACT

FORM 990, PART VI, SECTION B, LINES 15A & 15B

Employer identification number 13-0434195

AND INCREASES ANNUALLY ACCORDING TO THE TERMS OF THE CONTRACT. FROM TIME TO TIME, THE COMMITTEE ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT FOR COMPARABILITY DATA AND SUBSTANTIATION. THE COMMITTEE THEN SUBSTANTIATES ITS DECISION WITH A MEMORANDUM WHICH IS SIGNED BY THE PRESIDENT. WITH REGARD TO THE OFFICERS AND KEY EMPLOYEES, FROM TIME TO TIME ATS ENGAGES IN INFORMATION SHARING WITH OTHER NON-PROFITS TO EVALUATE ITS

COMPENSATION PACKAGE. IN SOME YEARS ATS IS ABLE TO GATHER THE INFORMATION ANONYMOUSLY. ATS DOES THIS TO CONFIRM THAT ITS SALARIES AND BENEFITS ARE IN LINE WITH THE MARKET.

FORM 990, PART VI, SECTION C, LINE 19

THE SOCIETY'S FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ITS

WEBSITE. COPIES OF THE SOCIETY'S OTHER CORPORATE DOCUMENTS, SUCH AS ITS

BYLAWS, ARTICLES OF INCORPORATION AND CONFLICTS OF INTEREST POLICY, ARE

PROVIDED UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

GENERAL STATEMENT REGARDING IMPACT OF COVID-19

THE COVID-19 PANDEMIC, WHOSE EFFECTS FIRST BECAME KNOWN IN JANUARY 2020,

HAS CAUSED ECONOMIC INTERRUPTIONS THROUGH MANDATED AND VOLUNTARY CLOSINGS

OF BUSINESSES AND ORGANIZATIONS THROUGHOUT THE UNITED STATES. THE EXTENT

OF THE IMPACT OF COVID-19 ON THE SOCIETY'S OPERATIONAL AND FINANCIAL

PERFORMANCE WILL DEPEND ON CERTAIN DEVELOPMENTS, INCLUDING THE DURATION

AND SPREAD OF THE OUTBREAK AND ITS IMPACT ON THE SOCIETY'S DONORS,

EMPLOYEES, AND VENDORS, ALL OF WHICH AT PRESENT CANNOT BE DETERMINED.

ACCORDINGLY, THE EXTENT TO WHICH COVID-19 MAY IMPACT THE SOCIETY'S

FINANCIAL POSITION AND CHANGES IN NET ASSETS AND CASH FLOWS IS UNCERTAIN AND THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS INCLUDE NO ADJUSTMENTS RELATING TO THE EFFECTS OF THIS PANDEMIC.

ON APRIL 27, 2020, THE SOCIETY RECEIVED LOAN PROCEEDS TOTALING \$1,486,300

UNDER THE PAYCHECK PROTECTION PROGRAM ("PPP") ADMINISTERED BY THE SMALL

BUSINESS ADMINISTRATION (SBA) APPROVED PARTNER (SUCH PPP LOAN REFERRED TO

AS A FIRST DRAW PPP LOAN). ESTABLISHED AS PART OF THE CORONAVIRUS RELIEF

AND ECONOMIC SECURITY ACT ("CARES ACT"), THE PPP PROVIDES FOR

UNCOLLATERALIZED LOANS TO QUALIFYING BORROWERS IN AMOUNTS UP TO 2.5 TIMES

THE BORROWER'S AVERAGE MONTHLY PAYROLL EXPENSES. PPP LOANS AND ACCRUED

INTEREST ARE FORGIVABLE AFTER A COVERED PERIOD (EIGHT OR 24 WEEKS) AS

LONG AS THE BORROWER USES THE LOAN PROCEEDS FOR ELIGIBLE PURPOSES,

INCLUDING PAYROLL, BENEFITS, RENT AND UTILITIES AND MAINTAINS ITS PAYROLL

LEVELS. THE FORGIVENESS AMOUNT WILL BE REDUCED IF THE BORROWER TERMINATES

EMPLOYEES OR REDUCES SALARIES DURING THE COVERED PERIOD IN EXCESS OF THE

LIMIT SET UNDER THE REGULATIONS.

THE SOCIETY USED THE PPP LOAN PROCEEDS FOR PURPOSES CONSISTENT WITH THE PPP AND HAS APPLIED FOR FORGIVENESS. AS OF SEPTEMBER 30, 2020, THE SOCIETY BELIEVES THAT IT SATISFIED THE REQUIREMENTS FOR ITS PPP LOAN TO BE FORGIVEN, AND THEREFORE THE SOCIETY RECORDED GRANT REVENUE TOTALING \$1,486,300 ON ITS ACCOMPANYING STATEMENT OF ACTIVITIES. ON JANUARY 1, 2021, THE LOAN WAS FULLY FORGIVEN.

0415GM 700J

Employer identification number 13-0434195

ON FEBRUARY 8, 2021, THE SOCIETY RECEIVED A SECOND DRAW PPP LOAN OF \$1,486,300 UNDER THE CARES ACT AS AMENDED BY THE ECONOMIC AID HARD-HIT SMALL BUSINESSES, NONPROFITS, AND VENUES ACT (ECONOMIC AID ACT). THE LOAN IS GENERALLY SUBJECT TO THE SAME TERMS, CONDITIONS AND REQUIREMENTS AS THE FIRST DRAW PPP LOAN. THE LOAN QUALIFIES FOR LOAN FORGIVENESS IF DURING THE 8 TO 24 WEEK COVERED PERIOD FOLLOWING LOAN DISBURSEMENT:

EMPLOYEE AND COMPENSATION LEVELS ARE MAINTAINED IN THE SAME MANNER AS REQUIRED FOR THE FIRST DRAW PPP LOAN; THE LOAN PROCEEDS ARE SPENT ON PAYROLL COST AND OTHER ELIGIBLE EXPENSES; AND AT LEAST 60 PERCENT OF PROCEEDS ARE SPENT ON PAYROLL COSTS.

#### ATTACHMENT 1

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

THE AMERICAN TECHNION SOCIETY (ATS) HAS BEEN A VITAL PARTNER IN THE TECHNION'S UNPARALLELED GROWTH AND ACHIEVEMENT. AS A LEADING AMERICAN ORGANIZATION SUPPORTING HIGHER EDUCATION IN ISRAEL, THE ATS HAS PIONEERED A LASTING PARTNERSHIP WITH THE CREATORS OF SCIENCE AT TECHNION CITY IN HAIFA. SUPPORTED BY A NETWORK OF DYNAMIC LEADERSHIP AND THOUSANDS OF DEDICATED MEMBERS, THE ATS IS COMMITTED TO THE BELIEF THAT THE FUTURE OF HIGH TECHNOLOGY IN ISRAEL IS AT THE TECHNION. SINCE ITS FOUNDING IN 1940 ATS HAS RAISED MORE THAN \$2.5 BILLION FOR THE TECHNION. THE MISSION OF ATS IS TO ENABLE THE TECHNION TO BE AMONG THE WORLD'S LEADING INSTITUTIONS IMPROVING THE WELL-BEING OF ISRAEL AND ALL HUMANITY THROUGH LEADERSHIP IN SCIENCE AND TECHNOLOGY.

Schedule O (Form 990 or 990-EZ) 2019 Page **2** 

Name of the organization AMERICAN SOCIETY FOR TECHNION – Employer identification number

ISRAEL INSTITUTE OF TECHNOLOGY INC. 13-0434195

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

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

 ${\tt MN,MS,NV,NH,NJ,NM,NY,NC,ND,OK,OR,PA,}$ 

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

ATTACHMENT 3

ATTACHMENT 2

#### 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, MA 03801	INVESTMENT	276,889.
GRANT THORNTON LLP 757 3RD AVENUE # 9 NEW YORK, NY 10017	AUDIT	144,950.
THE HELEN BROWN GROUP 489 MT. AUBURN, STREET, #4 WATERTOWN, MA 02472	PROSPECT RESEARCH	144,900.
ALLIANCE BERNSTEIN LP 1345 SIXTH AVENUE NEW YORK, NY 10105	INVESTMENT	128,333.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Part I

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization AMERICAN SOCIETY FOR TECHNION –

ISRAEL INSTITUTE OF TECHNOLOGY INC.

Employer identification number

13-0434195

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		Р	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the state of the s	Complete if th he tax year.	e org	anization answ	rered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activi	ty	(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont ent	g) 512(b)(13) rolled iity?
(1)		_						Yes	No
(2)		-							
(3)									
(4)									
(5)									
(6)									
(7)									
						l .			

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

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	
ai t iii	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 country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		Country)					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	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(controll entity
								Yes N
(1) CHARITABLE REMAINDER TRUST(1)	ANNUITY	FL	N/A	TRUST				) x
(2) PERPETUAL TRUST (1)	ANNUITY	TX	N/A	TRUST				×
(3)				TAGUT				
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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Par	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes N	Ю
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?			
а		1a		Χ
b		1b		Χ
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d		1d		X
е	Loans or loan guarantees by related organization(s)	1e		Χ
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Χ
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)	11		Χ
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
0	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1р		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)	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 three		s.	_
	(a)   (b)   (c)     Name of related organization   Transaction   Amount involved   Method	(d)	ermining	
		unt inv		
				_

(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

### 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			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

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# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.