

Form **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)

- ▶ 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 For the 2019 calendar year, or tax year beginning 10/01, 2019, and ending 09/30, 2020

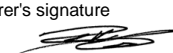
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY INC. Doing Business As AMERICAN TECHNION SOCIETY			D Employer identification number 13-0434195	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 EAST 59TH STREET, 14TH FLOOR		E Telephone number (212) 407-6300		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022-1710			G Gross receipts \$ 160,435,432.	
	F Name and address of principal officer: MICHAEL WAXMAN-LENZ 55 EAST 59TH STREET, NEW YORK, NY 10022-1710			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.ATS.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
			L Year of formation: 1940	M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AMERICAN TECHNION SOCIETY SUPPORTS VISIONARY EDUCATION AND WORLD-CHANGING IMPACT THROUGH THE TECHNION-ISRAEL INSTITUTE OF TECHNOLOGY.					
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
	3	Number of voting members of the governing body (Part VI, line 1a) 76.				
	4	Number of independent voting members of the governing body (Part VI, line 1b) 76.				
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 88.				
	6	Total number of volunteers (estimate if necessary) 310.				
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 19,263.				
7b	Net unrelated business taxable income from Form 990-T, line 34 6,526.					
Revenue	8 Contributions and grants (Part VIII, line 1h) 81,983,457.	9 Program service revenue (Part VIII, line 2g) 0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,078,189.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 102,061,646.	
			13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 67,970,823.	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,630,277.	
			16a Professional fundraising fees (Part IX, column (A), line 11e) 195,725.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,384,086.	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,648,967.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 88,445,792.
			19 Revenue less expenses. Subtract line 18 from line 12 13,615,854.	20 Total assets (Part X, line 16) 541,723,030.	21 Total liabilities (Part X, line 26) 41,100,018.	
			22 Net assets or fund balances. Subtract line 21 from line 20 500,623,012.	Net Assets or Fund Balances	Beginning of Current Year 541,723,030.	
			End of Year 552,165,498.	506,223,670.		

Part II Signature Block

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

Sign Here	Signature of officer DEBORAH BERKOWITZ		Date CFO	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature 	Date 8/9/2021	Check <input type="checkbox"/> if self-employed PTIN P00504182
	Firm's name ▶ GRANT THORNTON LLP		Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013		Phone no. 212-599-0100	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

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.**

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 filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

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

ANITA ENRIQUEZ

• The books are in the care of ▶ 55 EAST 56TH STREET NEW YORK NY 10022

Telephone No. ▶ 212 407-6357 Fax No. ▶ 212 753-2925

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/16, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 10/01, 2019, and ending 09/30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,950,000. including grants of \$ 4,950,000.) (Revenue \$ 0.)

THE HELEN DILLER QUANTUM CENTER - SEE SCHEDULE O

4b (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

4d 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (76), 1b (76), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 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-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL WAXMAN-LENZ CHIEF EXECUTIVE OFFICER	40.00 0.			X			467,441.	0.	19,239.	
(2) DAVID CHIVO CHIEF DEVELOPMENT OFFICER	40.00 0.				X		317,642.	0.	41,886.	
(3) SHANTA MALI CHIEF MARKETING OFFICER	40.00 0.				X		257,362.	0.	58,401.	
(4) JEROME KLEINMAN ASSOCIATE VP, PRINCIPAL GIFTS	40.00 0.					X	273,736.	0.	32,791.	
(5) JEFFREY RICHARD FORMER EXECUTIVE V.P.	0. 0.					X	270,355.	0.	33,438.	
(6) BARUCH SALAMANDER - DIR. OF INFO. SER. (THRU 09/2019)	40.00 0.					X	248,783.	0.	37,317.	
(7) MARK HEFTER FORMER HCE	0. 0.					X	265,550.	0.	1,067.	
(8) IRV ELENBERG DIRECTOR OF DEVELOPMENT	40.00 0.					X	217,276.	0.	38,340.	
(9) SARA SWISHER-ANDERSON VP - OPERATIONS AND ADMIN	40.00 0.				X		238,184.	0.	6,203.	
(10) MARYELLEN TITANI - EXEC. DIR., CAMP. OPS. & DONOR RELATIONS	40.00 0.				X		187,737.	0.	37,115.	
(11) ANITA ENRIQUEZ CONTROLLER	40.00 0.					X	194,687.	0.	29,170.	
(12) JUDY SAGER EXEC. DIR., PLANNED GIVING	40.00 0.					X	197,728.	0.	16,827.	
(13) TOVA KANTROWITZ FORMER SR. ADV. STRAT, PARTNSH	40.00 0.					X	153,811.	0.	54,961.	
(14) KATE YARHOUSE EXECUTIVE DIRECTOR, HR & ADMIN	40.00 0.				X		160,146.	0.	12,009.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) STEVE BERGER PRESIDENT	1.00 0.	X		X				0.	0.	0.
(16) ZAHAVA BAR-NIR CHAIRMAN OF THE BOARD	1.00 0.	X		X				0.	0.	0.
(17) SCOTT LEEMASTER VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(18) JOEL S. ROTHMAN VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(19) SENATOR PAUL B. STEINBERG TREASURER	1.00 0.	X		X				0.	0.	0.
(20) ROD FELDMAN SECRETARY	1.00 0.	X		X				0.	0.	0.
(21) NANCY ARONSON ASSISTANT SECRETARY	1.00 0.	X		X				0.	0.	0.
(22) AVHARAM ASHKENAZI BOARD MEMBER	1.00 0.	X						0.	0.	0.
(23) ROSALYN AUGUST BOARD MEMBER	1.00 0.	X						0.	0.	0.
(24) NORMAN BELMONTE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(25) ILENE BERGER BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								3,450,438.	0.	418,764.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,450,438.	0.	418,764.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 36

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

Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARK BERNSTEIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(27) KATHRYN BLOOM BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(28) ROBERT N. BRAND BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(29) MARILYN CAPLOVITZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(30) JOYCE CROFT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(31) BARBARA DAHL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(32) ROBERT A. DAVIDOW BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(33) JOHN DAVISON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(34) CATHY DEUTCHMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(35) BRENT DIBNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(36) ERIC DOBRUSIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total							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 limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 36

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MARK DORNER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(38) GEORGE ELBAUM ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(39) CAROL B. EPSTEIN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(40) IRWIN S. FIELD ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(41) NATHAN FISCHEL ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(42) EDITH FISCHER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(43) NORA FISCHER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(44) RUTH E. FLINKMAN-MARANDY ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(45) LAURA FLUG ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(46) ALAN FORMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(47) MARK GAINES ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							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 limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 36

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) TERRY N. GARDNER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(49) SOL GLASNER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(50) FARIBA GHODSIAN-FISCHEL ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(51) EDWARD R. GOLDBERG ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(52) SOLVIN GORDON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(53) IRWIN GROSS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(54) ROBERT HANISEE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(55) LAWRENCE S. JACKIER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(56) JUDY JONAS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(57) LINDA KOVAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(58) AGOTA KUPERMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							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 limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 36

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) STEPHEN A. LASER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(60) CHARLES E. LEVIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(61) DAVID MARCUS ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(62) MELANIE MORENO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(63) ALFRED MUNZER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(64) NAOMI NEWMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(65) BETH S. PERLMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(66) MICHAEL J. PIERCE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(67) DAVID A. POLAK ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(68) JEFF POLAK ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(69) ROBERT L. POLAK ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								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 limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 36

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) BENNETT RECHLER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(71) DAVID LEE RONN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(72) DAVID ROSENBLATT ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(73) KENNETH RUBENSTEIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(74) NINA MADDEN SABBAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(75) ED SATELL ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(76) JOEL W. SCHWARTZ ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(77) JOAN SEIDEL ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(78) ARNOLD SEIDEL ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(79) LES SESKIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(80) LEONARD H. SHERMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								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 limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 36

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) JANET SHATZ SNYDER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(82) JONATHAN SOHNIS ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(83) ERIC STEIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(84) JANEY SWEET ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(85) IRA TAUB ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(86) DEBBIE VANDERVEER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(87) MICHAEL VELORIC ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(88) MAURO WJUNISKI ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(89) ANDI WOLFE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(90) DAVID WITUS ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(91) DEBORAH BERKOWITZ ----- SR. V.P., FIN. (AS OF 06/2020)	40.00 ----- 0.			X				0.	0.	0.
1b Sub-total								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 limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 36

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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.			
5 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.
8 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 Fees for services (nonemployees):				
a Management	41,667.		41,667.	
b Legal	161,689.		161,689.	
c Accounting	205,500.		205,500.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	159,363.			159,363.
f Investment management fees	1,076,217.		1,076,217.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	281,630.		281,630.	
12 Advertising and promotion	443,478.		26,191.	417,287.
13 Office expenses	264,619.	753.	72,210.	191,656.
14 Information technology	320,458.		320,458.	
15 Royalties	0.			
16 Occupancy	821,307.	9,107.	216,546.	595,654.
17 Travel	491,179.	71,466.	118,951.	300,762.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	113,423.			113,423.
20 Interest	459,337.		223,355.	235,982.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	409,361.		188,528.	220,833.
23 Insurance	254,248.		254,248.	
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.)				
a CAMPAIGN EVENT EXPENSES	174,152.			174,152.
b BAD DEBTS	65,092.		65,092.	
c EQUIP. RENTAL & MAINTENANCE	60,353.		60,353.	
d OTHER EXPENSES	29,472.		16,690.	12,782.
e All other expenses _____				
25 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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.
	7 Notes and loans receivable, net	40,554,143.	7	38,959,233.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	3,410,010.	9	2,627,912.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,987,483.		
	b Less: accumulated depreciation	10b 10,319,974.	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.	
Liabilities	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.
	22 Loans and other 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	11,300,000.	23	11,300,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	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.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,987,768.	27	18,257,595.
	28 Net assets with donor restrictions	482,635,244.	28	487,966,075.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	500,623,012.	32	506,223,670.	
33 Total liabilities and net assets/fund balances	541,723,030.	33	552,165,498.	

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	74,453,195.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,749,984.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,703,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	500,623,012.
5	Net unrealized gains (losses) on investments	5	-3,102,553.
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	506,223,670.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Employer identification number
13-0434195

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 72.65%. Row 15: Public support percentage from 2018 Schedule A, Part II, line 14. 73.11%.

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (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			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i 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: \$			
a 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 and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

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	<u>218,200.</u>	<u>37,450.</u>	<u>28,500.</u>			<u>284,150.</u>

Schedule of Contributors

2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or 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 totaling \$5,000 or more during the year ▶ \$ _____

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).

Name of organization AMERICAN SOCIETY FOR TECHNION - 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 7,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 2,878,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 2,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN SOCIETY FOR TECHNION - 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,510,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,486,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2019

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--------------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	391,616,604.	365,942,430.	367,717,263.	325,279,216.	298,497,366.
b Contributions	15,445,681.	25,684,359.	3,241,151.	25,899,337.	15,993,136.
c Net investment earnings, gains, and losses	7,305,596.	11,751,204.	19,048,516.	34,601,387.	25,687,708.
d Grants or scholarships	10,075,099.	9,028,971.	17,080,274.	10,584,662.	10,693,827.
e Other expenditures for facilities and programs					3,663.
f Administrative expenses	4,088,047.	2,732,418.	7,028,726.	7,478,015.	4,201,504.
g End of year balance	400,204,735.	391,616,604.	365,897,930.	367,717,263.	325,279,216.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ 90.5000 %
 - c** Term endowment ▶ 9.5000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		9,801,289.	4,849,596.	4,951,693.
c Leasehold improvements		3,008,522.	1,468,307.	1,540,215.
d Equipment		4,177,672.	4,002,071.	175,601.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,667,509.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE 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 "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 market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	45,880,584.
(2) LIFE INSURANCE POLICIES	2,070,228.
(3) OTHER RECEIVABLES	549,036.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	48,499,848.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	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 text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 74,453,195.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 65,749,984.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

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.

FIN 48

PART X, LINE 2

THE SOCIETY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE 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

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 F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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

Employer identification number
13-0434195

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a 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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1.**

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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

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 G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					159,363.	

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

PART I, LINE 2B, COLUMN (IV)

VARIOUS FUNDRAISERS DISCLOSED ON THE SCHEDULE G REPORT NO RECEIPTS RAISED FROM FUNDRAISING ENDEAVORS; THIS IS A FUNCTION OF THE INSTITUTE NOT DISTINGUISHING AMOUNTS RAISED BY SPECIFIC FUNDRAISER EFFORTS AND NOT BECAUSE THE FUNDRAISERS' SERVICES RAISED NO CONTRIBUTIONS.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
THE HELEN BROWN GROUP 48 SUMMER STREET, STE # 2 WATERTOWN MA 02472	RESEARCH		X		84,700.	
SANKY COMMUNICATIONS GROUP, INC. 599 11TH AVENUE, 6TH FLR NEW YORK NY 10036	D. MAIL & MARKETING		X		74,663.	

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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

Employer identification number
13-0434195

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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)							

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

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

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

Schedule I (Form 990) (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.

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.

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Part I Questions Regarding Compensation

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

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

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?

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.

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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:

- a** The organization?
 - b** Any related organization?
- 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:

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

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

Part III 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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	40.	1,498,223.	PROCEEDS FROM SALE
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2019

JSA

Part II **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).

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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

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.

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

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

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

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

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

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

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

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

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

Name of the organization AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY INC.	Employer identification number 13-0434195
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ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,
 DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

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, 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) 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	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST(1)									
	ANNUITY	FL	N/A	TRUST					X
(2) PERPETUAL TRUST (1)									
	ANNUITY	TX	N/A	TRUST					X
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
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(8)													
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(10)													
(11)													
(12)													
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(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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